

## **Advisory Note on Collection and Maintenance of Mass Attendance Records**

June 3, 2020

### INTRODUCTION

In Bishop Daly's "Diocesan Principles for Reopening" publicly issued on May 27, 2020, there is a point under the section "Occupancy" that states, "**Pastors must devise a system to collect the names and contact information of those attending Mass and to keep this record on file for 30 days.**"

This note provides additional context and information to help pastors understand Bishop Daly's intention behind this guideline and to assist them in addressing the concerns raised by parishioners. The maintenance of Mass attendance records is linked with the issue of contact tracing although it is not explicitly mentioned in Bishop's guidelines. The document has been reviewed by the Spokane Regional Health District to ensure this is an accurate representation of practices, objectives, and authority of health districts in Washington State when performing contact tracing and seeking to advance the good of public health.

### INTERPRETATION OF THE GUIDELINE

#### **Why was this guideline included?**

The inclusion of a record-keeping guideline in the current Principles originates from prior collaboration between the Diocese of Spokane and the Spokane Regional Health District in identifying appropriate standards for a safe, initial return to the celebration of public Mass. This was well before any indication that the state would be releasing its own guidelines. The health officer asked the diocese to include a provision for keeping an attendance log as a potential aid to the health district if it is called upon to investigate a potential COVID exposure at Mass. Bishop Daly decided to instruct pastors to keep such a log first as a means to assist parishes in informing parishioners directly in the event of a possible exposure event at Mass and second as something parishes may share with local health district in a collaborative effort to promote the safety of the parish and broader community.

#### **Current state guidelines simply say, "Organizations are strongly encouraged to keep a log of attendees at each service." Does Bishop Daly still want priests to follow through on the diocesan guideline?**

Yes. For the reasons mentioned above.

#### **Does this guideline apply to other circumstances in which the faithful may gather outside of Mass?**

No. However, pastors may find it useful to keep an attendance log for other parish functions at their discretion, especially if these are extraordinary events that involve people who do not regularly participate in parish events (e.g. funeral vigils). On a specific matter, the collection of names and contact information for events that have as their purpose the celebration of the Sacrament of Penance is expressly forbidden.

**Are parishioners strictly required to submit their name and contact information in order to attend Mass?**

No. The diocese does not impose this obligation, and neither the state nor local health authorities mandate it. Parishioners are simply asked – if not, urged – to facilitate the ability of the parish and/or health district to work for their safety and that of their neighbors in the event an exposure event. However, parishioners are at liberty to not provide their information or to stipulate that it not be disclosed to civil authorities.

**USE OF INFORMATION**

**What can happen to this information after it has been collected?**

Attendance records belong to the parish and is under the control of the pastor. Identifying information is only to be used or shared in the event of a COVID+ individual attending Mass. However, pastors may glean the number of Mass attendees from these records, for instance, to help determine the need for additional Mass times. If after 30 days there is no indication that a COVID+ person attended a Mass, the attendance record for that Mass is to be destroyed.

In the event of an exposure event at Mass, the pastor has the option to share the attendance record of that Mass with his local health district, or he may decline to do so. Any collaboration with the health district would be voluntary and cannot be coerced. Records cannot be subpoenaed.

If the pastor opts to share this record to his local health district, it will be used to assist in contact tracing efforts and only for that purpose. Interviewers will attempt to contact every person on the list as part of the investigation. If the contacted individual does not meet the criteria of “close contact,” defined as someone spending at least 15 minutes within 6 feet of the case, no further information will be required, and the contact’s information will not be recorded. Those who meet the criteria will be asked to self-quarantine, and may be contacted by the health department to learn of any symptoms, and any needs that could be met. Their information will not be shared with other organizations.

**CONTACT TRACING**

**Did contact tracing originate during the response to COVID-19?**

No. Contact tracing has been a long-standing tool of epidemiologists for decades. In recent years it has been used to understand and mitigate the spread of localized outbreaks of mumps, measles and pertussis.

**What is the purpose of contact tracing?**

Contact tracing is first investigative, because its aim is to map out (“trace”) the spread of a disease in a community on the individual level. It also is informative and supportive, because contact tracers are able to advise symptomatic and potentially infected individuals with recommended steps to take care of themselves and reduce the spread of disease. They are also able to mobilize social services to support these individuals. Lastly, contact tracing plays a role in combating the spread of disease.

**What does contact tracing involve?**

When an individual receives a positive diagnosis of an infectious disease, public health workers are called upon to begin what is called a “case investigation.” The interviewer (colloquially referred to as a “contact tracer”) interviews the infected individual to determine who may have been exposed to the disease by this person. Those who were exposed are called contacts. The interviewer then reaches out to the contacts to see if they have symptoms of disease or if they interacted with the primary patient in such a way that increases the likelihood of infection. If it is apparent that the infection may have spread beyond the initial set of contacts, the interviewer may attempt to reach out to the contacts of the contacts and so on.

On a practical note, interviewers always reach out by phone, as physically driving to the location of someone is simply too time consuming.

**Will an interviewer ask about or record an individual’s immigration status?**

No.

**Does contact tracing violate the expectations of people’s privacy under HIPAA?**

All case and contact investigators are obligated to follow privacy requirements defined by HIPAA.

**Will an interviewer ever reveal the identity of someone with a confirmed or suspected COVID infection to the contacts they speak with as part of the contact tracing process?**

The identity of the individual with whom close contact may have occurred will not be released by the health department, as contact investigators are required to meet HIPAA guidelines. Rather, the case will be contacted and asked to identify individuals with whom “close contact” could have occurred. These individuals will be those contacted. There have been situations, however, when “cases” self-identify, which is their choice and not encouraged for reasons of confidentiality and possible discrimination.

**Is participation in contact tracing efforts required? Are there penalties if a person does not cooperate?**

No. Participation is voluntary, and there are no penalties for non-participation.

Parishes are under no obligation to share records with the health district, and health districts or any other civil authority cannot coerce a parish to share these records. Any sharing of information would be at the voluntary discretion of the pastor.

Similarly, those who are contacted by an interviewer are not mandated to participate in the contact tracing process in whole or in part.

**Can an interviewer order someone to self-isolate or quarantine?**

No. Interviewers can only advise people on recommended steps to take care of themselves and to reduce the risk of spreading disease to others.

**Is it still technically possible for someone to be legally forced to isolate or quarantine?**

If someone is willfully and carelessly putting others at risk, yes. Local health officers have the authority to do so (<https://app.leg.wa.gov/wac/default.aspx?cite=246-100-045>) and would do so only in the most extreme circumstance, i.e., an individual has been identified who poses a significant threat to the health and safety of others.

IN THE EVENT OF POTENTIAL EXPOSURE

**If it turns out that at least one person at Mass was infected with coronavirus, does this mean everyone who attended that Mass is now under quarantine?**

No. Only those people who were in “close contact” with the infected person would be advised to quarantine or take other measures to mitigate the potential spread of infection. Close contact is defined as being within six feet of the infected person for 15 minutes or more. Passing by this person on the way into church, for instance, does not count as close contact. Nevertheless, people are advised to err on the side of caution and to maintain physical distance as much as possible. If everyone is maintaining appropriate physical distancing, no one should qualify as being in close contact with the infected person/household.

**If it is determined that a person was in “close contact” with a COVID+ person, what does it mean for that person to self-isolate or quarantine?**

Public health workers would advise the individual to remain at home for a period of at least 14 days. The following guidance would be given:

You are permitted to leave quarantine or isolation to do the following, provided that you avoid public transportation and ride-share services, wear a facemask or face covering if available, separate yourself from other people to the greatest extent reasonably possible, and follow other appropriate social distancing measures:

- As necessary, travel between a health care facility, your home, your place of residence, or an authorized isolation or quarantine facility;
- Obtain necessary medical care, provided that you first make reasonable efforts to contact a health care provider before you leave quarantine or isolation; and
- Obtain necessary medications and supplies and services for family or household members and pets, such as groceries, food, and supplies for household consumption and use and products necessary to maintain safety, sanitation, and essential maintenance of the home or residence, provided that you first exhaust all reasonable alternatives, including, but not limited to, purchasing products online or by phone and having them delivered to your home or residence, asking for help from family, friends, or acquaintances, or contacting government or non-profit agencies for assistance.

If the individual has been identified as “essential” e.g., law enforcement, healthcare worker, the following guidance is applicable (see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>).

**Would it be helpful for a close contact to be tested? How can someone access a test?**

The local health department will determine whether close contacts should be tested. Availability of testing will vary between counties.

**What if someone is unable to self-isolate or quarantine out of a need to maintain a livelihood? Will that person be forced to accept financial ruin?**

No. In all but the most extreme circumstances, public health districts rely on the good will of individuals doing their part to help contain the disease and presume voluntary cooperation. Every effort should be made to do so, however, because the potential of community spread is great, which can significantly impact everyone. Local health officers, as noted above, do have the authority to require isolation and quarantine, however. If health officer orders are placed, there are requirements to ensure hardships are minimized.

**If a parent was a close contact of a COVID+ individual, would the children have to be separated from the parent as part of self-isolation or quarantine?**

No. Parents would not be forcibly separated from their children.