

# COVID-19 Advice on pastoral support in the community, including care homes

## Version control

Issue Date	Version	Issued by
17 <sup>th</sup> August 2020	2	The House of Bishops Covid-19 Recovery Group
Updates from version 1: This version of the guidance has been updated to reflect updates in other published guidance to include 3. on face coverings, 6. on Holy Communion and 7. concerning the laying on of hands and anointing with oil.		

*The Recovery Group has been set up to support the Church of England as government guidance changes through the COVID-19 pandemic. This document has been prepared with information available by the issue date. It will be kept under review and updated as the situation develops, with each update issued as a new version. The current version will always be available to download from the Church of England website via the [Coronavirus FAQs page](#).*

One of the church's main areas of ministry is pastoral care. The usual ways of undertaking this ministry have been very significantly affected by coronavirus. Whilst ministers have found innovative ways to keep in touch and to offer care, the usual route of face-to-face visiting has not been possible in most situations. This has been challenging and distressing for both ministers and those who receive such care. The restrictions that are necessary in this current pandemic will have a profound effect on some visitors. These are unprecedented times, however, and visitors also carry a responsibility to themselves and others in the community. Showing God's love and care in whatever way we can is the most important thing.

This guidance aims to enable pastoral support and visiting, whilst minimising risk as far as possible.

### **1. Can clergy visit people at home?**

The current Government advice suggests that pastoral visiting is now permitted based on a local risk assessment. We would strongly encourage those undertaking home visits to look at the following government guidance: <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes>

We would suggest that before you undertake a home visit, you consider:

- whether it is necessary;
- the situation of the individual and their household – are they shielding, does anyone have symptoms of COVID-19 etc. The Government advises that visits should only be made to a household which is isolating because one or more family members has symptoms or where an individual has been advised to shield if this is “to remedy a direct risk to the safety of the household”;
- your own situation – whether you are clinically extremely vulnerable or have someone clinically extremely vulnerable in your household;

- whether there are other ways that you could offer pastoral care without a face-to-face visit.

## **2. What should I consider if I do visit?**

If you do decide to visit, we encourage you to think through the following issues:

- when visiting a household try to make prior arrangements to avoid any unnecessary face-to-face contact;
- pay particular attention to hygiene practices such as handwashing before and after the visit; coughing and sneezing hygiene, such as covering your nose and mouth and disposing of single-use tissues;
- maintain 2-metre social distancing where possible. If you wear a face covering, change it between visits, and (if reusable) wash after use;
- try to avoid touching things, and avoid any physical contact with the person/people you are visiting. This will be difficult as touch is an important part of interacting with people, but it also poses an additional potential risk;
- use disposable service sheets etc.

## **3. Should I wear a face covering?**

The government advises people to wear face coverings in enclosed public spaces where there are people they do not normally meet. When wearing one, it is important to use face coverings properly and wash your hands before putting them on and before and after taking them off. For further guidance see <https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering/how-to-wear-and-make-a-cloth-face-covering>

## **4. What if the person has been confirmed with COVID-19?**

It is suggested that clergy and lay visitors should NOT visit (remember, it is possible that other members in the household will also have it). Government guidance indicates that only essential carers, wearing appropriate face masks and other personal protection equipment should attend those who are ill with COVID-19. Not only are clergy and lay visitors unlikely to be familiar with how to wear PPE safely, thereby putting themselves at risk, but they would also be required to self-isolate afterwards, rendering themselves unavailable for future pastoral service. In this situation they should offer support by other means such as by phone or video contact.

## **5. Who can visit?**

We suggest that any visits by lay visitors (including lay ministers) should be agreed with the incumbent.

Those in the clinically extremely vulnerable group are encouraged to think carefully before undertaking home visits, as current government guidance advises them to “work from home wherever possible.”

If visitors have someone who is ‘higher risk’ in their own household they should consider very carefully whether to visit in person.

## **6. Can we administer Holy Communion during a pastoral visit?**

Yes, following a local risk assessment.

If it is safe to do so, a service of Holy Communion with the sick and housebound may be celebrated, using the guidance for the [celebration of Holy Communion](#), especially points 2-6 and 9.

The following suggestions are to enable the safe distribution of Holy Communion with bread that has previously been consecrated.

- Before visiting, the person making the home visit should prepare a clean pyx, being careful of hand hygiene before handling the bread.
- Any papers or orders of service should be disposed of after a single use.
- During the service, the minister should remain at two metres’ distance from the person being visited, and approach only to give them Holy Communion in the hand.
- Consider hand hygiene on arrival, before administering the bread, and before leaving the home.
- After administering the bread place the pyx into a sealable plastic bag.
- After the visit clean the pyx by washing it in hot water with a neutral soap, and drying it.

## **7. What about laying on of hands and anointing with oil?**

The same advice on social distancing and hygiene applies. In particular:

- Laying on of hands should be avoided.
- It is preferable not to anoint with oil as it is not possible to observe physical distancing, but where the priest considers this to be an indispensable part of care for the dying he or she should apply the oil with an applicator that must be disposed of safely and immediately if it comes into contact with the dying person. Physical distancing should be compromised for as brief a period as possible.

## **8. What about visiting the dying?**

The same advice on social distancing and hygiene applies. In particular:

- See the point on anointing above.
- Inevitably the person dying will find it difficult to communicate. The temptation is for clergy to move as close as possible to the person to hear them and to communicate with them. Difficult as it might be, clergy must resist this; a cough or exhalation of breath can transmit the virus. Maintaining physical distance and not touching the dying person will feel strange and unnatural, but as hearing is one of the last of the senses that those who are dying lose, words of comfort and reassurance and tone of voice, all communicate signs of care and support.

### **9. What about visiting those in care homes?**

We advise that you contact the relevant care home and discuss with them whether they would be content for this to happen. Any visits would need to abide by the care home's policies.

Finally, it is important to recognise that clergy and others offering this ministry can only do what is possible, which sometimes in these situations, might not feel enough. Consequently, they must take care of their own physical, mental and spiritual health with supportive pastoral care being offered to them by others.