

Dear Friends in Christ,

“May the grace and peace of our Lord Jesus Christ be with all the saints.” That is the final sentence of the Bible. In tough times, we need to remember these comforting words!

We want to share a summary of the Session’s plans for Old Stone Church in the Summer and Autumn of 2020. Session appointed a “COVID-19 Task Force,” (Michelle Baron, Bob Heath, Willie Brown, Clinton Scaggs, Amy Smith and Kay Rackley). The Task Force studied the situation in depth, including reviewing recommendations from the Center for Disease Control (CDC), the State of Ohio, regional denominations, as well as information coming from the Cleveland Clinic and other local hospitals. God has given us the gift of science, and faith leads us to listen to informed voices. The Session adopted the Study and affirm its recommendations. You may view the Task Force’s full report on the OSC website.

This has been, and continues to be, the most challenging of situations. We all have a desire to return to worship in the sanctuary, and to be with friends. However, we have to weigh this against the very real danger of spreading COVID-19 (coronavirus) among our members and our visitors in downtown Cleveland. Many churches have lost multiple members because they rushed to open or failed to close. There have even been cases of worship services that have become “super-spreader” events. This is a health crisis, and we have to treat it as such.

Having thought and prayed long and hard about this, the Session unanimously approved the following as our direction:

- It is not safe at this time for our members or guests to have large in-person gatherings. So, we will continue on-line worship, but not resume in-person worship in the Sanctuary. Re-opening should only happen when it is clearly safe for our worshiping congregation. We will review this regularly, but any decision will be based on clear scientific findings.
- If there is a need for a wedding or funeral service, we can safely allow 10 people or fewer, with the agreement that participants follow our church distancing policies.
- Church offices will be open only on a part-time basis. The staff has been instructed to follow strict distancing policies, including taking their temperature when they enter the building and wearing masks. Robust cleaning protocols have been implemented.
- The church will not book outside rentals until Session has determined that it is safe.
- Our “Love Thy Neighbor” and Food Pantry ministries need to remain closed until it is safe to reopen. We have found that it is possible to expand our collection of food for the food bank, and that we could do this “curbside” during the pandemic.

The curbside food drive is an example of our using our creative imaginations to change and grow our ministries, even in this challenging time. If any of our members have other ideas of ways we can respond creatively, please share your ideas with the Session or pastor.

We have heard some say they really want to get back to worshiping in our Sanctuary. It has been so difficult to make this decision, but the data are clear, and we have to care for our beloved congregation.

Friends, with grace, patience, and sturdy hope, we can care for each other and continue to partner with God’s Spirit in healing this troubled world. We trust we will all do our best to help facilitate OSC becoming the church God is calling us to be in this season: a resilient community determined to manifest Christ’s light, salt and leaven to the world!

Peace and blessings,  
Old Stone Church Session



***“COVID-19 Task Force” Reopening Study Submitted and Approved by the Session***

***July 2020***

**SESSION**

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**COVID-19 TASK FORCE**

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## Introduction

The task force is committed to developing a process for providing a safe and secure worship environment for the congregation and community at large and researching a reopening plan and timeline. The process will be based on the following:

- Scientific data and resources
- Insurance concerns and dictates
- Contextual information including, but not restricted to, congregational demographics

The Session of Old Stone Church sees this pandemic as a time for both prudent response to protect all lives from infection by this dangerous virus, as well as a time for proactive extension of Christ's message in novel ways. We aim to be both reactive and proactive. Our plans to respond to this virus will be based on the best medical science available.

Historically, the church has been a place of safe refuge from external crises. We intend to open our sanctuary to public worship when all who enter can be reasonably assured of their health and safety. People need to feel safe because reasonable plans are in place to keep them safe. Christ's message was largely shown in the life he led (John 14:4-10), and so the Church's response to this crisis is in how we respond.

To prevent widespread infections from recurring, safe and effective vaccines need to be developed and widely available for a sufficient time that a large portion of society has developed immunity to the virus. To be safe from infection, wide-spread testing to identify those who are infected must be widely available. If infected, adequate therapies need to be developed to assure those who contract COVID-19 that proper medical treatments are available. Currently none of these conditions can be met; it is likely that our physical lockdown will last for an undetermined future.

Proactively, this pandemic provides an opportunity to open to our members and the community at large in novel approaches. Christ's message has always been a message of hope through love and faith. We are developing means to minister on an individual basis and through virtual means, to present Bible studies, topical spiritual offerings, etc. Our aim is to open the sanctuary at the earliest possible date, after meeting all parameters as set forth by the State and Local health agencies, in order to keep our worshippers and staff safe.

## Resetting Our Expectations

Though in the beginning many of us had mental images of all returning at once to our churches in celebration, we are now recognizing that returning to church will have to happen in phases. What future we will find ourselves in depends not only on the behavior of the virus, but on the actions of people – as individuals, churches, communities, and governments. The way forward will not be a matter of following a timetable, but of faithfully discerning the signs of the times, and responding accordingly. It has always been that way for the church: “You have called your servants to ventures of which we cannot see the ending, by paths as yet untrodden, through perils unknown....”

Please understand: for at least the next year, we anticipate our lives to be shaped by the timeline set by COVID-19. We face difficult choices between conflicting needs and imperatives. But we must avoid framing our situation in terms of a false choice between reviving the economy — or our churches — and saving lives. If we don't continue our efforts to contain the virus, a new wave of infections and deaths will cause further damage, and we will lose what we've gained from the measures we've already taken. And if we push the envelope too far by reopening our buildings and resuming gatherings prematurely, we may unfairly force on our more vulnerable members the choice between keeping themselves and others safe and participating in congregational life like everyone else.

The Council of Churches has consulted with public health experts, church leaders, and guidance developed by churches and judicatories around the United States. They offer it as a framework to guide clergy and lay leaders in making healthy and pastoral decisions, not as a fixed set of guidelines that will account for every circumstance. We recognize that all ministry is contextual. We have to be aware of the needs of our particular congregation, our polity and theology, and local conditions. We will consult local health officials and our judicatory leaders as we finalize decisions. **Remember, too: we may move back and forth between phases if second or third waves of infections emerge. The advice of public health officials may change as more becomes known about COVID-19.**

We pray for a spirit of discernment, for wisdom, and patience. We pray for researchers and medical professionals; for the planners; for the ill and recovering; for those grieving and struggling with the weightiness of these times. We pray for the watchers and wonderers, and all those who wait upon the Lord.

Determination of the safety of the environment permitting consideration of reentry into the sanctuary will be gauged by data provided by the State of Ohio which provides county-specific status. The current data can be accessed via the following link:

<https://coronavirus.ohio.gov/static/OPHASM/COVID-19-Risk-Level-Guidelines-GP.pdf>

The Task Force will re-evaluate opening dates based on declining indicators over a period of weeks. We will continue to research and review other metrics as they become available.

## **Insurance Concerns and Recommendations**

In preparation for resuming normal ministry operations, many ministries are asking if they could be held liable if individuals become ill with COVID-19 after attending ministry in-person activities. While it is possible that a ministry could be sued in connection with the transmission of COVID-19, the likelihood of such a lawsuit being successful seems relatively low. In order for such a lawsuit to succeed, the person bringing the suit would likely need to show that he or she actually contracted COVID-19 within the ministry's building or at a ministry-sponsored activity. Even if someone were able to show that the ministry's actions or lack of action actually caused the transmission, they would still need to prove that the ministry's actions or lack of action actually caused the transmission. With the prevalence of COVID-19 in many communities and how easily it is spread, it likely would be very challenging to establish this. Further, the potential existence of the presence of COVID-19 in any public setting is widely known and individuals that voluntarily attend ministry activities likely have assumed the risk.

**However, it is important to note that this is a new situation from a legal perspective, and it is unclear how all of this would play out in an actual court case.**

Upon the recommendation of our insurance carrier, Brotherhood Mutual Insurance, the Session of The Old Stone Church is in the process of developing an Infectious Disease Policy and Response Team. Our intention is to meet or exceed all state and local health guidelines, as we prepare to reopen our Church.

## Congregational Demographics

People from all walks of life get COVID-19 but some may have a greater chance of catching it. COVID-19 is a new disease with limited information regarding risk factors for severe illness. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Currently, at least 65% of our congregation falls into the over 60 age group, which places them at the greatest risk.

## Congregant connections

Over and over, the scriptures demonstrate the creative and redemptive power of God’s Word. As we navigate the various stages of reopening, the task force is committed to providing enhanced congregational connections and engagement opportunities. The emergency nature of the pandemic has led to a time for experimentation in many communities of faith which can result in some exciting new ways for our Church to connect. Some of our planned engagement opportunities include:

<b>Event</b>	<b>Description</b>	<b>Status</b>	<b>Point of Contact</b>
Small Group Gatherings	Small Group Gatherings geographically zoned & socially distanced	Began on 5/30; ongoing	Various
Zoom Bible Study: Exodus	Study of the Book of Exodus	Began on 6/24; Every Wednesday for 6 weeks	Dr. Andrew
Zoom Book Study: White Fragility	Discussion of White Fragility	TBD	Dr. Andrew

Compassion Camp	Virtual Vacation Bible School	Weekly July — August	Dr. Amy Wheatley
Zoom Coffee Hour	Virtual Social Gathering	Sundays at 11:15 AM	Beth Buchanan

**Appendix i**

The primary resources that the task force has referenced include plans prepared by the Council of Churches, the CDC and the State of Ohio Covid-19 task force.

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards>

**Appendix ii**

**Scientific Background**

The coronavirus, SARS-CoV-2 is a single-stranded RNA virus that causes a disease in humans called COVID-19. The symptoms of COVID-19 are initially a loss of the sense of smell, generally followed by “cold-like” symptoms (runny nose, cough) that can be followed by shortness of breath, due to infection of the lungs. Recent studies have shown that infection can lead to involvement of the heart and brain, as well. These symptoms can range from relatively mild (similar to the flu) to life-threatening and even to death. Some children can develop a rare disorder, apparently caused by an over-reaction of the immune system to SARS-CoV-2 that leads to a rash or hives at many places on the body, to severe respiratory difficulty, and involvement of the brain that in some instances have led to death.

Apparently, individuals can be infected with this coronavirus without displaying any symptoms. Infected people can remain asymptomatic or can develop symptoms later. Estimates of the fraction of the population infected but asymptomatic range from 3 to 20 percent. Whether they develop symptoms later or not, asymptomatic people can and do release the virus into their surroundings and can infect those with whom they come in contact. The severity of the disease in any individual is a function of the size of the dose initially absorbed and the general overall health of the recipient. Infections initiated with small numbers of viral particles generally lead to less severe cases of COVID-19. The overall immunological health of an individual declines with age, sedentary lifestyle, stress, improper hygiene, poor nutrition, or pre-existing health conditions. One way or another, that pretty much identifies much of our congregation.

Infection is most often spread through inhalation of the virus, generally in aerosols exhaled from an infected person. Human activities that lead to excessive exhalation such as shouting, running, or singing produce more aerosols than normal breathing or talking. There is no evidence that it can be transmitted in the food or through sexual intercourse. Aerosols are more likely to be passed when in a confined area than in the open air. The aerosols persist longer in colder, humid environments than in warmer, drier ones. These aerosols can also land on surfaces, and the virus can remain viable for various lengths of time, depending on the surface, but generally will not remain viable beyond several days – and usually much shorter intervals (e.g. minutes to hours). Recent studies indicate that the virus is very sensitive to ultraviolet radiation as found in sunlight. The virus appears to remain viable in sunlight for only several minutes.

With these findings in mind, it is possible to outline measures to minimize the likelihood of transmission of the coronavirus:

- **All should wear masks to prevent release or capture of aerosols**
- **All should maximize the distance between themselves and others. When talking or walking, aerosols released in the breath generally do not travel more than about 6 feet, but when shouting, running, or singing the aerosols released can travel tens of feet.**
- **All should minimize the time spent in confined quarters with large numbers of people.**
- **Vis-à-vis normal church worship, a large congregation singing in the confines of a sanctuary is about the worst-case scenario for potentially spreading the virus among the congregants.**

Therapies for COVID-19 are currently in development. At the moment, these include a mix of drugs that are effective in treating diseases caused by similar viruses, such as SARS and MERS. The main strategy for dealing with this disease is to prevent people from getting it and spreading it by closely following the guidelines above.

An improvement would be the widespread availability of a rapid turnaround test to identify those who are infected and to quarantine them and all who have had substantial contact with them. Such tests exist but are not yet widely available to the general public.

Currently there is no vaccine available to confer immunity on an individual prophylactically, such as exist for other diseases (influenza, measles, etc.). Vaccines are under development in the US and elsewhere. To be useful a vaccine must be

shown to be safe and effective in conferring immunity. Safety must be indicated by lack of immediate toxicity and by lack of prevalent side-effects in large numbers of people. When a vaccine is given it must stimulate the production of specific antibodies. But not all antibodies are equally effective in conferring immunity. To pass the test of being safe and effective, a potential vaccine is first tested in animals then in small groups of people (about 20), then on a larger group of people (100 – 200 people), and finally on 1 or 2 thousand people. At each stage, there is a test to note the development of antibodies that inactivate the virus under laboratory conditions. The final go-ahead is given when a large test group of people is shown to be less likely to contract COVID-19 when compared to the general, unimmunized public.

Understandably, these tests take time. When challenged, it takes at least a couple of weeks for antibodies to appear in the blood where they can be detected. Sufficient time is also given to allow development of any deleterious side-effects to appear. The final step in determining that a vaccine is worth developing further takes a minimum of six months and often a year to determine that it is both safe and effective. This seems to be a needless delay given the horrendous nature of this coronavirus. But the only thing worse than no vaccine is having a vaccine that is either unsafe (conferring bad side effects on a large portion of the population) or ineffective by producing antibodies that do not confer much immunity. An ineffective vaccine is worse than none because it causes a false sense of security to those who have received it.

Only about ten percent of potential vaccines succeed to be “safe and effective.” Even when they do, there is a considerable time (at least six to eight months) to ramp up production of large quantities of the vaccine and to distribute it widely among the general public. For these reasons, short-term means must be found to deal with the presence of this virus, as we await a safe and effective vaccine for general use, sometime in the indefinite future.

## Appendix iii

# Old Stone Church Phased (Re)Opening Guidelines

## Safer At Home

- Hold virtual worship services only.
- Bible studies, small groups, committees meet online (using OSC Zoom Accounts).
- Service ministries partner with other ministries in the area that are addressing essential needs and are following safety protocols.
- Minimal, drop-in staffing sufficient for essential operations (building maintenance, mail processing, deposits, paying bills, etc.)

## All Phases

### General Recommendations

#### Congregants

- Establish virtual options to participate to all congregants (e.g., livestream worship services, offer online Bible studies and small group meetings, provide capacity for committees and ministries to meet virtually).
- Continue to provide congregants with spiritual and emotional care and counseling on a flexible or virtual basis and provide/refer to other resources.
- Encourage congregants to stay home if they are sick.

#### Staff

- Staff will work remotely with minimal, drop-in staffing sufficient for essential operations (building maintenance, mail processing, deposits, paying bills, etc.).
- Encourage staff to stay home if they are sick.
- Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home).

#### Administrative

- Establish and continue communication with local health department and state authorities and adjust operations according to their guidance.
- Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality.

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation and ensure children are not left without adult supervision.
- Establish procedures for safely transporting anyone who becomes sick at the facility to their home or a healthcare facility.
- Inform 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.
- Close off areas used by the sick person(s) and do not use the area until it has been cleaned and disinfected: wait 24 hours to clean and disinfect to reduce the risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible before cleaning and disinfecting.
- Designate a staff person to be responsible for responding to COVID-19 concerns.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

## **Phase 1**

Phase 1 begins when all gating Criteria and Core Responsibilities are met. In brief, look for two weeks of declining case counts, widespread availability of testing, contact tracing, and no PPE shortages.

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/public-health-advisory-system/>

## **Worship/Ministry**

- Worship is strictly virtual and will consider small group gatherings outdoors in congregants' yards (or public parks).
- Minimize the size of the choir (a quartet) during religious services or other programming and maintain at least six feet between individuals.
- Life rituals (weddings, funerals, baptisms, etc.) will be kept to no more than ten (10) people in attendance.
- Pastoral care visits by clergy will be virtual visits (by phone, facetime, zoom) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.
- Bible Studies, small groups, ministry meetings continue to meet online (using the OSC's Zoom account).

## **Staff Operations**

- Staff works remotely with minimal, drop-in staffing sufficient for essential operations (building maintenance, mail processing, deposits, paying bills, etc.).

- Those who must come to the office should use cloth face coverings at all gatherings and when in the building and interacting with others.

### **Facilities/Administration**

- Have an adequate amount of supplies to support healthy hygiene behaviors, including soap, hand sanitizer, tissues, and no touch trash cans on hand.
- Clean and disinfect frequently touched surfaces at least daily and shared objects between each use.
- Avoid use of items that are not easily cleaned, sanitized or disinfected.
- Ensure safe and correct application of disinfectants and keep them away from children.
- Ensure ventilation systems operate properly, clean and upgrade air filters, and increase the circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety or security risk.
- Take steps to ensure that all water systems and features (e.g., drinking fountains) are safe to use after prolonged facility shutdown to minimize risk of diseases associated with water.

### **Phase 2**

The shift to Phase 2 is based on a re-evaluation of the situation using the original criteria. There one should expect several weeks of improving conditions to pass before making the shift to Phase 2. This will require careful observation of physical/social distancing recommendations on an ongoing basis.

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/public-health-advisory-system/>

High risk individuals, whether staff, volunteers, or program participants, should continue to shelter in place in Phase 2.

### **Worship**

- Limit gatherings to those that can be held virtually for vulnerable populations which now may include limited participation from small groups of people and consider small group gatherings outdoors in congregants' yards (or public parks). If there will be multiple services offered, a plan for managing the number of people and a plan to clean surfaces between services must be in place.
- Issue masks to those who don't have them and desire to attend. All participants MUST wear facial masks.
- There will be no congregational singing.

- There will be no choir when congregants are attending the service. There will be no use of brass or wind instruments during this period.
- Use no-touch alternatives for passing the peace, collecting offering, and use of liturgical resources.
- Life rituals (weddings, funerals, baptisms, etc.) may take place in a more traditional way, with careful attention to guest lists so as to keep under fifty (50) participants and have physical distancing plans.
- Ensure people spread out in the worship space with one family unit per pew; keep empty pews between family units. Ushers will escort to seat and dismiss by rows at the conclusion of the service.
- There will be no receiving line after the service.
- There will be no fellowship/coffee hour during this time.
- There will be no congregating on the sidewalk in front of the church.

### **Ministries/Committees**

- Pastoral care visits by clergy continue to be virtual visits (by phone, facetime, zoom) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.
- Church councils, committees and ministry teams of less than 10 may meet in person while wearing masks and maintaining social distance. Meetings must be coordinated with Facility Manager to ensure cleaning and disinfecting of space before and after any scheduled meeting.
- Cloth face coverings are required at all gatherings and when in the building.

### **Staff Operations**

- Regular office functions may resume more or less safely while maintaining social distancing and wearing masks. However, the building will remain closed to the public.
- Continue to attend to cleaning and sanitizing the office space and high touch surfaces.

### **Facilities/Administration**

- Have an adequate amount of supplies to support healthy hygiene behaviors, including soap, hand sanitizer, tissues, and no touch trash cans on hand.
- Remove all bibles, hymnals, fellowship pads, offering envelopes, pens, pencils, and pew cushions.
- Post signs on how to stop the spread of COVID-19 and promote everyday protective measures (e.g., washing hands, covering coughs and sneezes, and

properly wearing a face covering, seating arrangements within the worship space, etc.).

- Post signs that detail how seating will be managed during worship services in order to facilitate social distancing.
- Clean and disinfect frequently touched surfaces at least daily and shared objects between each use.
- Ensure safe and correct application of disinfectants and keep them away from children.
- Ensure ventilation systems operate properly, clean and upgrade air filters, and increase the circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety or security risk.

### Phase 3

The shift from Phase 2 to Phase 3 is based on a re-evaluation of the situation using the original criteria. One may expect several more weeks of improving conditions to pass before this shift.

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/public-health-advisory-system/>

It is possible that conditions will not improve, but infections will increase again. In that case, physical distancing recommendations would need to be tightened temporarily in order to get back on track. **Progress will not necessarily be linear.**

High risk individuals, whether staff, volunteers, or program participants, should continue to shelter in place in Phase 3.

### Worship

- Limit gatherings to those that can be held virtually for vulnerable populations which now may include participation from congregants — consider offering multiple services to avoid crowding the worship space.
- Issue masks to those who don't have them and desire to attend. All participants **MUST** wear facial masks.
- Ensure people spread out in the worship space with one family unit per pew; keep empty pews between family units. Ushers will escort to seat and dismiss by rows at the conclusion of the service to avoid bottlenecks.
- May consider the use of a choir or musical ensemble during religious services or other programming — limiting the number of choir members to a quartet and maintaining at least six feet between individuals. There will be no seating within 30 feet of the choir stall.

- Use no-touch alternatives for passing the peace and use of liturgical resources.
- Modify methods used to receive financial contributions. For example, place offering plates at entrance to worship space, encourage mailing checks, online giving or text to give options.
- There will be no congregational singing.
- There is no receiving line after the service.
- There will be no fellowship/coffee hour during this time.

### **Ministries/Committees**

- Pastoral care visits by clergy will be primarily virtual visits (by phone, facetime, zoom) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.
- Life rituals (weddings, funerals, baptisms, etc.) may take place in a more traditional way, with careful attention to guest lists so as to keep under one hundred (100) participants and have physical distancing plans in place.
- Remove frequently touched objects that cannot be easily cleaned, sanitized or disinfected, such as worship aids, bibles, hymnals, fellowship pads, offering envelopes, pew cushions, etc.
- The use of cloth face coverings at all gatherings and when in the building is required.

### **Staff Operations**

- Regular office functions may resume more or less safely while maintaining social distancing and wearing masks. Although the building will be open to the public, it will be limited service.
- Continue to attend to cleaning and sanitizing the office space and high touch surfaces.
- Building users/renters may resume operations, with a plan to address cleaning needs and agreement to observe gathering and distancing protocols.

### **Facilities/Administration**

- Have an adequate amount of supplies to support healthy hygiene behaviors, including soap, hand sanitizer, tissues, and no touch trash cans on hand.
- Post signs on how to stop the spread of COVID-19 and promote everyday protective measures (e.g., washing hands, covering coughs and sneezes, and properly wearing a face covering).
- Post signs that detail how seating will be managed during worship services in order to facilitate social distancing.

- Clean and disinfect frequently touched surfaces at least daily and shared objects between each use.
- Ensure safe and correct application of disinfectants and keep them away from children.
- Ensure ventilation systems operate properly, clean and upgrade air filters, and increase the circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety or security risk.
- Consider whether other gatherings may need to have attendance limited or be held virtually if social distancing is difficult (such as funerals, weddings, religious education classes, youth events, support groups and any other programming).
- Ensure a plan for managing the number of people and to clean surfaces between services is in place and adhered to.