

Parish Re-Opening Plan

ADDENDUM (X)

Parish Name: _____ City: _____

Pastor Name: _____

WA County: _____

Approved for Phase: _____

Current Mass Schedule:

First Public Mass during COVID: _____

COVID-19 Supervisor(s): _____

Safety training by Archdiocese (DATE): _____

**** Include this Addendum in Appendix H-7 COVID-19 Safety Plan.**

Office Operations

CONTROL: What training are you going to do to implement the safety of your employees?
(Provide date/times of training and what COVID-19 safety training has been done. Provide accessible and visible signage of COVID-19 signs and symptoms and what to do if symptomatic and who/how to contact- public health, covid-19 supervisor)

<INERT ANY NEW OR CHANGED CONDITIONS>

_____/_____

Initial/Date to acknowledge your commitment to implement the above changes.

Please use this space to comment on any concerns or limitations that you might have regarding the implementation of the above items.

MITIGATION: What changes are being made to the environment? (What personal protective equipment is being used, ie- masks, on-location distancing, ie-work stations, telecommuting, staggered schedules. Provide accessible signage of hygiene, sanitation and cleaning procedure, follow [CDC guidelines](#).)

<INERT ANY NEW OR CHANGED CONDITIONS>

EXPOSURE: What is your plan if you learn someone is positive for COVID-19? (Exposure response procedures and post-exposure incident project-wide recovery plan)

<INERT ANY NEW OR CHANGED CONDITIONS>

Parish Ministries Re-opening

Please list out your ministries, councils and programs. Then describe how each one will operate moving forward or note if they are not able to continue at this time.

- Pastoral council
- Finance council
- St. Vincent de Paul
- ...
- <INERT ANY NEW OR CHANGED CONDITIONS>

CONTROL: What training are you going to do to implement the safety of these ministries? (Provide date/times of training and what COVID-19 safety training has been done. Provide accessible and visible signage of COVID-19 signs and symptoms and what to do if symptomatic, who/how to contact – public health, covid-19 supervisor)

<INERT ANY NEW OR CHANGED CONDITIONS>

____/____

Initial/Date to acknowledge your commitment to implement the above changes.

Please use this space to comment on any concerns or limitations that you might have regarding the implementation of the above items.

MITIGATION: What changes are being made to the environment? (What personal protective equipment is being used, ie- masks. Provide accessible signage of hygiene, sanitation and cleaning procedure, follow [CDC guidelines](#).)

<INERT ANY NEW OR CHANGED CONDITIONS>

____/____

Initial/Date to acknowledge your commitment to implement the above changes.

Please use this space to comment on any concerns or limitations that you might have regarding the implementation of the above items.

EXPOSURE: What is your plan if you learn someone is positive for COVID-19? (Exposure response procedures and post-exposure incident project-wide recovery plan)

<INERT ANY NEW OR CHANGED CONDITIONS>

Mass Re-opening

CONTROL: What training are you going to do to implement the safety of ministers, volunteers and parishioners? (How will ensure you parishioners have equal access to Mass? Based on guidance, how many people can be at each Mass? How will you select ministers? How will you train them? How will they interact with your COVID-19 Safety officer? Provide date/times of training and what COVID-19 safety training has been done. Provide accessible and visible signage of COVID-19 signs and symptoms and what to do if symptomatic, and clear understanding of who/how to contact- public health and covid-19 supervisor)

<INERT ANY NEW OR CHANGED CONDITIONS>

_____/_____

Initial/Date to acknowledge your commitment to implement the above changes.

Please use this space to comment on any concerns or limitations that you might have regarding the implementation of the above items.

MITIGATION: What changes are being made to the environment? (How will you communicate to parishioners about your Masses before they're in the church? How will you communicate with them when they're onsite? How will you handle situations when parishioners aren't following the rules? (Website, email, registration system, posters, etc.) Describe how you will adjust the liturgy in your parish to reflect the new guidance. Please include your outdoor and/or indoor Mass schedule. What personal protective equipment, ie-masks, is being made available? How will you ensure physical distancing? PPE use for employees and the faithful? How will you handle cleaning and sanitization? Follow [CDC guidelines](#). Are there other changes you will need to make? (Roping off pews, marking 6 feet, closing cry room, etc.)

<INERT ANY NEW OR CHANGED CONDITIONS>

_____/_____
Initial/Date

to acknowledge your commitment to implement the above changes.

Please use this space to comment on any concerns or limitations that you might have regarding the implementation of the above items.

EXPOSURE: What is your plan if you learn someone is positive for COVID-19? (Exposure response procedures and post-exposure incident project-wide recovery plan)

<INERT ANY NEW OR CHANGED CONDITIONS>

Pastor signature: _____

Date: _____

*******A copy of this plan must be available at the location for inspection by state and local authorities but those authorities are not required to approve the plan.**