

## PUBLIC HEALTH REOPENING PROTOCOL PLACES OF WORSHIP

Recent Updates: (Changes are highlighted in yellow)

4/14/2021:

- Health Officer Orders for the City of Pasadena allow for sector reopenings consistent with **Tier 3, Moderate (Orange)** of the State of CA Public Health Order [Blueprint for a Safer Economy](#).
- In response to recent judicial rulings, effective immediately, location and capacity limits on places of worship are not mandatory but are strongly recommended at 50% capacity within the Orange Tier. All other restrictions in the guidance remain in place.

This document provides guidance for places of worship and providers of religious services and cultural ceremonies to support a lower-risk environment for employees, interns and trainees, volunteers, scholars, and all other types of workers as well as congregants, worshipers, visitors, etc. This guidance does not obligate places of worship to resume in-person activity. Further, it is strongly recommended that places of worship continue to facilitate remote services and other related activities for those who are vulnerable to COVID-19 including older adults and those with co-morbidities. Places of worship must comply with all Cal/OSHA standards and be prepared to adhere to its guidance as well as guidance from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). Additionally, places of worship must be prepared to alter their operations as those guidelines change.

In response to recent judicial rulings, effective immediately, location and capacity limits on places of worship are not mandatory but are strongly recommended at 50% capacity of building capacity (as defined by Fire Code). These limits will not be enforced to the extent that they have been enjoined by a court.

At a minimum, outdoor attendance should be limited through implementation of strict physical distancing measures of at least 6 feet between attendees from different households, in addition to other relevant protocols within the State Guidance [Places of Worship and Providers of Religious Services and Cultural Ceremonies](#).

### **Singing, Chanting, and Playing Wind Instruments**

Singing, chanting, playing wind instruments, and similar activities are permitted subject to the restrictions below. Workers or volunteers who are providing vocal, instrumental, or other music for a service or ceremony but sit or stand separately from the visitors or congregants are “performers.” Additional or alternative modifications for performances may be required by the Live Performances guidance.

#### *Outdoor*

- Performers who are singing, chanting, playing a wind instrument, or engaging in similar activities must maintain 6 feet of physical distance from spectators and other performers if

they are wearing face masks, or 12 feet of physical distance if they are not wearing face masks.

- Members of the audience or congregation may sing or chant as long as they wear face masks and maintain physical distancing.

#### *Indoor*

- Performers singing, chanting, playing a wind instrument, or engaging in similar activities indoors must wear face coverings at all times.
- Performers must maintain physical distancing from congregants or spectators and other performers.
- Performers are counted toward the occupancy capacity limit.
- Performers are strongly recommended to obtain a negative PCR test within 72 hours prior to the service.
- Houses of worship should improve ventilation as much as possible.

#### Recorded Performances

- When making a recording without a live audience for later use at a service or ceremony, performers may sing, chant, play wind instruments, or engage in similar activities without face masks if the following conditions are met:
  - Each performer has taken a laboratory-based PCR diagnostic test (i.e., not a rapid test) that yielded a negative result within 72 hours prior to the recording session.
  - Performers must maintain six feet of physical distance.
  - Any additional individuals involved in making the recording must wear face masks at all times.

### **PROTECTING CONGREGANTS, VISITORS AND STAFF FROM COVID-19**

In the midst of the COVID-19 pandemic, organizations must take steps to reduce the risk of an outbreak occurring among visitors and staff. Depending on the situation, public notification of an exposure to COVID-19 may be required. Ensure staff are enrolled in health insurance and have an established relationship with a primary care doctor prior to reopening. Staff can call 211 for information on health insurance and primary care physicians.

- **Employers are required to make an immediate report to the Pasadena Public Health Department any time a visitor or staff member with COVID-19 (confirmed by a lab test or physician diagnosis) was at the establishment while sick or up to 48 hours before showing symptoms or receiving a positive test (if asymptomatic).** Employers must call (626) 744-6089 or email [nursing@cityofpasadena.net](mailto:nursing@cityofpasadena.net) and provide all information requested by the Health Department. The employer is expected to provide or ensure testing for all staff that have had a possible exposure and must follow the US Centers for Disease Control and Prevention (CDC) [guidance](#) for cleaning and disinfecting the facility. Testing resources can be found through the staff member's physician, and also at <https://www.cityofpasadena.net/covid-19/> and <https://covid19.lacounty.gov/>.
- **Educate staff to contact their supervisor if a staff member is feeling sick.** The supervisor should send the ill staff member home immediately, taking care to maintain that person's privacy and observing physical distancing. If the person cannot leave the premises right away,

utilize a safe, designated space for isolation (6 feet or more away from others). If the illness is work-related, the employer should facilitate appropriate care for the staff member, the worker's compensation process, leave time, and California Occupational Safety and Health Administration (OSHA) record keeping.

- **Work with the Pasadena Public Health Department to investigate any COVID-19 illness.** Prepare personnel records, facility floor plans, and shift/attendance logs to provide information as quickly as possible to the Health Department, including accurate contact information (phone, address, email) of all visitors and staff who were in contact within 6 feet of the infectious person for a cumulative 15 minutes or more in a 24-hour period, and other individuals as specified by the Health Department. Implement measures recommended by the Health Department.

### Steps to Reopen

- ✓ Follow additional protocols relevant to operations: <https://www.cityofpasadena.net/covid-19/#guidance-faq-protocols>
- ✓ Designate one individual to be in charge of planning and implementation.
- ✓ Complete and implement Public Health Reopening Protocol keeping as many activities remote or virtual as possible.
- ✓ Provide a copy of Public Health Reopening Protocol to each employee and conduct education.
- ✓ Post a copy of Public Health Reopening Protocol in a conspicuous location that is visible to congregants/visitors.

### Resources

If you have questions, or if you observe a violation, you can request information or submit a complaint through the Citizen Service Center. Call 626-744-7311 or visit <https://www.cityofpasadena.net/CSC>.

### Key Practices



**COVER YOUR COUGH WITH YOUR ELBOW OR TISSUE (THEN DISPOSE AND WASH YOUR HANDS)**



**STAY HOME IF YOU ARE SICK**



**PRACTICE PHYSICAL DISTANCING OF 6 FEET OR MORE**



**WASH YOUR HANDS WITH SOAP AND WATER FOR 20 SECONDS, FREQUENTLY**



**COVER NOSE AND MOUTH WITH A HIGH QUALITY MASK**



**PERFORM DAILY HEALTH SCREENINGS**

# PUBLIC HEALTH REOPENING PROTOCOL CHECKLIST

## REDUCING RISK OF COVID-19 TRANSMISSION

*Places of Worship must implement all applicable measures listed below and be prepared to explain why any measure that is not implemented is inapplicable to the facility. All policies described in this checklist, other than those related to terms of employment, are applicable to delivery staff and other third party companies on the premises.*

*Designate one individual to be in charge of planning and implementation of all items. Submission of Protocol to a City Department is not required unless explicitly requested.*

PERSON RESPONSIBLE FOR IMPLEMENTING PROTOCOLS	
Place of Worship Name: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
Person in Charge: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
Title: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
Phone Number: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Date: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Indoor Occupancy ( <i>per applicable Building or Fire Code</i> ): <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Indoor Occupancy at 50% ( <b>strongly recommended</b> <i>not to exceed 50%</i> ): <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

## ADDITIONAL PROTOCOLS IN ORDER TO REOPEN (if applicable)

Additional protocols relevant to operations must also be followed:  
<https://www.cityofpasadena.net/covid-19/#guidance-faq-protocols>

- Retail – Public Health Reopening Protocol
- Office Workspace – Public Health Reopening Protocol
- Restaurants, Bars and Breweries – Public Health Reopening Protocol

## MEASURES THAT ENSURE EQUITABLE ACCESS TO SERVICES

- Where possible, accommodations have been made for vulnerable populations to be able to access services (e.g., senior-only hours).
- Transactions or services that can be offered remotely have been moved on-line.

- Measures are instituted to assure access to goods and services for customers who have mobility limitations and/or are at high risk in public spaces.

## EXTERNAL COMMUNICATION

- Post signage reminding visitors to maintain a distance of at least six feet at all times. If helpful, post diagrams or maps of how people should flow through the site.
- Post signage instructing staff/visitors/the public to wear a face mask at all times, and to remain at home if experiencing any symptoms including fever of 100°F or above, cough, shortness of breath or difficulty breathing, sore throat, chills, headache, muscle ache, a new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea. Consult the CDC website for the most current list of COVID-19 [symptoms](#).
- Communicate the establishment's new protocols by posting information on your website and social media pages regarding new protocols, including physical distancing measures, use of smaller, consistent groups of visitors, and the use of face masks.
- Post a copy of this Protocol in a conspicuous location that is easily visible to staff, visitors, and the public.
- Provide copies of the Protocol to all staff.

## INTERNAL COMMUNICATION, TRAINING AND RECORDS

- Provide training to staff on all sections of the public health protocols including:
  - Information on [COVID-19](#).
  - How to identify [symptoms](#) of COVID-19 and how to self-screen and conduct symptom checks.
  - The importance of not coming to work if staff are experiencing symptoms of COVID-19, or if someone they live with has been diagnosed with COVID-19.
  - Proper use and care of face masks ([CDC guidance on masks](#)).
  - Physical distancing measures, sanitization, and handwashing.
  - Proper safety protocols for use of disinfecting solutions.
  - Information on employer or government sponsored leave benefits the employee may be entitled to receive that would provide financial support to stay at home while ill. Provide additional information on [government programs](#) supporting sick leave and workers' compensation for COVID-19, including employee's sick leave rights under the [Families First Coronavirus Response Act](#), the employee's rights to workers' compensation benefits, and presumption of the work relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20](#).
- Maintain records of each staff member's schedule and work area or assignment.
- Maintain records of all visitors' activities and group assignments.
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.
- Advising staff to not enter home of someone with COVID-19.

## PROTECTION OF STAFF AND VISITOR HEALTH

### Health Screening

- Conduct daily symptom checks (fever of 100°F or above, cough, shortness of breath or difficulty breathing, fatigue, sore throat, chills, headache, muscle or body aches, a new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea) before or upon arrival. The screening prior to arrival must include asking if the employee has had contact with a person known to be infected with COVID-19 in the last 14 days, and whether the individual is currently under isolation or quarantine orders. Consult the CDC website for the most current list of COVID-19 [symptoms](#).
- Send staff home immediately if they arrive sick or become sick during the day. Encourage sick staff to contact their medical provider. Staff who need information on health insurance or providers can call 211.
- Notify employees that they are not to come to work if sick or if they are exposed to a person who has COVID-19. Employers must comply with Cal-OSHA requirements for quarantine and isolation, if stricter than the Pasadena Public Health Department (PPHD). For the purposes of PPHD, employees who are [fully vaccinated](#) for COVID-19 (2 or more weeks after a 2-dose vaccine series OR 2 or more weeks after a single dose vaccine) do not need to quarantine after exposure to someone with COVID-19 if asymptomatic, and may come to work if asymptomatic. The local Health Officer Order requires everyone to self-isolate when sick with COVID-19. It also requires individuals to self-quarantine for 10 days from last contact with someone with COVID-19, unless fully vaccinated. Anyone who is a close contact with someone with COVID-19 must check for symptoms for 14 days regardless of vaccination status. The employee must isolate from others immediately if symptoms develop within 14 days of exposure. Quarantine must be maintained for 10 days, even if test results are negative (no virus detected).
- Require any sick staff to stay home for at least 10 days or until 72 hours after fever and symptoms resolve (without use of fever-reducing medications), whichever is longer.
- Review and modify workplace leave policies to ensure that staff are not penalized when they stay home due to illness.
- Institute a plan in the event that one or more employees is diagnosed (by a physician or lab test) with COVID-19. The plan should include immediate isolation of the employee at home and self-quarantine of everyone that came into contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period, regardless of whether a mask was worn) with the ill employee, except fully vaccinated individuals who are asymptomatic. The plan should also include options for all employees identified as contacts to be tested for COVID-19 with an FDA-approved PCR test (not a blood test) if they are not fully vaccinated. However, contacts must still maintain quarantine for 10 days, even with a negative test, if they are not fully vaccinated.
- Screen guests and visitors for symptoms upon arrival and ask them to use hand sanitizer and to wear a face mask.

### Scheduling

- Consider that volunteers and staffing may need to increase to implement cleaning and safety protocols and to accommodate additional services with reduced attendance.
- Limit the number of employees that are onsite to the minimum number necessary.

- Institute alternate or staggered shift schedules to maximize physical distancing.
- Group employees into teams and schedule them consistently, by team, on the same shifts to reduce potential exposures.
- Require employees who can carry out their work duties from home to continue to work from home, and reconfigure work processes to the extent possible.
- Stagger employee breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the employees' job duties. Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.

### **Reduced Contact/Operations**

- Require staff and visitors not to use handshakes and similar greetings that break physical distance.
- Prop doors open, where possible and consistent with fire code, to reduce touching of door handles.
- Install hands-free devices such as trash cans, soap and paper towel dispensers, door openers, and light switches where possible.
- Assign each worker their own tools, equipment, and defined workspace, and minimize or eliminate shared, held items.
- Install transfer-aiding stations, such as shelving and bulletin boards, to reduce person-to-person exchanges.
- Turn off public drinking water fountains and shared coffee machines. Place signs informing congregants/visitors they are inoperable.
- Adjust in-person meetings by reducing the size of the meeting and reconfiguring tables and desks. When possible, hold meetings in open air spaces, or conduct meetings by phone or online.

### **Adjustments to Services**

- Continue to support virtual attendance of services and other related activities by those who are vulnerable to COVID-19 including older adults and those with co-morbidities.
- Consider providing designated services or attendance hours for vulnerable populations.
- Continue to provide congregants with spiritual and emotional care and counseling on a flexible or virtual basis or refer them to other sources for counseling and support if necessary.
- If your community provides social services in the facility as part of its mission, consult CDPH and CDC guidance for schools and businesses and workplaces, as relevant, for helpful information.
- Encourage any organizations that share or use the facilities to also follow these considerations.
- Implement measures to ensure physical distancing of at least six feet between workers, staff, congregants/visitors, etc.
  - This can include use of physical partitions or visual cues (e.g., floor or pew markings or signs to indicate where people should sit and stand).
  - Reconfigure seating and standing areas to maintain physical distancing of six feet or more between congregants/visitors from different households.
  - Consider limiting seating to alternate rows.
  - Members of the same household may be seated together but should maintain at least

six feet of distance from other households.

- Consider dedicating staff to help people maintain distancing during activities.
- Shorten services to limit the length of time congregants/visitors spend at facilities whenever possible. This could include limiting speaking time, asking congregants/visitors to put on garments at home before arrival (if applicable), etc.
- Close places of worship for visitation outside of scheduled services, meetings, etc., whenever possible.
- Consider implementing a reservation system to limit the number of congregants/visitors attending facilities at a time. This can include the use of digital platforms or other types of tools.
- Encourage congregants/visitors to meet with the same group, particularly when services meet frequently and/or require a certain number of people to be present. This can reduce the spread of transmission by minimizing the number of different individuals who come into close contact with each other.
- Consider offering additional meeting times (per day or per week) so that fewer guests attend meetings and services at one time. Clean meeting areas between each use as described in the Sanitizing and Cleaning section of this guidance.
- Discontinue large gatherings such as concerts, large holiday and life event celebrations and remembrances.
- Children should remain in the care of those in their household unit and not interact with children of other parties at any time while visiting facilities. Close play areas and discontinue activities and services for children where physical distancing of at least six feet cannot be maintained.
- Encourage congregants/visitors to physically distance themselves from others outside their household, avoid touching surfaces, and to leave the facility if they do not feel well.
- Consider limiting touching for religious and/or cultural purposes, such as holding hands, to members of the same household.
- Dedicate staff to direct guests to meeting rooms upon entry to places of worship rather than congregating in lobbies or common areas.
- Consider using ushers to help people find places to sit and stand that are at least six feet apart from other guests/household groups.
- Ask congregants/visitors to arrive and leave at a designated time to minimize crossflow of people.
- Minimize crossflow of people arriving and leaving by designating a single entrance and a single exit for one-directional flow.
- Welcome and dismiss congregants/visitors from altars, podiums, meeting rooms, etc. in an orderly way to maintain physical distancing and minimize crossflow of traffic, to the extent possible, for example, dismiss one row at a time.
- Prop or hold doors open during peak periods when congregants/visitors are entering and exiting facilities, if possible and in accordance with security, safety protocols, and consistent with fire code.
- Remove from service or find low community touch alternatives for communal/religious water containers such as fonts, sinks, and vessels. Empty and change water between uses. Where there is a possibility of contaminant splash, staff, congregants, visitors, etc., are strongly encouraged to use equipment to protect the eyes, nose, and mouth using a combination of face masks, protective glasses, and/or face shields. Reusable protective equipment such as shields and glasses should be properly disinfected between uses.
- When washing is a required activity modify practices whenever possible to limit splashing and the need to clean and disinfect washing facilities. Encourage necessary washing to be performed



- at home prior to entering a facility, if possible.
- Consistent with the community's faith tradition, consider temporarily limiting the sharing of frequently touched objects that cannot be easily cleaned between persons, such as worship aids, prayer rugs, prayer books, hymnals, religious texts and other bulletins, books, shared cups, or other items received, passed or shared among congregants as part of services.
  - Seek ways to uphold customs central to the practicing of one's faith that limit shared exposure to congregants.
  - Consider photocopying or electronically sharing prayers, songs, and texts via e-mail or other digital technologies.
- Modify the methods used to receive financial contributions. Consider a stationary collection box or electronic methods of collecting regular financial contributions instead of via shared collection trays or baskets.
- Food and beverages are not permitted at any time during or after services or ceremonies. Do not hold potlucks or similar family-style eating and drinking events that increase the risk of cross contamination. If food is served for charitable purposes (food pantry or charitable feeding program), provide items in single serve, disposable containers to be consumed off-site. Employees or volunteers serving food should wash hands frequently and wear disposable gloves and face masks.
- Strongly consider discontinuing outdoor singing, group recitation, and other practices and performances where there is increased likelihood for transmission from contaminated exhaled droplets. Modify practices such as limiting the number people reciting or singing, ensuring physical distancing greater than six feet between people, or opt to celebrate these practices outside with physical distancing, etc. Singing, chanting, etc. is not allowed during indoor services.
- Consider modifying practices that are specific to particular faith traditions that might encourage the spread of COVID-19. Examples are discontinuing kissing of ritual objects, allowing rites to be performed by fewer people, avoiding the use of a common cup, offering communion in the hand instead of on the tongue, providing pre-packed communion items on chairs prior to service, etc., in accordance with CDC guidelines. Alternatively, pre-packed communion items can be placed on a table while maintaining six feet of physical distancing in the queue line.

### **Considerations for Funerals**

- Consider reduced visitor capacity and stagger visitation times at funerals, wakes, etc., if possible. Follow all cleaning measures as described in this in the Sanitizing and Cleaning section of this guidance. Whenever possible, remind visitors to maintain physical distance from each other, from staff and volunteers, and from the deceased.
- Consider modifying religious or cultural practices when washing or shrouding bodies of those who have died from COVID-19, in accordance with guidance from CDPH and the CDC. If washing the body or shrouding are important religious or cultural practices, work with funeral home staff and families to reduce exposure as much as possible. All people participating in these activities must wear disposable gloves and if there will be splashing of fluids, people must use additional protective equipment including protection for the eyes, nose, and mouth, such as face shields.
- Consider other recommendations and modifications of services related to places of worship outlined above, as applicable for funeral services.

## Plan for When a Staff Member or Congregant becomes Sick

- Identify an area to separate anyone who exhibits COVID-like [symptoms](#) during hours of operation until they can be safely transported to their home or a healthcare facility. Ensure that children are not left without adult supervision.
- Notify the Pasadena Public Health
- Department at [nursing@cityofpasadena.net](mailto:nursing@cityofpasadena.net) or (626) 744-6089 if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by law.
- Advise those with exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow [CDC guidance](#) if symptoms develop.
- Advise staff and congregants with confirmed COVID-19 (diagnosed by a physician or lab test) or symptoms of COVID-19 not to return to the facility until they have been cleared by the Pasadena Public Health Department. Those who have had exposure to someone with confirmed COVID-19 must quarantine at home for 10 days, regardless of any test results (someone may test positive for the virus at any time during the 10 days).
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, it is strongly suggested to dismiss attendees, then properly clean and disinfect the area and the building where the individual was present before resuming activities. If possible, wait a few days before cleaning and disinfecting. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Check CDPH and Pasadena Public Health Department websites regularly about transmission in the community and adjust operations.

## Nursery/Childcare/Youth Groups

- If a nursery or childcare will be provided during services and events, refer to the CA Department of Public Health's guidance information on preventing the spread of COVID-19 in childcare settings and adapt as needed for your setting. Follow the [Pasadena Public Health Department protocol for childcare](#).
- Consider virtual activities and events in place of in-person youth group meetings and religious education classes. If in-person events will occur, follow considerations for other types of gatherings and use strategies and protocols to encourage behaviors that reduce the spread of COVID-19.

## PHYSICAL DISTANCING

Physical distancing must be observed and enforced by the establishment.

### Increased Physical Distancing and Reduced Contact

- Support remote attendance of services and other related activities by those who are vulnerable to COVID-19 including older adults and those with co-morbidities.
- Consider holding in-person meetings and services in open air spaces whenever possible.
- Limit the number of individuals riding in an elevator and ensure the use of face masks. Post signage regarding these policies.
- Utilize practices, when feasible and necessary, to limit the number of staff and congregants/visitors in office, meeting spaces, etc., at one time. This may include scheduling (e.g. staggering start/end times), establishing alternating days for onsite reporting, returning to

- places of worship in phases, or continued use of telework when feasible.
- Close self-service item selection such as pamphlet displays and bookshelves and provide these items to congregants/ visitors individually as necessary. Consider delivering items and information electronically.
- Consider limiting the number of people that use the restroom at one time to allow for physical distancing.
- Reconfigure parking lots to limit congregation points and ensure proper separation (e.g., closing every other space). If performing drive-in services, ensure six feet of distance is provided between vehicles.

### **Promote Physical Distancing – Employees**

- Consider offering workers and volunteers who request modified duties options that minimize their contact with congregants/visitors and other staff (e.g., office duties rather than working as an usher or managing administrative needs through telework).
- Instruct employees not to share food, beverages, or utensils.
- Instruct employees to maintain at least six feet distance from congregants and each other when not providing active services.
- Designate drop-off locations to receive deliveries away from high traffic areas. Maintain physical distance of at least six feet with delivery drivers.
- Reconfigure office spaces, breakrooms, and workstations to allow for at least six feet of distance between employees. Use measures such as physical partitions or visual cues (floor markings, colored tape, or signs) to indicate where people should sit or stand.
- Establish directional hallways or passageways for foot traffic.
- Where possible, provide outdoor break areas with shade covers and seating, and encourage employees to take breaks alone and away from the office.
- Stagger staff breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.

### **Face Masks\***

- Provide, at no cost, a 2-or more layer face mask and/or disposable masks for all employees who have contact with the public or other employees, and instruct employees to wear a clean face mask over the nose and mouth at all times during the workday. Employees who have been instructed by their medical provider that they should not wear a face mask should wear a face shield with a drape on the bottom edge, to be in compliance with [State directives](#), as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves may not be used. Face masks are optional when alone in a room or private office.
- [Double masking](#), as described by the CDC, can increase protection if it improves the seal and filtration, so one option is wearing a multi-layer disposable mask with a multi-layer, well-fitting mask that pulls the edges of a disposable mask against the face.
- Require staff and visitors to wear face masks at all times while on the premises.
- Prohibit employees from eating or drinking anywhere inside the workplace other than designated break areas (staying at least 6 feet apart) to ensure face masks are worn consistently and correctly.

*\* Individuals with chronic respiratory conditions, or other medical conditions that make use of a face mask hazardous are exempted from this requirement. Children under age 2 years should not wear a face mask. Refer to the [CDC guidance on masks](#) document for additional information on use and care of the face mask.*

## **Hand Hygiene**

- Provide access to handwashing sinks stocked with soap, paper towels, and hands-free trash receptacles.
- Instruct employees to wash hands upon arrival and at departure, before and after eating, and as otherwise necessary.
- Designate a staff person to check handwashing stations frequently and restock as needed.
- Allow employees time during their shift to wash their hands frequently.
- Provide hand sanitizer effective against COVID-19 (at least 60% alcohol) in visitor's areas, and also in employee areas where a hand sink is not available. Hand sanitizer, tissues, and trash cans must be made available to the public at or near the entrance.

## **Restrooms**

- Place trash can near the door if the door cannot be opened without touching the handle, so restroom users may use a paper towel to cover the doorknob. Maintain compliance with accessibility standards and fire code.
- Increase frequency of cleaning and disinfection of restrooms.
- Ensure that restrooms stay operational and stocked at all times.

## **SANITIZATION AND CLEANING**

- Develop a sanitization plan that identifies the surfaces to be disinfected, the frequency, and the person assigned to the task. Use an [Environmental Protection Agency \(EPA\)](#) registered product that is effective against COVID-19, and follow label instructions for required contact time and ventilation.
- Modify hours to allow for regular deep cleaning of the facility.
- Provide disinfectant and related supplies in a location readily available to employees.
- Provide appropriate personal protective equipment (PPE) for staff who clean and disinfect surfaces appropriate to the chemicals that they are using.
- Disinfect high-contact surfaces frequently (daily to hourly depending on rate of use) such as counters, protective barriers, elevator buttons, escalator rails, doorknobs, light switches, bathroom fixtures, dispensers, railings, and phones.
- Disinfect microphones and stands, music stands, instruments and other items on pulpits as well as altars, pews, podiums, shared seating, and shared worship items (such as prayer books, cushions, prayer rugs), between each use. Consult equipment manufacturers to determine appropriate disinfection steps, particularly for soft, porous surfaces such as foam mufflers.
- Clean and sanitize shared equipment, including but not limited to, working surfaces, clip boards, stationary and mobile equipment controls (pallet jacks), ladders, and supply carts.
- Consider using disposable seat covers for congregants/visitors, particularly on porous surfaces or where a facility has multiple daily services. Discard and replace seat covers between each use.

Provide disposable or washable covers on pillows used as seating on floors and change/wash them after each use.

- Wash religious garments and linens after each service or event, at the highest water setting possible. Ask congregants/visitors to bring their own storage bags for personal garments and shoes. Staff, congregants, and visitors should wear gloves when handling others' dirty linens, shoes, etc.

## **BUILDING SAFETY**

- Stagnant water in pipes increases the risk for growth and spread of legionella bacteria. When reopening a building, it is important to flush both hot and cold water lines through all pipes and points of use including faucets and showers. Appropriate PPE including an N95 respirator must be worn. Information regarding this process can be found at the [CDC website](#).

## **Ventilation**

- Consider HVAC upgrades to improve air filtration (targeted filter rating of at least MERV 13) and increase fresh air ventilation.
- Where possible, install portable high-efficiency air cleaners, upgrade the building's air filters, and make other modifications to increase the quantity of outside air and ventilation in all working areas.
- If fans such as pedestal fans or hard mounted fans are used, take steps to minimize air from fans blowing from one person directly at another individual.
- Review and follow the California Department of Public Health's [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#).