Temple Emanu-El Pandemic Policy

I. **Task Force Description**

   A. **Objective**

      1. Develop process and procedures for Temple Emanu-El pandemic response

      2. Present findings and recommendations to the Executive Board regularly

      3. Monitor progress and update plan on an ongoing basis

      4. Operations:

         a. The Task Force will provide recommendations to the Executive Board at least monthly

         b. The Executive Board will provide recommendations to the Board for final decisions

   B. **Members**

      1. David Askenazi, MD, MSPH– Task Force Co-Chair

      2. Robert Berman – Board Chair

      3. Al Cohn, MD– Task Force Co-Chair

      4. Adam Kessler, DO

      5. Julie Wolfson, MD, MSHS

      6. Rabbi Adam Wright

   C. **Consultants**

      1. As necessary from members of following communities

         a. Infectious disease societies

         b. Jefferson County Department of Health

         c. Union for Reform Judaism

         d. Temple Emanu-El membership

II. **Tiered Approach to Temple Activities**

   A. **The following approach is develop based on nationally and internationally vetted guidelines including:**

      1. **World Health Organization (WHO) mass gathering COVID-19 risk assessment tool for Religious events** (WHO religious events)

      2. **Centers for Disease Control (CDC) Considerations for Communities of Faith** (CDC-Communities of Faith)

      3. **Alabama Department of Public Health (ADPH) guidance for K-12 Schools including the ADPH Back to School Toolkit** (ADPH-School-Toolkit)

B. System Layout (see appendix)

    1. Tiered Activity Levels

        a. Red – Strict

        b. Orange – As Needed Only

        c. Yellow – Caution

        d. Yellow-green – Careful

        e. Green – Fully Open without restrictions

    2. Activity Categories

        a. Mitigation Strategies

        b. Sanctuary

        c. School

        d. Temple Life

    3. System Schema *(larger version in appendix A)*

    4. Vaccinated Temple Members

        1. Given the excellent efficacy of the Pfizer and Moderna vaccines, having vaccinated members in attendance at services and/or temple life poses a very small risk to themselves or others (especially if mitigation strategies continue to be in place).

        2. Vaccinated people will be allowed into the building for services and temple life two week after their 2nd dose of the Pfizer or Moderna vaccine

        3. On arrival, they must sign an attestation that 2 weeks have passed since they received the second dose

        4. Mitigation measures (i.e. masking and 6 feet apart will continue as per the guidelines proposed for a given level of activity)

        5. For the activity phase this will be represented by ** to signify the exception.

C. Assigning and Moving Risk Level – (see appendix B for details)

    1. Task force recommendations to **assign risk level will take into account the following:**

        a. **Temple preparedness** to mitigate COVID-19 impact

        b. **Community-level infection risk** related to COVID-19

    2. Determining the level of operations

        a. Operational Detail

            1) Every attempt will be to provide recommendations that are synchronized in terms of risk across all 4 categories

               i. However, it may be necessary at times for one or more categories to have unique recommendations in terms of risk

            2) The Task Force will track the metrics detailed below on a weekly basis

               i. Task Force will meet at least monthly to review the current risk level and metrics trend

               ii. Task Force will meet earlier if necessary to discuss any unanticipated changes in trend that may potentially require action.

3. **Determination of risk level will be made in the following manner**:
    a. **Metrics representing county-level infection risk by the Alabama Department of Health's (ADH).** COVID-19 Public Health Guidance for Reopening uses the following data-driven metrics to determine Risk Categories for each County based on the risk of COVID-19 spread in the community. These Risk Categories drive ADH's recommendations.
        1) Days a county has a declining positivity rate *(percent positive tests among tests performed)* or is stable at <10%
        2) County is meeting minimum testing goals
        3) Decline in medical visits for COVID–related symptoms
    b. **Consideration of CDC metrics identified for school re-entry**
    c. **Ability to implement 5 key mitigation strategies** as per the WHO COVID risk assessment **tool** WHO-religious-organizations
       See Detail in **Appendix C.**
    d. **Infections associated with Temple activities**
    e. **Temple needs, resources, and facilities**

III. **Examples of Mitigation strategies include, but are not limited to:**

A. **Masks** will be worn appropriately in all common areas inside temple at all times
    1. The only exception is if an individual is alone in an office/small room.

B. **Hand sanitizer** will be encouraged and made available at entry and at strategic points

C. All individuals will undergo the following prior to Temple entry (staff, vendors, students and congregants)
    1. **Screening** for signs and symptoms of COVID-19 (as defined by CDC and ADH)
    2. **Temperature checks**

D. In all common areas, **physical distancing** of 6 feet or more will be mandatory between 'pods'
    1. Pods can be established and can sit together if the group would otherwise be defined as as 'exposed' to one another in the event of an individual becoming infected with COVID 19.
    2. Children's section during services
        a. Children may arrange themselves in pods of 6 or fewer
        b. These pods should be spaced away from other congregants and from other children's pods

E. To facilitate physical distancing, **entry and exit will flow** in separate directions

F. **Ushers** will be trained to communicate (enforce) mitigation strategies

G. **Signage explaining mitigation strategies** will be placed strategically around the temple

H. **Touching of written materials** (e.g. books and pamphlets) will be limited

I. **Avoiding of ritual touching common objects** will be minimized
    1. Includes kissing and drinking from objects

J. **Enhanced cleaning** will take place as appropriate
    1. Use of Q64 disinfectant regularly and more often in high-traffic areas and during high activities
    2. Every 3 month professional clean and disinfectant

K. Mitigation strategies for outdoor events

   1. Temple staff should maintain names and contact information for any event participants
   2. Mandatory masks
   3. Physical distancing of at least 6 feet apart should be strongly encouraged
   4. Hand sanitizer should be available and encouraged

IV. **Communication**

   A. The Board / Staff/ Task force will communicate with Temple Emanu-El congregants through multimedia, including video, bulleting, e-blast, and town-hall platforms
   B. The tiered system will be posted strategically and available upon request
   C. This policies will be available to board, staff and temple members

V. **Execution and Implementation Strategies**

A. In order for execution of this plan to be successful, we will require *all-hands-on-deck*

B. Board and Staff members will be expected to help review and execute guidelines

C. Roles and responsibilities will be clearly delineated amongst ushers, board and staff

D. Execution and implementation of these strategies will be the responsibility of the Rabbi under the direction of the board

VI. **Monitoring and Evaluation of Mitigation guidelines and implementation**

A. The Task Force will monitor and evaluate the implementation, enforcement and adherence to these strategies as needed

    1. Initially this will occur at least monthly

    2. This will include confidential tracking of numbers of cases connected to temple activities

B. The following individuals will provide information to the Task Force

    1. Ushers

    2. Staff

    3. Teachers

    4. Board members

    5. Community members

VII. Approach to a COVID+ individual at Temple

A. **In the event that an individual becomes COVID+ and has been at Temple Emanu El:**

    1. Temple Emanu-El staff **will evaluate and inform any close contacts within 24 hours** by phone and/or email

    2. **A close contact** is defined as anyone **within 6 feet of someone with confirmed COVID-19 for at least 15 cumulative minutes over a 24 hour period** (regardless of having worn a mask or no mask) as defined by the CDC.

    3. Individuals who have been in close contact will be **provided the information** as outlined in Appendix D develop from the following guidelines (CDC_when-to-quarantine)

        a. Close contacts are recommended to:

            i. **Quarantine** as soon as possible for 14 days from the day of contact. The following options to shorten quarantine are acceptable (CDC_how-to-reduce-quarantine)

                a. 10 days without testing if no symptoms have been reported

            ii. Communicate with their **primary care provider**

            iii. **If symptomatic during the 14 day period**, discuss COVID-19 testing with their physician

            iv. **If they become COVID+,** notify Temple Emanu-El so that Temple can inform others who may now be classified as close contacts

            v. **The conditions above do not change if an individual has a negative COVID test**. As per CDC (and ADPH) guidelines, they complete the full quarantine period as recommended.

        b. In the event the COVID+ individual is related to the Religious School**, the procedure outlined in the ADPH toolkit will be followed** (ADPH_School_Toolkit) including reporting of the case to ADPH using the Report Card (https://epiweb.adph.state.al.us/redcap/surveys/?s=WK7TY9PT7J

B. **In the event that an individual has been** confirmed as SARS-CoV-2 infection:

1. They can return to work/temple when **all 3 of the following have been met** (based on time *and* symptoms):
   a. At least 10 days have passed since COVID testing was positive if student did not develop symptoms **OR** At least 10 days have passed since first symptoms **and**
   b. At least 24 hours have passed since the last fever without fever-reducing medications **and**
   c. Symptoms are improving
2. These **conditions do not change** if an individual has been confirmed as SARS-CoV-2 positive **subsequently has a negative COVID test**. As per CDC (and ADPH) guidelines, they complete the full quarantine period as recommended.
3. Returning to work/ temple after COVID+ diagnosis resources include **CDC_return-after-COVID-19 and ADPH_School_Toolkit**
4. **Relevant areas will be disinfected as per ADPH guidelines.**

C. **In the event that an individual with suspected SARS-CoV-2 infection** (e.g., developed symptoms of COVID-19) **but was never tested for SARS-CoV-2:**

   1. **The individual can return to temple when all 3 of the following have been met (based on time *and* symptoms):**
      a. At least 10 days have passed since symptoms first appeared **and**
      b. At least 24 hours have passed since the last fever without fever-reducing medications **and**
      c. Symptoms have improved
   2. **These criteria to return do not change if an individual has a negative COVID test**. As per CDC (and ADPH) guidelines, they complete the full quarantine period as recommended
   3. **If an individual had severe COVID-19 illness or is immune compromised** a longer period of time of isolation will be required. These individuals should address the situation with their physician and task force.
   4. **Relevant areas will be disinfected as per ADPH guidelines.**

D. **In the event that temple staff was exposed to situations that are higher than normal risk (i.e. travel to a high risk area)**

   a. they will be encouraged to self isolate (and continue work from home) for a week.

E. **Approach to tracking COVID-19+**

   1. **Privacy of all individuals will strictly protected.**
   2. **No specific medical information** about any individual will be provide to other members of Temple Emanu-El.
   3. **Only staff and task force members involved in the contact tracing and evaluation of the situation** will have specific details made available.
   4. Any data tracking will be maintained in **password-protected documents on a password-protected secure server.**

Appendix A: Temple Emanu-El Tiered Strategy to Temple Activities

Temple Emanu El Pandemic Tier System

	Strict	As Needed Only	Caution	Careful	Fully Open
Mitigation Strategies	**Red**	**Orange**	**Yellow**	**Yellow-green**	**Green**
Masks	Yes	Yes	Yes	Non-vaccinated only	No
Screening	Yes	Yes	Yes	Yes	No
Temperature Checks	Yes	Yes	Yes	No	No
Cleaning	Enhanced	Enhanced	Enhanced	Standard	Standard
Physical Distancing	Yes	Yes	Yes	Limited	No
Sanctuary	**Red**	**Orange**	**Yellow**	**Yellow-green**	**Green**
Oneg	No	No	No	Limited	Yes
Seating	None	as needed via clergy approval	Limited- sign up	No sign up - space limited	No restricitons
Ushers	N/A	N/A	Yes	No	none
Events (i.e. Bnai mitzvah)	None	Very limited	Limited	Modified	Open
Choir	None	Very limited	Limited	Modified	Open
Dismissal	N/A	N/A	Systematic	Standard	Standard
School	**Red**	**Orange**	**Yellow**	**Yellow-green**	**Green**
Classroom Gatherings	Virtual Only	Virtual/ outdoor small groups	Modified	Normal	Normal
Schoolwide Gatherings	Virtual Only	Virtual only	Virtual only	Outside	Normal
Playground	None	None	None	Modified	Normal
Food	None	Individual/ Not in communal areas	Individual	Individual	Normal
Dismisal	N/A	Systematic	Systematic	Standard	Standard
Temple Life	**Red**	**Orange**	**Yellow**	**Yellow-green**	**Green**
Critcal Services	Yes	Yes	Yes	Yes	Yes
Staff	Virtual prefered	Virtual or in person	In Person	In Person	In Person
Public	No	Limited	Limited	Standard	Yes
Fascility usage	No	Limited	Limited	Modified	Yes
Gathering	No	Virtual and small outdoor events	Small indoor / large outdoor	large indoor with mitigation	In Person
Vendors	No	Limited	Limited	Limited	Yes
Tenant	No	Business only	Limited	Limited	No Restrictions
Food	None	Individual/ Not in communal areas	Individual	Individual	Normal

v 5.23.2021

Appendix B:

Metrics to be used in assessing overall risk for Temple gatherings

(e.g. How does Temple Emanuel move from one risk tier to another):

Temple Emanuel is implementing a tiered approach to Temple activities which will be based on a series of data-driven metrics which have been vetted nationally and internationally. Decisions regarding which tier the Temple is currently in will rely on both Temple's preparedness to handle and respond to COVID-related complications, along with the state assessment of community infection risk in Jefferson County.

One important metric driving decisions regarding which tier Temple should be operating within includes the Level of Risk Assessment as denoted by the World Health Organization (referenced here). The WHO's Risk Decision Matrix uses a 6-point scale (0-negligible to 6-very high risk) to determine total risk to the religious organization. The degree of risk for an event is determined by calculating points that correspond to the nature/location/and extent of the gathering, together with locational considerations (e.g. the level of active COVID transmission where the religious gathering is occurring). Within a given scenario, the extent of an organization's preparedness to handle and respond to COVID-related considerations can lessen the risk posed by the event. Additional relevant WHO information is referenced here.

The second crucial metric driving decisions regarding which tier Temple should be operating within, includes objective data from the Alabama Department of Public Health (ADPH) [referenced here]. The ADPH COVID-19 Risk Indicator Dashboard provides updated information relevant and specific to Jefferson County to aid in determining the extent of risk and spread amongst community members who may interact with one another. An individual county's specific risk is determined by a series of

metapics. Daily fluctuation and variance is accounted for in their metrics, and the county Risk Level is updated weekly.

- The **number of new cases in a county**: If this is staying the same or increasing the county is at very high risk while the number of days that new cases are decreasing determine whether the county is at high, moderate or low risk.
- A **combination of meeting the testing goal and the percentage of positive tests**: The goal is to have 0.8% of a county's population tested every 2 weeks to allow for accurate data collection. Additionally, the goal is for the percentage of tests being positive to be significantly decreasing, and if it is not declining then to be less than 10%. Combining these together, the county may move between risk levels.
- **Number of people who go to urgent cares or emergency departments with COVID-like symptoms**: If this is increasing, a county can move between risk levels.

As it relates to Temple Emanu-El's movement between its designated risk tiers, if Jefferson County:

- Is classified as either Very High Risk or High Risk, this corresponds with our TEE's RED tier.
- Is classified as Moderate Risk, this corresponds with TEE's ORANGE tier.
- Is classified as Low Risk, this will correspond with TEE's YELLOW tier.

In addition to the items identified above, the following will be taken into account by the COVID task force to assist with making recommendation to the Temple leadership to address transitioning between risk tiers: (i) the overall risk of surrounding counties (per ADPH);relevant data from the (ii) CDC [cdc-tracker, (iii) WHO, and (iv) local and (v) state health agencies.

Appendix C: Detailed Excerpt from WHO Recommendations regarding Religious Events

Risk versus mitigation matrix

Total Risk Score	Very Prepared to Mitigate COVID-19 Impacts (76-100)	Somewhat Prepared to Mitigate COVID-19 Impacts (51-75)	Somewhat Unprepared to Mitigate COVID-19 Impacts (26-50)	Very Unprepared to Mitigate COVID-19 Impacts (0-25)
0 (very low risk)	Very low	Very low	Low	Moderate
1 (low risk)	Very low	Low	Low	Moderate
2 (moderate risk)	Low	Low	Moderate	Very High
3 (high risk)	Moderate	Moderate	Very High	Very High
4 (very high risk)	Very High	Very High	Very High	Very High

Appendix D: Communication Regarding Exposed Individuals

Also see <u>ADPH School Toolkit</u> for additional detailed reference and information.

You or your family member have been identified as a close contact (within 6 feet for at least 15 minutes) with someone diagnosed with, or has a high probability of having COVID-19.

Date of last exposure to close contact:_____/_____/____

- ✓ You (your family member) should remain quarantined for 14 days since the last known contact with COVID-19)

- ✓ If you (your family member) becomes symptomatic during this time, have them evaluated by their healthcare provider/doctor and report to us the results and outcome of the medical evaluation.

- ✓ If you (your family member) tests positive during this time and remains asymptomatic, you (your family member) tests positive during this time and remains asymptomatic, you (your family member) can return to school after it has been at least 10 days since the positive test result.

- ✓ If your student tests negative during this time, they still must complete the full 14 days of quarantine due to the incubation period (time can develop) the virus.

Tracking of Policy and Changes

A. Draft Policy submitted to board for review on October 17th, 2020
B. Final Policy submitted to board for approval on October 25th, 2020
C. Policy approved by e-vote on October 27th, 2020
D. Changes made by Task force on October 27th
   a. Change orange/sanctuary/seating from "by invitation/need" to "as needed via clergy approval
   b. Added that if an individual has COVID+ or has high suspicion for COVID+, disinfectant of areas will occur as per ADPH guidelines.
   c. Added mitigation strategies for Outdoor events – section III. K.
      i. Temple staff needs to know the names and contact numbers for those who are at these events
      ii. Masks should be strongly encouraged
      iii. Social distancing of at least 6 feet apart should be strongly encouraged
      iv. Hand sanitizer should be available and encouraged
E. Changes made by Task force on December 6th 2020
   a. Update to the guidelines for returning after exposure to someone with COVID – as per CDC in Section VII. A. 3.1 see https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html (link added to text)

   We will add the following:

   The following options to shorten quarantine are acceptable:

      1. 10 days without testing if no symptoms have been reported
      2. 7 days with a negative test and no symptoms have been reported.
   b. Change Section III.K - outdoor event masks mitigation strategy to be mandatory (rationale that many would not show up if not mandatory and the evidence on benefits/risk of masks to contain infectious diseases.
   c. Change heatmap – line under temple life to

Temple Life	Red	Orange	Yellow	Yellow-green	Green
Gathering	No	Virtual and small outdoor	Small indoor / large outdoor	large indoor with mitigation	In Person

F. Changes made by Task force on December 14th 2020 – removed the 7-day return from quarantine with a negative test to be in line with the ADPH, JCHD, and mountain brook schools (section VII.3.A)
G. Changes made by Task force on or around the February 16th TEE Board meeting
   a. Section 7.B.4 – to address vaccinated TEE members has been added
   b. Section 7.D - addresses In the event that temple staff was exposed to situations that are higher than normal risk
   c. **Approved by the Board unanimously on 2/16/2021**
H. Changes made by the task force on our around 4/11/2021 to Section III.D. Defining pods and addressing how to deal with unvaccinated children attending services
I. Recommendation by the TEE Pandemic Task force to move from orange to yellow – approved by the board unanimously on 4/20/2021
J. At our May 23 meeting, the TEE Pandemic Task force recommended to move from yellow to green/yellow with the following additional changes. To be called for a vote by email
   a. Remove the use of ushers
   b. Masking if unvaccinated
K. Approved the May 23 version with changes as stated in J above by the TEE Board on 6.15.2021

L. On July 29th, the task force recommened, and the board approved to move to yellow category given the new CDC guidelines that vaccinated individuals mask indoord. In addition, the board agreed that during high volume services (HHD) that only vaccinated individuals be allowed to the indoor services.