

Pastoral Care of the Covid-19 Patient: A Protocol to Limit Risk to Clergy

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What's special about the Covid-19 patient? In contrast to patients with most other diseases, the Covid-19 patient should be considered highly infectious. The infectivity largely owes to the presence of viral particles in water droplets disseminated through sneezing, coughing and talking. Infectivity is enhanced by the absence of protective antibodies in the population. It should be assumed at this time, that all the sick are infected. Signs and symptoms of the novel coronavirus can be quite subtle. Moreover, current laboratory methods are sufficiently imperfect such that a negative test result does not exclude the possibility that the patient is infected. In short, all patients should be considered positive for the novel coronavirus and all patients should be approached with the standard precautions outlined below.

Should any clergy be excluded from physically interacting with the Covid-19 patient? Yes. Clergy older than 60 years and those with significant medical history (*eg.*, diabetes, cancer, lung disease) should generally avoid contact with the Covid-19 patient.

What protective gear should be worn when interacting with the Covid-19 patient? The primary goal is to avoid inhaling a virus-containing droplet and to avoid self-inoculation by touching one's face with hands containing viral particles. This can be accomplished by wearing a face-mask, gloves and a gown. The preferred face-mask is of the N95 type; in contrast to a surgical mask, the N95 mask captures smaller particles. Gloves and gowns are of plastic and are disposable. A face shield or goggles should be worn if available. *Note that clergy should receive instruction on using these protective items. Proper technique is essential to maximizing the benefit of these items.*

Are there any other safety measures that should be observed when interacting with the Covid-19 patient? To the extent possible, social distancing should be maintained; keep about a six foot distance from the patient and others in the room when possible. Hands should be treated with 70% alcohol (*eg.* Purell) or washed with soap and water frequently. Avoid touching handles and door knobs with bare hands. On returning home, leave shoes outside and consider showering and shampooing hair.

How can the Sacrament of the Anointing of the Sick be safely administered? Begin by observing the recommendations outlined above. The anointing should be performed with a cotton ball or swab, after which it should be placed in a paper bag to be buried or burned. Holy Communion should be distributed in the hand. The minister should then decontaminate all supplies with 70% alcohol (*eg.*, alcohol wipes) or bleach wipes and wash his hands with soap and water or treat them with 70% alcohol (*eg.*, Purell).