

## PASTORAL CARE IN A PHASING FORWARD TIME:

June 18, 2020

When we were in the Stay Safe Stay Home world of digital connections it was clear how to do pastoral and spiritual care: digital only.

Now, as state and medical guidelines move through phases of increased public activity, questions are raised about how to provide spiritual care and pastoral support to members of the congregation and community.

Here are some ideas for insight, reflection and guidance:

We still know only a few things about this virus:

- A person can transmit the virus before they exhibit and feel any symptoms. Currently up to 50% of the Covid cases were transmitted this way.
- To be perfectly safe there should be no in person visits. Everything after that therefore is managing and mitigating the degree of risk. This leads us into the general guidance for health care professionals.
- This disease is currently about 50 times more deadly than the annual flu.
- It is not clear how long it lingers as an active contaminant on a surface.
- Currently it has its greatest impact on people over 60 and those with compromised health.
- And, because we are still learning about this disease we can not be sure of what we think we know.

Therefore, managing and mitigating risk takes into account a couple of things: how close you get, the type of space where you interact, how protected you are, the quality of your PPE, your competence in using PPE and the length of time of exposure. The CDC continues to reinforce the importance of masks and social distancing. Because of this, any in-person pastoral care should take all the individual circumstances into consideration including the vulnerability of all parties, the ability to wear a mask and maintain physical distance, good sanitation ie: handwashing/sanitizing, surfaces cleaned, ventilation.

*No clergy or lay visitor should be expected or required to make an in person visit that would put themselves, their families, their parishioner, or their congregation at risk, particularly when there are vulnerabilities to be considered.*

### GENERAL COSIDERATIONS:

**Visiting parishoners briefly:** This is not a risk free consideration. It is not possible to ensure the health and safety of visitors and parishoners with any form of in person visit. However, there are some general guidelines for this that can be found at the CDC site:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html> It includes links to guidelines for various health care settings. Look at those settings and determine which one most closely matches the type of visit being considered. Please be mindful that even some of those who are trying to follow these guidelines in health care settings are still becoming infected with Covid.

**Extended Time Visits:** The longer you are with parishoners in close proximity and enclosed spaces (such as transporting in a car) the greater the risk of spreading the virus. In enclosed spaces over time the 6 foot physical distancing recommendations becomes less effective. Even PPE, masks in particular, are not fully effective in preventing the transmission. It is not advised to have prolonged exposure in enclosed spaces even with the minimum of 6 feet physical distancing.

**Other forms of pastoral care:** Our Conference's web pages (<https://www.sneucc.org/pastoral-care-for-others-self#pastoral>) offer some insights on tele care: visiting with patients via online platforms or phone. This remains the safest way to ensure that the virus is not spread, particularly to vulnerable populations.

NOTE: If you engage in in-person pastoral care, please keep a log of all your activity in case contact tracing is needed.