In the Diocese of San Angelo, in the current state of the COVID-19 pandemic, the recommended method for religious education, faith formation, and youth ministry is to offer online or home-based family catechesis rather than in-person catechesis at parish facilities.

If in-person catechesis is offered at a parish or mission, then online and/or home-based/family catechesis must also be offered as an alternative for those parishioners who need it (see publisher resources available).

For more information regarding online or home-based family catechesis, please contact the Office of Evangelization and Catechesis.

**In-Person Catechesis**

1. If a Religious Education/Faith Formation/Youth Ministry program cannot maintain the safety requirements in this document, as well as the Diocese of San Angelo Gathering Protocols, then the pastor is not to allow in-person sessions to take place.

2. The pastor is to appoint a **COVID-19 Compliance Coordinator** and assure that this person is trained. The responsibility of the COVID-19 Compliance Coordinator is to assure that the program is fully compliant with all diocesan protocols before sessions are allowed to begin, as well as to oversee this compliance on an ongoing basis. The COVID-19 Compliance Coordinator is not the DRE/CRE/CYM. The COVID-19 Compliance Coordinator is accountable to the leader of the program (DRE/CRE/CYM).

3. The pastor is to designate a **team of volunteers and/or staff** to assist in monitoring compliance with parish and diocesan protocols for in-person gatherings (this is in addition to the DRE, CRE, CYM, or catechists).

4. **Face coverings:**
   a. Unless medically waived, all present are required to wear a face covering over the nose and mouth (disposable/reusable mask, neck gaiter, or bandana) except when eating, drinking, or doing aerobic physical activity, or when outside and at least six feet from others.
   b. Messages or images on the face coverings must not be contrary to Catholic faith and morals.
   c. Face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms.
d. According to the Centers for Disease Control (CDC), the coronavirus is spread mainly from person to person through respiratory droplets. The masks act as a barrier to prevent the droplets from traveling. This is called “source control”.

e. There is not enough evidence to support the effectiveness of face shields for “source control”. Therefore, the CDC does not recommend the use of face shields as a substitute for face masks. However, full-face shields may be used in place of a mask to protect eyes, nose, and mouth whenever a mask is not feasible or whenever the educational context may benefit from the ability to see an individual’s full face. Face masks might not always be feasible with younger children, people with asthma or other breathing difficulties, those with medical or emotional conditions, or those with intellectual and developmental disabilities. In those cases, face shields may be allowed.

5. Frequent **hand washing** is to be practiced; hand sanitizers are to be made available throughout the class period. They should be readily available in each space where children/youth are meeting.

6. High-touch areas (i.e., doorknobs, tabletops, handles, bathroom faucets, etc.) are to be frequently **sanitized**.

7. **Social distancing (6 feet)** is required for everyone at all times, whether sitting or standing. It is recommended that floor markings be used to facilitate social distancing.

8. **Room capacity:**

   a. When facilities are used for gatherings, groups may not exceed 50% of the normal occupancy capacity for the room being used. Normal occupancy capacity of a room is determined in accordance with the latest revision of the International Fire Code as adopted by the State of Texas and the respective local government.

   b. For ease and consistency, a standard method to calculate the temporary COVID-19 occupancy of a room is to take the number of net square feet [total square footage of room minus the square footage of unusable space (ex: stage, cabinets, etc.)] of usable space in the room, and divide it by 36. This should give you a safe and conservative occupancy number that provides a 6-foot distance between people.

   c. Keep in mind that 6-foot social distancing must be maintained, so that, in reality, the temporary COVID-19 occupancy limit may be a much lower percentage. In the event that the 50% limit conflicts with the social distancing guidelines, the social distancing guidelines will prevail.

   d. Staff and volunteers assisting in these gatherings are counted toward the occupancy limitation.
e. Signs are to be posted in each classroom or meeting room of the parish, stating the temporary COVID-19 occupancy limit. For example, an appropriate sign would say this:

   Temporary COVID-19
   Occupancy Limit: ____ persons
   6-foot distancing prevails

f. Keep in mind that class size may need to be limited due to room capacity and social distancing.

9. It is recommended that parishes consider staggering start and release times so as to keep social distancing as children/youth enter and leave the building.

10. Parents/Visitors who are not involved in the program are not permitted in the building unless they have been screened (temperature checks, no related symptoms reported). The outside doors are to be monitored during the program.

11. Ventilation: When possible, the circulation of outside air into the room should be increased to foster public health in the facilities.

12. Participants are to bring their own supplies (Bible, books, pencils, crayons, etc.). There can be no shared supplies. Books, pencils, crayons, etc., can be boxed for each person and kept in the classroom/meeting room.

13. Avoid any in-person pageants with a live audience (i.e. Christmas programs, etc.). It is possible to devise creative online alternatives.

14. No field trips or shared transportation to events are permitted during this time. No overnight events for youth are to be held.

15. Food is not to be shared. It is best to eliminate snacks if possible. However, if snacks are provided, they need to be pre-packaged and distributed by only one person (i.e., catechist) to minimize exposure; or children/youth can bring their own snacks, which is preferable.

16. If a facility is being used for more than one session in the same day, there must be at least a 30-minute vacancy in order to allow for proper sanitizing of the facility between sessions.

17. If age appropriate, the children/youth are to be instructed to sanitize their own space.

18. Technology Use:

   a. Any video conference or virtual gathering participation from home must take place from public areas (office, kitchen, living room, etc.), not from a bathroom or bedroom.

   b. Adult leaders may be recorded for a presentation, but minors are not to be recorded.
c. At least two adults that are safe environment compliant must be present in presentations with minors.

19. **Outdoor Gatherings:**

a. Any outdoor social gathering in excess of 10 people (other than religious worship services, child care services, youth camps, summer camps, or recreational sports programs) is prohibited by the state unless the mayor of the city in which the gathering is held, or the county judge in the case of a gathering in an unincorporated area, approves the gathering. Such approval can be made subject to certain civil conditions or restrictions.

b. Religious education instruction and youth ministry faith development may be provided outdoors in groups larger than 10 people with the permission of the pastor. These sessions must observe the above requirements for face masks, social distancing, hand washing, etc.

20. **Health protocols** for clergy, staff, and volunteers:

a. All clergy, staff, and those volunteers assisting with in-person catechesis must be trained on appropriate cleaning and disinfection, hand hygiene, and respiratory etiquette.

b. All clergy, staff, and those volunteers assisting with in-person catechesis are to be screened upon arrival. **Temperature checks** with a non-contact infrared thermometer are required of all adults. If children display symptoms, they, too, require a temperature check. Those with a temperature above 100 Fahrenheit are not to enter the facility.

c. A person is to be sent home by the DRE/CRE/CYM or their designee if the person has any of the following new or worsening signs or symptoms of possible COVID-19. If the person being sent home is a child, the parents/guardians of the child are to be contacted and the child’s safety is to be assured.

1) Cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste, loss of smell, diarrhea, feeling feverish, having a measured temperature greater than or equal to 100.0 degrees Fahrenheit, or known close contact with a person who is lab confirmed to have COVID-19.

2) They are not to be allowed to return until they have met the criteria in the health protocols of the document from the State of Texas on Minimum Standard Health Protocols. These are as follows:

   “Do not allow employees or volunteers with new or worsening signs or symptoms listed above to return to work until:
a) In the case of an employee or volunteer who was diagnosed with COVID-19, the individual may return to work when all three of the following criteria are met: at least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and the individual has improvement in symptoms (for example, cough, shortness of breath); and at least 10 days have passed since symptoms first appeared; or

b) In the case of an employee or volunteer who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to work until the individual has completed the same three-step criteria listed above; or

c) If the employee or volunteer has symptoms that could be COVID-19 and wants to return to work before completing the above self-isolation period, the individual must obtain a medical professional’s note clearing the individual for return based on an alternative diagnosis. Do not allow an employee or volunteer with known close contact to a person who is lab-confirmed to have COVID-19 to return to work until the end of the 14-day self-quarantine period from the last date of exposure (with an exception granted for healthcare workers and critical infrastructure workers).”

21. If a person in the program (staff, volunteer, child, or youth) tests positive for COVID-19, other staff, volunteers, catechists, and parents/guardians of other children/youth in the program must be notified by the DRE/CRE/CYM or their designee. To protect their right of privacy, the individual who tested positive is not to be identified by name. The protocols in number 20 above are to be followed, that is, the individual may return when all three of the following criteria are met: at least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and the individual has improvement in symptoms (for example, cough, shortness of breath); and at least 10 days have passed since symptoms first appeared.