**Parish Re-Opening Plan**

Parish Name: City:

Pastor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WA County: For WA Phase:

Safety Program Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COVID-19 Supervisor:

Safety training by Archdiocese (DATE):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* This completed form is added to your Parish Safety Binder and is an attachment to 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)

**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](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/workplace-decision-tree.pdf).)

**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)

**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
* …

**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)

**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](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/workplace-decision-tree.pdf).)

**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)

**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)

**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](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/workplace-decision-tree.pdf). Are there other changes you will need to make? (Roping off pews, marking 6 feet, closing cry room, etc.)

**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)

Pastor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Dean 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.**