

First Presbyterian COVID-19 Pandemic Pastoral Care Policy (REVISED 10 September 2020)

Overall, cases of COVID-19 continue to exact a significant toll in the US. In North Carolina, while cases may be leveling, we remain challenged in our ability to gather in person, even when the need for pastoral visiting arises. We have developed this policy and guidelines to help mitigate risk of disease transmission between church staff and church member alike.

Each member of the FPC family is cherished and we encourage each person to evaluate their own risk when making decisions to request or fulfill a pastoral visit. Regardless of with whom you seek to have a visit, that person's exposure history comes with them and while we may be diligent about practicing the 3 W's (**W**earing a Face Covering, **W**aiting 6 Feet Apart and **W**ashing Hands Often), there is no way to eliminate all risk.

Just as we are encouraging group activities to be virtual, so too, we recommend that pastoral visits be virtual. FPC can assist with setting-up opportunities for group meetings using Zoom so that staff along with family may all be present in the same "space". Individual conversations can occur by phone or over programs like FaceTime using mobile phones and iPads.

We all acknowledge that virtual conversations are not the same as in-person. And we also acknowledge that the physical presence of a cherished counselor confers its own benefits, particularly during a time of significant need (serious injury/illness or end-of-life circumstances).

So for situations where an in-person visit is desired, we encourage both the pastoral staff and the person requesting the visit (along with any family member who anticipates being present at the visit) to first evaluate their recent history with regard to COVID-19 exposure including responding to questions about symptoms (new or recent onset of a cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or recent loss of taste or smell) and interactions with those who may have been ill. This should include reflecting upon any testing history for yourself or the people with whom you live, work or have had recent close interactions (within the last 14 days within 6 ft or closer for 15 minutes or longer).

The presence of active symptoms in anyone to be involved in the visit will prevent the in-person visit from moving forward for 14 days. Moreover, exposure by members of either party to someone with symptoms of COVID-19 or a confirmed active COVID-19 case will prevent an in-person visit from occurring, also for 14 days. And lastly, a person who is ill with the virus themselves will not be able to participate in an in-person visit until they have recovered and tested negative for COVID-19.

Regardless of COVID-19 disease status or exposure, virtual visits can still be scheduled and are heartily encouraged.

Procedural Guidelines for Requesting and Holding a Pastoral Visit

Persons seeking a pastoral visit should contact the Church Office or the person on-call to request a visit.

In response to the request for a visit, the person on-call or of whom the request is made should call the requesting party to schedule a visit, assessing first if a virtual visit is feasible. When a virtual visit is possible, any needs regarding scheduling a group visit, etc. should be ascertained and accommodated.

If, after an initial conversation, an in-person visit is necessary, then pastoral staff should ask the questions noted below about symptoms and exposure as well as share the guidelines for the 3 W's. Risk should be assessed for every person likely to be present for the meeting, staff and congregant/family members alike.

The three screening questions are:

Question 1:

Have you or anyone with whom you live experienced any of the following symptoms with the past 48 hours: fever/chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?

Question 2:

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory confirmed COVID-19 (a positive COVID-19 test) or with anyone who has any symptoms consistent with COVID-19?

Question 3:

Are you or anyone with whom you live, work or have had close physical contact (6 feet or closer for at least 15 minutes) currently awaiting the results of a COVID-19 test administered because of a potential exposure?

AN AFFIRMATIVE RESPONSE TO ANY OF THESE QUESTIONS MEANS THE PERSON SHOULD NOT PARTICIPATE IN AN IN-PERSON VISIT.

The number of people present for a visit should generally be limited to the pastoral staff person and the church member. Family members present during a visit should be limited to 1 or 2 individuals at most.

All participants should practice the three W's – Wear, Wait, and Wash!!

HOME IN-PERSON VISITS

Home in-person visits should be held outside if at all possible to afford maximal physical distancing and airflow. If outside is not an option, the meeting should occur in a well-ventilated room (windows and doors should remain open). Close quarters should be avoided.

Anyone participating in an in-person home visit should wear a face covering which covers both the mouth and nose. Exceptions apply when the person who is being visited has a medical exception for wearing a mask (e.g., intubation, COPD, etc.); they may not wear a mask. All others participating in the visit must be masked.

All parties should wash hands or use hand sanitizer prior to the beginning of the visit. Gloves may be worn if desired.

Physical distancing of 6 feet of separation should be maintained throughout the visit. Handshaking, hugging, etc. should be avoided.

Visits should be limited to the shortest amount of time required to provide support. This is to minimize exposure between parties. Speaking to people from the entryway to a room, while not the ideal, affords being present at a distance.

Once the visit is completed, hands should be cleaned again. Disposable PPE (masks and gloves) should be discarded.

FACILITY IN-PERSON VISITS

All of the guidelines for home visits apply and where the facility requirements are more stringent, those policies prevail.

Guidelines for End-of-Life Situations

Someone nearing death is both a time of great need and an opportunity to provide significant comfort. These situations do not lend themselves as easily to a virtual format. And so while we recommend virtual formats over in-person visits, for EOL visits, the emphasis can shift to a hybrid approach of some in-person visits (taking into account the guidelines above) supplemented by an increased number of virtual visits (video and/or audio).

As a person nears death, aural perception (hearing) is the last sense to go. In instances where the person is well-known to the one visiting, audio communication should be considered a way to provide prayer and comfort. This can include using music as a supplement.

In all pastoral care situations, experience and judgment play a role. Pastoral staff should consider the full scope of the situation when making decisions about what they will do to accommodate someone's request, particularly which means they may use to meet the need. At the end of the day, staff members are empowered to do what they feel will best protect their own well-being and that of the person with whom they are visiting. Members of the Re-Entry Task Force are available to help navigate specific situations if needed.