

# Benchmarks for Reopening UUCR

## UUCR Guiding Principles for Pandemic Policy

- We seek to stay in covenant with all our members and friends, ministers, and staff.
- We are committed to science-based public health guidance, understanding that this guidance may change as we learn more.
- We seek to be inclusive of all we serve, being sensitive to the specific needs of individuals and communities.
- We are committed to the safety of all participants in the activities held in our building and grounds.
- We seek to stay in dialogue about our policies, findings, and decision-making process.

## Indicators for UUCR Reopening Decisions

Our recommendations for congregations are more stringent than nearby schools and businesses. As a community that values inclusion and collective care, we don't want to create in-person situations that inadvertently exclude those at higher risk, or create situations that force those at higher risk to publicly identify themselves. Our decision-making must center the needs of the most vulnerable.

We are in a novel situation without either historical precedent or data to guide our decisions. There is no single measurement that tells us when it is safe to reopen UUCR for various activities.

At this time, the UUCR building is closed to groups, classes, rentals, and worship services. The COVID-19 Task Force and the Board are committed to reopening the building for in-person services as soon as metrics show that it will be safe for UUCR's members, staff, and friends.

UUCR will use metrics developed by Covid Act Now, a multidisciplinary team of technologists, epidemiologists, health experts, and public policy leaders from [Georgetown University Center for Global Health Science and Security](#), [Stanford University Clinical Excellence Research Center](#), and [Grand Rounds](#). This consortium of experts at Covid Act Now is providing publicly available, scientific, disease intelligence and data analysis on COVID-19 in the U.S. You may view the daily updates of the metrics for all the jurisdictions within the DMV at [www.covidactnow.org](http://www.covidactnow.org).

## UU GUIDING PRINCIPLES MAY 2020

- Our abiding care and concern for the most vulnerable, inside and outside our congregation.
- Accessibility and inclusion for all of our members and friends to participate in our congregation, regardless of health status, health vulnerability, or ability.
- Recognition that we are part of an interdependent web and, as such, our risk-taking and our protective actions affect far more than just ourselves. Our congregational decisions can impact other congregations and the wider community.
- Ethical treatment and expectations for our leaders and staff, minimizing the risks to their own health and well-being.
- Our affirmation that good science, coupled with our UU values, must be the basis upon which we make decisions about in-person gathering.
- Commitment to our mission, community, and theology more than ever, mindful of the spiritual demands of this transition.
- Our deep hope that we as a country, and as a world, will not return to "normal" when the pandemic is over. We seek to live into "a new normal" of more justice, more love, more equity, more sustainability, and more

UUCR leadership will track several indicators to determine when UUCR can open its facilities. Four indicators are particularly important:

**INDICATOR 1: DAILY NEW CASES**

Number of new cases confirmed daily is at or below 1 new case per 100,000 people a day.

**INDICATOR 2: INFECTION RATE**

Number of infections by each infected person is less than 0.88 additional persons.

**INDICATOR 3: TEST POSITIVITY**

COVID-19 testing is widespread enough to identify new symptomatic and asymptomatic cases and test positivity is 3 percent or less.

**INDICATOR 4: VACCINATION**

Vaccination is widely available to all groups and at least 80% of people in the county have been vaccinated [Note: As of this writing, the percentage of vaccinated people needed to achieve herd immunity is not clear.]

We will also be looking for

- Sustained decline in case numbers
- Readiness to identify flareups through widespread and rapid testing
- Hospital capacity, including sufficient equipment and PPE
- Outreach to at-risk groups (e.g. Black and Latin communities, the elderly, people with underlying medical conditions)

Taken together, these measurements provide snapshots that help policymakers decide on reopening policies—and that can help UUCR decide how and when to reopen given our foundational principles.

UUCR leadership will complete a detailed plan with specific benchmarks and set a date for reopening when the COVID-19 pandemic is well-controlled across the DC-Maryland-Virginia metropolitan area, based on the indicators above and policies of state and local governments.

**Draft Guidance for Restarting Activities at UUCR**

Many jurisdictions, including Montgomery County, use a four-phase reopening model, with Phase 1 being lockdown of all non-essential activity and Phase 4 being mostly reopened (see <https://www.covidlocal.org/metrics/> for a very useful analysis). It makes sense to adopt this model in our own decision-making.

Although the dynamics of and knowledge about the pandemic keep changing, we can start to consider “At what point can UUCR resume various activities?” Below are some proposed guidelines strictly for purposes of discussion. Indeed, discussion must be ongoing because this virus continues to surprise us and force us to reconsider policies.

**Outdoor Activities**

We recommend permitting groups (25 or fewer people) to meet outdoors when we are in Phase 3. For example, consider fewer than 10 cases per 100,000 people per day, fewer than 3% positive tests,

continued decline in daily cases and deaths, widespread testing in all communities, and rapid response (within 24 hours) to any hotspots.

### **Indoor Small Group Meetings**

We recommend permitting small groups (5 or fewer people) to meet on-site when we are well within Phase 3. This means widespread vaccination, fewer than 5 cases per 100,000 people per day, fewer than 3% positive tests, continued decline in daily cases and deaths, widespread and rapid testing in all communities, and rapid response (within 24 hours) to any hotspots.

There are some activities, such as facilities maintenance and preparation for services, that must be held indoors consistent with the Board policy.

### **Indoor Services and Meetings**

We recommend waiting until Maryland is solidly in Phase 4. That means widespread vaccination, fewer than 1 case per 100,000 cases, fewer than 1% positive tests, sufficient PPE for facilities and essential personnel, widespread and rapid testing in all communities, and rapid response (within 24 hours) to any hotspots.

#### **Guiding Principles of the COVID-19 Taskforce**

- We will do all we can to not put people's lives at risk by coming to worship or other church events. In-person church is not worth dying for.
- Our mission to nurture spirits and help heal the world continues through a variety of connecting online activities and programs.
- We are committed to full inclusion. We will assure there is a way for everyone to be included in worship services and other churchwide events when we begin in-person services again. We will only go forward with in-person events when people who cannot attend in person can continue to participate online in them.
- We seek to protect the health of all who use the building: staff, elders, adults, youth, children, renters and contractors.
- We will use only vetted up-to-date medical and public health information from reliable sources to make decisions.
- We will obey the laws and guidelines set by the Maryland and Montgomery County, but may go beyond them in protecting our congregation and others affected by our decisions.
- We will be transparent with the congregation and consider their input.
- We will apply all recommendations consistently, not making exceptions for individual desires, renters, status in the church, or financial impact.

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