May 8, 2020. Valid through May 20, 2020. | For question or comments, email covid@agudah.org.

Safely Reopening Our Kehillos – A Roadmap for Rabbonim & Community Leaders

General Guidelines:

1. Our communities have overwhelmingly followed difficult social distancing mandates during the unprecedented pandemic of COVID-19. After months of quarantine, all of us are desperate to return to a semblance of normalcy and observe Torah and *tefillah* as we are accustomed.

2. However, **no activity may begin until local governmental** *and* **rabbinic authorities deem this activity safe and allowable**. *These Guidelines do not imply that any community has reached Phase 1 or 2*. One of the purposes of this document is to provide a roadmap so that, after local governmental guidance and community *rabbonim* fully sanction an action, this document will provide recommendations for how these actions can safely and *halachically* be performed.

3. The below was constructed with leading *rabbonim* and infectious disease specialists and other doctors, and has the approval of the *Moetzes Gedolei Hatorah*. The close, social nature of **our communities requires specific protocols**. We want to ensure our safety, not just strictly follow the law. Governmental regulations

were not designed to address the realities of someone *davening* at a bustling shul with multiple *minyanim* daily; attending *kiddushim*; large families having a Shabbos meal together; children from multiple families playing together - perhaps all on a single day! An **abrupt return to all of this, while tempting, risks our communities suffering reversals of whatever gains were achieved during the difficult months of quarantine endured.**

4. Moreover, governmental actions must balance relaxing health quarantines with political and economic considerations. *Halachah*, which places guarding one's life and health above such considerations, may thus arrive at different recommendations. We need our own guidance, tailored to our own realities. These guidelines provide a **national floor** of safety protocols, irrespective of state and local differences.

• Practically, this means that if a local government states that gatherings of 25 are now allowed without masks if social distancing is observed, WE would still restrict our *davening* to a *minyan* of 12-14

and only while observing the safety protocols described in Phase 1. And community *rabbonim* may rightfully decide that any loosening of restrictions is premature, based on the advice of local medical professionals that cases are not yet predictably trending downward or other factors.

5. The below is **a flexible framework** for communities to adopt dependent on local circumstances on the ground. One community may be at Phase 2, while *most communities nationally, as of this writing, are not yet up to Phase 1.*

Klal Yisroel is wonderfully diverse. However, the *rabbonim* of each city or community should communicate and collaborate with each other and with local, respected infectious disease doctors and medical professionals. The reasons are twofold:

• Many factors must be weighed before moving forward to a further Phase or if adapting this guidance. The factors listed in Guideline 6 along with population density, average community age, and other issues must be considered. Weighty and complex competing factors and priorities must be balanced. It is the rare Rav who possesses all the information required to singlehandedly arrive at an informed decision.

• If different shuls or segments of a community adhere to different standards, it will be impossible to know what is working or not working for the community as a whole.

6. These Guidelines contemplate a gradual relaxing of restrictions while closely monitoring if such relaxations are causing undue increases in COVID-19 cases. This is designed to ensure that no

community's COVID-19 cases spiral out of control. **No community should contemplate progressing** from a current shelter in place state to Phase 1 **until it has seen** a downward trajectory of sustained transmission **decreases for a minimum of 14 days as described below and governmental authorities sanction it**. The local Hatzolah and hospital representatives can provide community COVID-19 call volume and rates. Similarly, a community should not progress to a further reopening Phase until it has witnessed, for 14 days:

• Sustained downward trajectory of documented COVID-19 cases and hospitalizations in the Orthodox Jewish population but also accounting for the general population; and,

• The ability of the local healthcare infrastructure to comfortably manage the current medical caseload; and will also be dependent on,

• The ability of the local medical infrastructure to monitor and control COVID-19 spread. A city that has testing widely available and is performing extensive contact tracing is better situated than one that is not.

7. After carefully tracking these factors, the *rabbonim*, in cooperation with the medical experts, must decide whether a community may proceed to a subsequent, lessened degree of social distancing, retain the current level, or even revert to a previous level of social distancing if, G-d forbid, medical trends mandate it.

8. Antibody testing is new and promising. However, at this point, many antibody tests have proven inaccurate and there are still open questions as to immunity and potential for reinfection. We cannot advocate different rules or *minyan* sizes for different individuals.

9. This Guidance is subject to change. This virus is new and our understanding of it is changing. Phases 2 and 3 particularly will be subject to change as we hopefully move closer to those Phases.

10.One final note: Many *yir'ei Shomayim* among us have not missed *minyan* or *krias haTorah* for years, perhaps decades. There is natural guilt associated with now missing these critical practices. Our *rabbonim* have assured us that the same Torah that idealizes Torah and *tefillah* in a large shul with many in attendance under normal circumstances now requires us to do so in a way that vigilantly preserves our health and the health of those around us.

11.Practices to remain in place throughout all Phases:

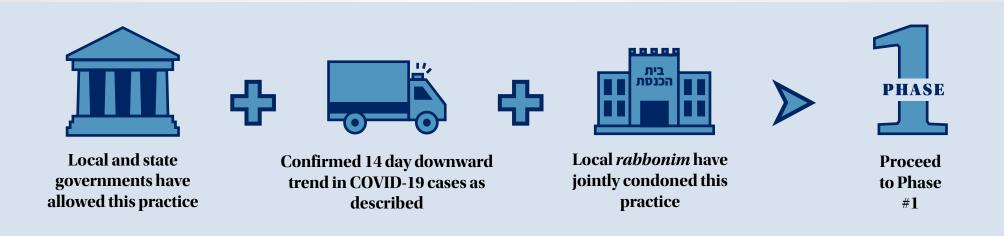
• Social distancing; avoiding handshakes and physical contact;

frequent hand washing; avoiding touching face.

• Anyone with a cough, shortness of breath, fever, chills, muscle pain, sore throat or new loss of taste or smell must stay home and not endanger his fellow *mispallelim*.

• Masks must be worn when among people not living in your household during Phases 1 and 2. This includes at *minyanim* and applies to every age.

• Those over 60, who are in a nursing home, have a lung disease, are immunocompromised, obese, have diabetes, or kidney or liver disease should maintain **enhanced vigilance**. Depending on Phase and the counsel of their *posek*, these individuals should *daven* individually for an extended period.



AREA

Minyanim

LOCAL			
PHASE I			

Davening requires constant speech and meeting thrice daily. This presents additional risks.

After 14 days with positive metrics, proceed to Phase 2

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LOCAL PHASE II

After 14 days with positive metrics, proceed to Phase 3

Outdoor minyanim

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LOCAL PHASE III

Maintain Phase 3 for the foreseeable future

Minyanim may resume in shul provided:

 Social distancing occurs to the maximum extent possible by creating additional minyanim and utilizing additional spaces to minimize crowding. ► Specifically, shuls should maintain **4-6 feet** between congregants. Shuls should also strive for occupancy of no more than **70%** of capacity of the room, and no more than 75 people, irrespective of shul size. ▶ Post-davening kiddushim, and

► Post-aavening kiddushim, and socializing should be minimized or eliminated.

 High-touch surfaces, like doorknobs, should be regularly cleaned.
 Soap and hand sanitizers should be available.

► Individuals are discouraged from *davening* at different shuls for different *tefillos*, even if that is typically their practice.

Do not daven with a *minyan* if:

▶ Same as Phase 2.

Areas where large backyards or open areas are prevalent may hold backyard, shul parking lot, or porch minyanim:*	should proceed with all the same
Social distancing, with the exception of families that share a domicile, of 8 feet (but no less than 6) must	precautions as Phase
be safely maintained. This cannot be compromised during any inclement conditions such as rain or cold.	
	1, except:
• Only 12 individuals may attend (but no more than 14 if needed).	► Social distancing of
• Minyanim may not occur in the street or in any way that would interfere with pedestrian traffic or cause	only 6 feet required.
aivah.	► Up to 20-30
 Minyanim should be organized under the auspices of a local shul and Rav. 	individuals may
	attend.
*Note that there are halachic issues of <i>tziruf</i> if parts of a <i>minyan</i> are separated by a physical barrier. Conversely,	
there are medical advantages to arrangements that make physical mingling difficult. Consult your <i>posek</i> .	Indoor <i>minyanim</i>
	should proceed
If indoor minyanim, which present their own set of medical difficulties, are sanctioned by local	with all the same
authorities, they may occur if:	precautions as Phase
► Social distancing of 10 feet (but no less than 8) can be safely maintained;	1, except:
• Occupancy is no more than 40% of capacity of the room. Only 12 individuals may attend (but no more	 Social distancing of
than 14 if needed), irrespective of shul size;	only 8 feet required.
 High-touch surfaces, like doorknobs, are regularly cleaned. Soap and hand sanitizers are to be available. 	► Occupancy is no
Sanitize between <i>minyanim</i> .	more than 50%
	of capacity of the
In both indoor and outdoor <i>minyanim</i> :	room, and no more
 Masks must always be worn. 	than 20-30 people ,
 A gabbai should be appointed to ensure that all rules are followed. See Practical Davening Logistics, 	irrespective of shul
• ••	-
below.	size.
As attendance per <i>minyan</i> is severely restricted to minimize risk, attendees should be limited to	
those halachically required to daven. Thus, for example, children under bar mitzvah should not attend.	In both indoor and
► No congregating or kiddushim before or after minyan.	outdoor minyanim:
• Consider putting on <i>tallis</i> and <i>tefillin</i> at home and beginning <i>shacharis</i> with the <i>minyan</i> at <i>Borchu</i> to	► Same as Phase 1.
minimize exposure time.	
Meet with the same group for every tefillah.	Do not daven with a
	<i>minyan</i> if:
Do not daven with a <i>minyan</i> if:	► Same as Phase 1.
▶ You feel ill or have any COVID-19 symptoms per the updated CDC guidelines found here and listed above.	► High risk individuals
This would endanger your fellow mispallelim.	should consult their
> You had or think you may have had COVID-19, until at least 14 days after symptoms are resolving and	posek about if they
there has been no fever for at least a week.	should stay home.
• You have had recent contact with an individual who has COVID-19, even if you currently show no	
symptoms.	
of mp counts.	

• High risk individuals, described here and above in Guideline 11, should stay home.

AREA	LOCAL PHASE I After 14 days with positive metrics, proceed to Phase 2	LOCAL PHASE II After 14 days with positive metrics, proceed to Phase 3	LOCAL PHASE III Maintain Phase 3 for the foreseeable future
Krias haTorah	Krias haTorah as it is normally performed requires inherent close proximity, handling the Sefer Torah by multiple individuals, and speaking loudly enough for the <i>tzibur</i> to hear (which will likely emit microscopic, potentially infectious, droplets). A single ill <i>baal korei</i> or <i>gabbai</i> can, G-d forbid, infect the entire congregation. Therefore, during the first Phase of reintroduction, <i>krias haTorah</i> should not occur in the normal fashion.	Krias haTorah should occur in a similar manner to Phase 1, but it is preferable for each baal aliyah to prepare to read the section for his own aliyah with no one else standing nearby. Each baal aliyah should either hold the Torah open with a physical barrier (e.g., tallis) or the Torah should be sanitized between aliyos.	Krias haTorah may occur, with the caveats that the baal korei and gabba'im should be absolutely symptom free for the past weeks; baalei aliyos should be younger, low risk individuals; and the Torah should not be kissed or
	 Rather: The baal korei should perform hotzo'ah v'hachnosah and place the Torah on the bimah. The Torah should not be taken around the shul and should not be kissed. The baal korei should lain the entire kriah and take all aliyos, with no one else standing nearby. Hagbah and gelilah should be performed by the baal korei and a designated individual. 	Or, Krias haTorah may occur, with the caveats that the baal korei and gabba'im should be absolutely symptom free for the past weeks; baalei aliyos should be younger, low risk individuals; and the Torah should not be kissed or touched during or between aliyos.	touched during or between <i>aliyos</i> .
Practical Davening Logistics	 A practical recommendation is to remove or tape up seats to preempt seating in violation of social distancing. Place signage at entrance and within the shul reminding members of shul policies. The Rabbi or gabbai should actively ensure that social distancing and safety is adhered to. This can mean excluding individuals who do not conform to these safety standards. Keep doors open with a doorstop or have one gabbai or security guard open doors to minimize touching the doorknob. Preferably, mispallelim should bring their own siddurim. Make masks available in shul. Open windows to increase ventilation. Consider using the restroom at home prior to arriving at shul. Use disposable paper towels only. No communal towels on a roll. It is preferable to have a consistent baal tefillah. If not, the baalei tefillah should wear disposable gloves before touching the public Chazzan's siddur and/or bimah. Tzedekah should be collected in an open plate and left on the bimah. A pushkah which requires opening should not be used, and no tzedekah receptacle should be passed around. 	Same as Phase 1.	To be determined as the situation, with G-d's help, improves.

It should go without saying that nonessential activities should not occur.

Essential activities (e.g., shopping for food), should continue to occur in a careful and as needed basis.

Guidance for other *kehilla* matters are being worked on for a forthcoming publication.