

# Reopening Churches in our COVID-19 Context

## Principles and Process

### The Role of the State

Governor Wolf has announced a plan to gradually lift the stay-at-home restrictions for Pennsylvania. His plan takes into account the different experiences and circumstances of counties within the state and outlines three phases—red, yellow and green—each with its own set of criteria and restrictions.

### The Role of the Diocese

The Bishop has asked the Committee on Emergency Preparedness and Response to assist our congregations as we move into the re-opening process for the Diocese. The hard work of planning for re-opening should begin as soon as possible and congregations are asked to submit a draft plan for re-opening to the Committee whenever they are ready (see *Process*, below). Implementation, in consultation with the Bishop, must also be consistent with the decision of civil health authorities regarding public gatherings.

### Public Health Considerations

Our first priority in determining how to reopen our churches is the safety of all involved and, more particularly, ensuring that our actions limit to the degree possible the risk of spreading the virus. The CDC serves as [the authoritative source for guidance](#) in how best to meet that goal; all plans for reopening churches should comply with standards set by the CDC as well as those of the state and other regional or local governmental bodies.

In light of the CDC guidance, the diocese recommends parishes keep the following principles in mind:

- Anyone who is experiencing [COVID-19-like symptoms](#), regardless of his or her age, should not attend church at any time.
- In developing policies and procedures, parishes should assume that the novel coronavirus can remain active on surfaces for up to 72 hours.
- Safe practices require both distancing and masking until either the virus is eradicated or vaccines have been effectively deployed.

- Bear in mind that gloves do not prevent transmission of the virus. People need to avoid touching their eyes, nose and mouth regardless of whether they are wearing gloves.
- Pay special attention to the needs of the most vulnerable individuals—those over 60 and those with pre-existing health conditions.
- Because asymptomatic individuals can still infect those around them, proceed on the assumption that anyone could be a carrier of the virus.

It is also important to recognize that there is much that we still do not know. The situation will remain fluid for some time and all planning should therefore take into account the possibility that future circumstances may require returning to a higher level of restriction. This document may also be revised to reflect new knowledge about the virus.

## Our Special Concerns as the Body of Christ

As the Body of Christ, we must consider factors that go well beyond those related to the broader “re-opening of the economy.

- We must strive for the inclusion of all in the life of the Church. This includes not only those whose health requires that they self-isolate but also those who opt to do so until either the virus is eradicated or vaccines have been effectively deployed. We should therefore consider continuing on-line or streaming worship, bringing the sacraments to those unable or unwilling to attend services physically, and providing a way for those without computers or smart phones to worship at home.
- Children hold a very special place in our congregations. We must therefore consider when to include children, as well as how to address the special issues that may arise with children when it comes to maintaining physical distance.
- Our planning must honor our Episcopal traditions, including, if possible, the celebration of the Eucharist as a community, the role of the priest as celebrant of the liturgy, and the distribution of the sacrament to the people.
- Our Baptismal Covenant calls us to do more than simply worship together. Our plans should therefore take into account the many other forms of ministry that each parish pursues, church gatherings other than gatherings for worship, and the use of our buildings by others.

## Process

Each congregation is asked to prepare a draft plan describing the steps they would take to implement a gradual reopening of their building and a return to on-site ministry and worship.

This draft plan should be submitted as a .doc or .docx file to [office@episcopalpgh.org](mailto:office@episcopalpgh.org). It will then be reviewed by the Committee on Emergency Preparedness and Response.

The Committee may ask for clarifications or make suggestions for revision. This is to be a collaborative process: local vestries and clergy know their parishes best, while the Committee has expertise on issues of health safety that can be useful. The Committee will share its comments on each draft plan with the Bishop, who may then provide additional counsel, raise concerns, and/or offer further support along with his endorsement.

In preparing their draft plan, parishes are encouraged to think creatively, and to tailor their plan to the specific characteristics of their community, the demographics and talents of their congregation, the structure of their physical plant, and the volunteer and paid staff available to them. Parishes are urged to make full use of the talents, energy, and creativity of both the lay and the ordained members of their parish. If all involved remain open-minded and bear in mind our shared goal of reopening our churches in ways that are safe and true to our Baptismal promises, the result may be a new understanding of how to prosper the Kingdom of God in a world that may no longer be well served in the old familiar ways.

**Faithfully,**

*Emergency Preparedness and Response Committee*

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# Draft Plan to Reopen a Parish

## Overarching Considerations

A workable plan will demonstrate that the parish has consistently kept in mind the following three considerations, which in turn dictate so many key details:

- **The critical importance of distancing:** the need to keep clergy, staff, congregants, family groups and visitors at least six feet apart at all times.
- **The critical importance of face masks:** the importance of having everyone in your building (except children under two, clergy when they are presiding or preaching and individuals with health conditions incompatible with wearing masks) wear a mask.
- **The special danger to vulnerable populations:** the importance of supporting the members of vulnerable populations (and the other members of their households) as they make the decision whether or not to shelter in place.\*

## Major Questions

The seven Major Questions that you should address in your plan are these:

1. How will you prepare your facility and your congregation for reopening?
2. What alternatives will you provide for parishioners who cannot or choose not to attend in person?
3. How will you keep your facilities clean and encourage appropriate hygiene practices?
4. How will you manage the numbers in attendance so that physical distance can be maintained? How will numbers affect your potential need to assist congregants in contact tracing?
5. How will you assist congregants to maintain physical distancing and in other ways reduce the risk of spreading the virus?
6. How will you communicate your policies to your parishioners and guests prior to and throughout the process of reopening?
7. How will you apply your policies to parish activities other than public worship and to outside groups that use your building?

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\* In some cases, clergy and lay leaders in the parish may themselves fall into this category, in which case it will be important to consider with care the implications for them of whatever policies are developed.

We are aware that parishes will be concerned to know how the clergy plan to distribute the Eucharist safely and appropriately and to offer pastoral visitation. The Bishop has discussed this topic with diocesan clergy. We include some relevant information on pages 11-15 and 16-18 respectively.

## Best Practice Suggestions

Our parishes operate in a variety of contexts. Larger and smaller congregations gather—in one worship space or in several—in buildings of different sizes and configurations—to serve widely diverse communities. While we do not ask every parish to respond to every bullet-point below in the draft plans they submit, we do expect that you will pay careful attention to those that are relevant to your local context during your internal conversations and when arriving at your decisions. They draw attention to some of the many practices that reopening safely will involve.

### Preparing your Facility and your Congregation

- You may decide to “deep clean” the entire church prior to reopening (with special attention to pews, bathrooms, doorknobs, light switches, stair railings, communion rails and microphones). However, since the virus does not survive on most surfaces for more than 72 hours, you may conclude that a less rigorous cleaning is sufficient.
- It will be helpful to minimize the surfaces that people are likely to touch (e.g., by removing non-essential furniture and other items from spaces).
- It is important to provide signage directing congregants and visitors how to behave. Signage may include instructions about:
  - avoiding contact greetings such as shaking hands or hugging;
  - how to enter, move around in, and exit the building appropriately; and
  - areas of the building that have been determined to be “off-limits.”
- You will probably want to communicate with your congregation early and often about the preparations that you are making for reopening and about the behaviors you will be asking of them when they return. (*See also **Communications** below.*)

### Alternatives

- Once you reopen, you may choose to continue offering online worship as an alternative—or to begin online services if you have not been doing so during the lockdown.
- You may also want to make other arrangements for members of vulnerable populations who either cannot attend in person or choose not to do so—e.g., by using lay Eucharistic ministers to visit them with the sacraments.

- It is important to communicate these alternatives clearly, allowing all parishioners and guests to make responsible decisions. (See also **Communications** below.)

### Cleaning and Hygiene

- In addition to the deep cleaning that may precede reopening, it may be necessary to address the cleaning of your building between uses. Special attention should again be paid to pews, bathrooms, doorknobs, light switches, stair railings, communion rails and microphones.
- Determining an appropriate schedule for routine cleaning will depend on such factors as the frequency of services and the use made of the building by other groups. Since the virus does not survive on most surfaces for more than 72 hours, time alone may in this case be on your side.
- It will be important to encourage healthy hygiene practices among congregants at each service. Issues to be considered might include:
  - providing dispensers of hand sanitizer of  $\geq 60\%$  alcohol content at all entrances to the building and inside the worship space (hand sanitizer being preferable to soap and water as its mechanism of action is immediate);
  - requiring everyone to wear face masks and supplying masks to those who arrive without them;
  - placing disposable facial tissues within easy reach<sup>\*</sup>; and
  - providing open bins for the disposal of used paper masks, tissues, etc.<sup>†</sup>

You will want to consider what your policy will be in case congregants fail to comply with your policies, especially your policy with respect to wearing masks. Bear in mind the critical importance of masks to the safety of all those attending.

- It is appropriate to think with particular care about restrooms. In particular, ...
  - for how many restrooms are you able to provide appropriate, regular cleaning?

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\* A box of Kleenex could itself become a vector of transmission. Possible solutions include providing “travel size” packets of tissues for congregants to retain or placing hand sanitizer next to the tissues with signage instructing congregants to: (1) clean their hands with sanitizer; (2) take a tissue with care not to touch the box or remaining tissues; (3) use the tissue; and (4) clean their hands again.

† Open bins are preferred so that congregants may easily drop tissues and masks into the bin without touching the lid (otherwise a potential vector of infection). It is important to note that there must also be a carefully considered procedure for janitorial staff to follow when emptying the bins. This should involve the appropriate use of gloves, masks, and hand sanitizing before and after emptying the bin (ideally after letting it stand untouched for 72 hours).

- how possible is it to access each restroom without violating distancing requirements (e.g., because of narrow passageways, blind corners, etc.)?
- how many people can each restroom accommodate at one time while still ensuring distancing and how will you limit usage accordingly?
- It will probably not be possible for some time to hold “coffee hours” before or after services.

#### Numbers in Attendance

- Based on your typical attendance at each service and the constraints of your worship space(s), it will be important to establish how many people you can accommodate in each space if everyone is to be able to comply with appropriate physical distancing (*see next section*).
- If this calculation highlights challenges, solutions might include:
  - holding multiple services, each with relatively few attendees;
  - asking parishioners to sign up for services in advance (while perhaps also allowing for a few non-parishioners to drop in);
  - holding services outside; and/or
  - reducing the number of participants to allow spaces for additional worshipers.
- You will then want to monitor arrivals at each service to ensure that attendance does not exceed the limits you have established and consider what your policy will be in case those limits seem likely to be exceeded. Bear in mind the critical importance of distancing to the safety of those attending.
- Bear in mind that it may prove important to be able to assist congregants in tracing who they may have contacted during the service. The way you choose to do so may depend in part on the numbers in attendance.

#### Physical Distancing and Touching

- As noted above, the goal is for people to sit at least six feet apart in all directions. (Family groups living in the same household may of course sit together, but there must always be six feet between the individual at each end of the group and the next person beyond him or her.)

- As clergy, acolytes, and congregants move around during the service (e.g. when the celebrant processes, when a lector moves to and from the lectern,<sup>\*</sup> when congregants approach the communion rail), they too should be maintaining social distancing.
- You may want to review the instructions to your greeters (if you have greeters) about greeting arrivals appropriately. For example, it may be ideal for the greeters (only) to open the church doors for congregants as they arrive and leave or, if possible, for the doors to be propped open throughout the service—the goal in both cases being to minimize the need for human hands to touch the door handles. If congregants do touch the handles, the greeters should remind them to use hand sanitizer immediately.
- A major challenge for ushers (if you have ushers) will be to manage the movement of congregants as they enter and leave the building so that social distancing is consistently maintained. A policy document from the Diocese of Central Pennsylvania offers the following commentary:
 

Capable ushers will enable clergy persons to concentrate their energies on officiating, preaching, and celebrating the holy mysteries. ... These individuals need to be confident enough to deny entry to parishioners and guests not wearing masks [and] to insist on maintaining social distancing standards.
- It will also be important—but again challenging—for greeters and ushers to prevent handshakes, hugs and other familiar forms of touching before, during and after the service.
- Members of the congregation may also be used to touching many objects in church (the collection plate, Bibles, hymnals, prayer books, information cards, etc.). You may therefore want to consider removing all such items from the pews.
- Singing, whether by a choir or by the congregation, probably poses a significant added risk of infection.<sup>†</sup>
- Children form a particularly important part of the church family. They also present special challenges when it comes to maintaining physical distance and touching. You may need to consider special provisions for children of various ages and communicate them both to the children and to their parents.

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<sup>\*</sup> Note that the lectern itself can easily become a vector. Responses might include (a) involving only one reader per service and (if necessary) cleaning the lectern between services; (b) involving multiple readers but all from a single household; or (c) having each reader wear a mask (even when reading) and sanitize her or his hands before stepping to lectern and again immediately after stepping away.

<sup>†</sup> As a gauge of the risk we perceive, we believe that a quartet or sextet composed of individuals with superior voices, wearing masks and spaced quite widely, might be able to perform safely.



## Communications

- It will of course be critical to notify parishioners of your policies with respect to all of the Major Questions listed on page 3—both prior to reopening and then consistently after services have resumed.
- It will also be important to establish how you will later notify parishioners if you have to change your policies—either with substantial advance notice or possibly even at the last moment.

Ways to communicate before the first in-person worship service might include:

- reviewing the new procedures at the end of your online services (if you are offering them);
- reviewing the new procedures in the parish newsletter;
- circulating the new procedures via social media or email blasts; and
- developing a phone-tree to inform all potential congregants.

Ways to communicate at in-person worship services might include:

- having the officiant review general principles before the service begins; and then
- having the officiant review specific steps (e.g., how to exchange the Peace; how to receive the Eucharist) immediately prior to their occurrence in the liturgy.

Ways to communicate after each in-person worship service might include:

- having someone (e.g., the priest, a warden) comment in the parish newsletter, on social media or in an email blast on the following:
  - what your policies were;
  - what actually happened;
  - what went well; and
  - what could have been done better.

## Activities other than Public Worship

We have focused primarily on the challenges of conducting public worship while keeping God's people as safe as possible. Depending on your circumstances, you may need to review how all of the principles outlined above apply to:

- other activities directly associated with regular worship (such as altar guild duties);

- other activities indirectly associated with worship (such as nursery, Sunday School);
- special liturgies such as weddings and funerals;
- parish activities not associated with worship (such as Bible study groups; meetings of the Vestry and parish committees; outreach ministries); and
- external groups that use your facilities, whether as renters or *pro bono* (such as 12-step programs, childcare centers, English language classes).

# Model Procedure for Holy Eucharist in Time of Pandemic

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## General Principles

1. The following instructions may appear overly detailed and burdensome. This is to ensure that every action and movement is planned and deliberate. However, the new procedures need not impede piety and they will shortly be mastered and made routine in ways that will make them appear and feel effortless and natural.
2. No-touch distribution is preferred because gloves used as personal protective equipment are intended to protect the person wearing the gloves not the people with whom s/he is interacting. Gloves can be used to protect people with whom the one wearing gloves is interacting (as is done for surgery), but that requires a different kind of glove and significant training on how to don/doff those gloves.
  1. No-touch distribution employs some kind of forceps or tongs that can be dipped/cleaned in >60% alcohol and used to distribute the consecrated host. Something like this might be suitable: [https://www.amazon.com/Scientific-Labwares-Stainless-Application-Straight/dp/B07V4J5L2N/ref=zg\\_bs\\_11312348011\\_41?encoding=UTF8&refRID=H2BZC355N7YD7PWVEBJ8&th=1](https://www.amazon.com/Scientific-Labwares-Stainless-Application-Straight/dp/B07V4J5L2N/ref=zg_bs_11312348011_41?encoding=UTF8&refRID=H2BZC355N7YD7PWVEBJ8&th=1)
  2. No-touch distribution employs some kind of plate, paper or otherwise, to effect the transfer from one person to the other. Ideally, the plate should be marked or oriented in a way that clarifies where the priest/assistant touched the plate so the communicant can avoid touching the same area. The communicant picks up the plate with nondominant hand, uses dominant hand to lift the sacrament to their mouth, and then immediately releases the plate into an open bin. Paper seems most expedient because they can be thrown away (rather than washed) and because the plate will not break when dropped from a distance into the open bin. Reusable plates might be considered, but there is risk of contamination by touching a previously deposited plates when lowering (rather than dropping) the plate into the open bin.
3. Masking is mandatory when within 6 feet of Eucharistic elements because, in addition to physical touch, the other potential source of viral contamination is from respiratory droplets or aerosols. This is most important during the preparation of the elements and during the distribution of the sacrament.
4. Eucharistic elements should be prepared in advance of any service—not in the chancel or during the service—because clean technique is complex, and one contaminating mistake

means you have to discard the lot and start again. Much preferred would be to do it in advance of the service, likely in the sacristy, and ideally with another set of eyes watching to note any breaks in technique. Redundant scrutiny is employed by surgical staff in operating rooms—everyone helping each other to recognize errors and maintain technique.

5. Covered ciborium is preferred to open paten—again to minimize droplet/aerosol contamination during the eucharistic prayer. If no ciborium is available, an extra chalice may be used with a pall serving as a cover. If formal vessels are not available, Tupperware with a lid accomplishes the task.
6. Wafers are preferred to freshly baked bread to minimize crumbs.
7. Communication in one kind is sufficient. Individual cups of wine are discouraged because there is no easily feasible option for no touch transfer of the individual cups. Should communication in both kinds be desired, the following procedure may be considered.

Use an eyedropper or small straw may to deposit a single drop of wine onto a host. As noted in #3 above, this should be done *before* the service with unconsecrated or pre-consecrated wine. These may then be loaded into a ciborium for use during the Eucharistic prayer.

### Before the Service

1. In the sacristy or some other suitable place, and ideally with the assistance of another person whose purpose is to observe and maintain clean technique, prepare the elements that will be distributed.
2. Sanitize hands first.
3. Don mask.
4. Sanitize hands again. If hands subsequently touch the mask, face, mouth, or any other body part, sanitize again before proceeding.
5. Ensure all communion vessels are clean and dry.
6. Portion out needed wafers (not fresh bread) into a covered vessel, ciborium or otherwise.

If communication in both kinds preferred, arrange wafers on a clean tray, placing a single drop of wine in the center of each. Let dry before loading into covered vessel.

7. Prepare cruet, chalice, paten and priest's host sufficient to communicate only the presiding priest.
8. Thoroughly clean selected tong or forceps  $\geq 60\%$  alcohol (100% isopropyl alcohol may be most convenient); when dry, wrap in purificator.
9. Move all vessels to the altar or credence table as per custom, including the wrapped tong or forceps.
10. Sanitize hands

11. Doff mask
12. Sanitize hands.

### During the service

1. Place alcohol-based hand sanitizer in chancel near altar and/or credence table.
2. During offertory, sanitize hands.
3. Don mask.
4. Sanitize hands again. If hands subsequently touch the mask, face, mouth, or any other body part, sanitize again before proceeding.
5. Move vessels to altar and prepare the table, keeping ciborium covered. This should be done by a single person walking back and forth rather than the traditional exchange of vessels between president and assistant.
6. Sanitize hands.
7. Doff mask.
8. Preside at the Eucharist as per usual. Ciborium should remain covered throughout the prayer, including the epiclesis. Only the presiding priest touches the vessels and consumes open and exposed elements (e.g., priests' host and wine). After communicating him-/herself, the presiding minister distributes the sacrament.
9. Distribution
  - a. Sanitize hands.
  - b. Don mask.
  - c. Sanitize hands again.
  - d. Retrieve cleaned tong/forceps from purificator.
  - e. Uncover ciborium.
  - f. Use tong/forceps to place single (for individual) or multiple (for families) hosts onto a single plate, either at the rail or in a station.
    - i. At rail, an assistant can place individual plates 6 feet apart, orienting the marked edge of the plate away from the communicant and showing where it has been touched. After the assistant steps 6 feet away from the rail, the presiding minister approaches each plate, placing the sacrament in the center of each, being careful not to contaminate the tong/forceps on the plate or the outside of the ciborium. The presiding minister then steps 6 feet away from the rail while the communicants step forward, maintaining 6 feet separation from each other, collect the plate, communicate themselves and deposit the used plate in an open bin as they return to their seats.

- ii. At a station, the assistant places a single plate onto a small table accessible to both the presiding minister and the communicant, orienting the marked and touched edge of the plate away from the communicant, showing where it has been touched. After the assistant has stepped 6 feet away, the presiding minister approaches the plate, placing the sacrament in the center, being careful not to contaminate the tong/forceps on the plate or the outside of the ciborium. The presiding minister then steps 6 feet away from the rail while the communicant steps forward, maintaining 6 feet separation from each other, collect the plate, communicate themselves and deposit the used plate in an open bin as they return to their seats.
- iii. Family units may receive portions sufficient for the entire family on a single plate, communicating each other by hand.
- g. Cover the ciborium and stow the tongs/forceps.
- h. Sanitize hands.
- i. Doff mask.
- j. Sanitize hands.

#### After the service for distribution to those at a distance

1. In the sacristy or some other suitable place, and ideally with the assistance of another person whose purpose is to observe and maintain clean technique, prepare the elements that will be distributed at a distance.
2. Sanitize hands first.
3. Don mask.
4. Sanitize hands again. If hands subsequently touch the mask, face, mouth, or any other body part, sanitize again before proceeding.
5. Arrange on counter small paper bags sufficient for your need, leaving each open and standing on the counter.
6. Carefully clean tong/forceps with alcohol.
7. Clean hand held stapler.
8. Carefully clean outside of ciborium and remove lid.
9. Sanitize hands again.
10. Use tong/forceps to portion consecrated sacrament into paper bags—single or multiple as may be indicated for the shut-in household.
11. Cover ciborium.
12. Close, fold and staple shut the paper bags. Arrange them in a larger container so they can be moved to a car without touching them again.

13. Sanitize hands.
14. Doff mask.
15. Sanitize hands.

#### Delivery of sacrament to shut-in households

1. Sanitize hands first.
2. Don mask.
3. Sanitize hands again. If hands subsequently touch the mask, face, mouth, or any other body part, sanitize again before proceeding.
4. Touching only the outer surfaces of the container in which the sacrament-containing paper bags are arranged, move the container to the transport vehicle.
5. Place hand sanitizer in the car next to the bags.
6. Drive to the household, ring bell or contact resident on telephone. Greet them at the door wearing a mask and maintaining 6 feet of separation.
7. Give an account for the hope that is in you and the promises of the Gospel.
8. When it is time to distribute the sacrament, return to your vehicle.
  - a. Sanitize hands.
  - b. Don mask.
  - c. Sanitize hands.
  - d. Collect bag(s) with sufficient sacrament.
  - e. Place them 6 feet from the door, step away and let communicant collect the bag.
  - f. Explain to the communicant that they should bring the bag inside, tear it open, pour the sacrament out of the bag onto a plate, dispose of the bag, wash their hands and only then grasp and consume the sacrament.
  - g. Alternatively, a single paper plate may be placed at some convenient place 6 feet from the door marked and orient as describe above, being careful to keep the plate clean except for the single point of contact. The paper bag could be opened by the distributing minister, pouring the sacrament onto the plate, and then stepping 6 feet away. The communicant could then approach the plate and communicate as at the station described above.

# Model Procedures for Pastoral Visitation in Time of Pandemic

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Although some hospital visitation policies are struggling to adapt, ongoing access to spiritual and pastoral care should be considered essential. Local clergy and chaplains should be welcome as essential partners in hospitals' ongoing mission to provide excellent health care in all its dimensions during these extraordinary times. Hospital-employed chaplains may continue to provide care on-site as usual, following standard precautions, but they are unlikely able to provide the kind of care offered by the patients' own clergy. Therefore, local clergy should be permitted on-site to visit patients, including those who are COVID-19-positive and persons under investigation. However, visiting potentially infected patients requires additional precautions for the clergy, including personal protective equipment (PPE) that will need to be coordinated through the local hospital. UPMC is putting such a protocol in place, hopefully effective by 5/12/20. Advocacy may make such possible in other hospitals.

Clergy are encouraged to initiate and maintain open communication with the bedside nurse of any sick person, using that nurse as a resource for safe procedures in and outside the room. When visiting sick persons in their homes, similar protocols should be followed.

Clergy meeting criteria for membership in a high risk population should consider delegating pastoral visitation duties to colleagues not at high risk (e.g., those older than 65 or with medical conditions should delegate to younger clergy without medical conditions).

## Protocol for Printed Material

- Clergy should not to bring in any book or materials that cannot be left or disposed of in the sick person's room. This might include a book that would contain the ritual for communion, anointing, last rites, or other prayers for the sick.
- If printed materials are needed, paper copies should be made that will remain in the room. The nursing station may be able to assist in making a copy of the needed pages, but clergy are encouraged to make copies in advance of visitation.



## Protocol for Communion

- Clergy should take into the room the minimum needed portions of communion, leaving the container(s) of other Eucharistic elements outside the room, perhaps in the care of the nursing station.
- PPE is not needed if the patient is not infected or under investigation for infection, but a mask should be worn when within 6 feet of the patient.
- If PPE is needed, the bedside nurse should be consulted for instructions on proper technique to don and doff the PPE.
- Before entering the room and before donning any needed PPE, clergy should sanitize the outside of the communion container(s), wash their hands, remove the minimum needed servings onto some convenient disposable container (e.g., tissue, medicine cup, tray), and leave the communion container(s) outside the room, perhaps in the care of the nursing station.
- If communion in both kinds is preferred one of two procedures may be used:
  - Before entering the room a small amount of wine may be poured into a medicine cup or other suitable vessel and taken to the patient, leaving the cup in the room.
  - Before entering the room, one or two drops of wine may be placed on each host.
- Clergy will then wash hands and don PPE with support from nursing staff.
  - If in hospital, clergy will use gloved hands to administer communion
  - If in sick persons' home, use no touch option describe in model procedure for Eucharist.
- Nothing brought into the room can be taken from the room.
- After leaving the room, clergy will not touch other communion elements or the container(s) until after appropriately doffing PPE and washing their hands.

## Protocol for Anointing:

- Clergy will be required to take into the room the minimum needed oil, leaving the oil stock in the care of the nursing station.
- Before donning any needed PPE, clergy will sanitize the outside of the oil stock, wash their hands, remove the minimum needed oil into some convenient disposable container (e.g., cotton ball or medicine cup), and place the oil stock in the care of the nursing station.
- Clergy will then wash hands and don PPE with support.

- Clergy will use gloved hands during the anointing process, applying oil as pastorally indicated to forehead, hands, feet or other indicated body part.
- Any remaining oil will be left in the room. Nothing brought into the room can be taken from the room.
- After leaving the room, clergy will not touch the oil stock until after appropriately doffing PPE and washing their hands.

#### Protocol for Laying on of Hands

- Clergy will don PPE before entering the room, taking with them only materials that will be left in the room.
- Clergy will use gloved hands to touch the patient.
- After leaving the room, clergy will doff PPE and wash their hands.

#### Protocol for Reconciliation of the Penitent

- The entirety of this rite can be safely conducted at 6 feet separation while wearing a mask in some suitably private space.

#### Protocol for Vigil at the time of Death

- Some clergy may wish to keep vigil at the time of death, standing in proximity to speak prayers. Although permitted following standard PPE precautions, clergy are encouraged to minimize time inside isolation rooms, perhaps holding vigil immediately outside the room, perhaps using a telephone or other communication device to transmit the sound of the clergy's voice to the patient's ear.