

**Policy & Guidelines for
Volunteers in the
Pastoral and Eucharistic
Care of the
Sick and Dying**

Roman Catholic Diocese of Phoenix
2011



The Roman Catholic
Diocese of Phoenix

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January 6th, 2011

+ Feast of St. André Bessette

“For I was hungry and you gave me food, I was thirsty and you gave me drink, a stranger and you welcomed me, naked and you clothed me, ill and you cared for me, in prison and you visited me.” (Matthew 25:35-36)

Throughout the 2000 year history of the Church she has constantly sought to embrace those who are wounded, suffering, and lonely. Modeling the ministry of Christ who cared for the sick, both spiritually and physically, the Church has sought to alleviate suffering while simultaneously proclaiming its redemptive nature. *“Now I rejoice in my sufferings for your sake, and in my flesh I am filling up what is lacking in the afflictions of Christ on behalf of his body, which is the church” (Col 1:24)*. In the Holy Father’s homily on the World Day for the Sick in 2010, he spoke of the essential importance of caring for the sick. *“The Church, which has been entrusted with the task of prolonging the mission of Christ in space and time, cannot neglect these two essential works: evangelization and care of the sick in body and spirit”*.

Throughout the centuries the Church has cared for the sick and provided spiritual nourishment for those who cannot attend Mass due to illness or confinement. Each day priests, religious and lay Pastoral Care Volunteers visit the sick and homebound as an extension of the sacramental life of the Parish, bringing them Holy Communion and assuring them of the constant prayers of the community. Because no parish is exempt from these realities, it is necessary to clearly define the expectations for each parish in their Pastoral and Eucharistic care of the sick and dying.

In 2008 when the Diocese promulgated *“Healing Faith”* Guidelines for the Sacrament of the Anointing of the Sick, it was intended that another document be prepared to address the distribution of Holy Communion to the sick and homebound. A draft of the *Policy and Guidelines for Volunteers in the Pastoral and Eucharistic Care of the Sick and Dying* was presented to the Presbyteral Council in the October of 2010 and was recommended for approval.

The *Policy and Guidelines for Volunteers in the Pastoral and Eucharistic Care of the Sick and Dying* seeks to clarify the expectations of each parish, and in particular the role and responsibilities of the Pastoral Care Volunteer. It is our hope that this Policy and Guidelines will assist parishes in their care of the sick and the homebound.

Promulgated on January 6, 2011

+Thomas J. Olmsted
Bishop of Phoenix

Sr. Jean Steffes, C.S.A.
Chancellor

Is anyone among you suffering? He should pray. Is anyone among you sick? He should summon the presbyters of the church, and they should pray over him and anoint (him) with oil in the name of the Lord, and the prayer of faith will save the sick person, and the Lord will raise him up. James 5: 13-15

Pastoral Care of the Sick Rationale:

No parish is exempt from the realities of life, hospitalization, homebound situations, nursing home or assisted living scenarios and lastly death and dying. This manual is a designed to assist and encourage Pastors to develop their Pastoral Care of the Sick outreach within their communities of faith. It is the responsibility of the Church as a whole, as well as the individuals within the parish community to care for the sick.

There are many scriptural references to Jesus caring for those who were sick or suffering. He offered them comfort, healing, forgiveness and new life. Just as Jesus cared for the sick, we today are called upon to do the same.

This responsibility does not fall solely to the ordained. Baptism calls all members of the faith community into service. Since Vatican II, the emergence of the laity within the Pastoral Care of the Sick, one of the oldest ministries of the Church, has necessitated a serious look at parish commitment and professional training for volunteers. This apostolate is a powerful witness to God’s presence and a significant means of sharing Christ’s healing power.

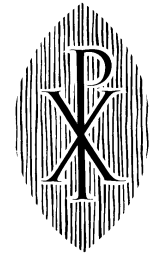
Policy #1: Each parish is responsible for the care of those within its parish boundaries. Care of the sick and dying and sharing with them the Eucharist is an extension of the normal sacramental life of the parish.

Policy #2: The duty and right to bring the blessed Eucharist to the sick, as an extension of Eucharistic celebration, or as Viaticum belongs to the parish priest, and can be extended to parish Pastoral Care Volunteers (Canon 911).

Policy #3: The Pastoral Care Volunteer is a trained and commissioned Extraordinary Minister of Holy Communion who has been properly trained for the distribution of Holy Communion to parishioners who are unable to attend Mass with the parish community.

Policy #4: Pastoral Care Volunteers must complete Safe Environment Training and be registered with the Office of Safe Environment.

Policy #5: Anointing of the Sick and Confession can be administered only by a priest. Lay persons & Deacons who exercise a pastoral ministry in visiting and caring for the sick are prohibited from using oil in any form. (Canon 1003)



“The obligation to visit and comfort those who cannot take part in the Eucharist assembly may be clearly demonstrated by taking communion to them from the community’s Eucharistic celebration. This symbol of unity between the community and its sick members has the deepest significance on the Lord’s Day, the special day of the Eucharistic assembly. “

Administration of Communion of the Sick from Pastoral Care of the Sick; Bishops Committee on the Liturgy, National Conference of Catholic Bishops; 1999 USCC, Inc # 73



I. Guidelines for the Pastoral Care Volunteer:

When the Church cares for the sick, it serves Christ himself in the suffering members of his Mystical Body...the Church shows this solicitude not only by visiting those who are in poor health but also by raising them up through the sacrament of anointing and by nourishing them with the eucharist during their illness and when they are in danger of death.

Decree of the Sacred Congregation
for Divine Worship,
7 December 1972

- 1) Pastoral Care Volunteers as Extraordinary Ministers of Holy Communion have been so designated by the local bishop and appointed by the pastor to provide communion, viaticum, commendation of the dying and prayers after death for those who are ill, homebound, in hospitals or care facilities.
- 2) Although an Extraordinary Minister of Holy Communion is commissioned by the Bishop to distribute Holy Communion to the faithful, the permission is granted *only* for the parish in which the minister is registered and active. The permission of the pastor/parish administrator must be obtained before an extraordinary minister of Holy Communion is commissioned. This commission is granted for general or specific occasions and endures for three years.
- 3) Expectations of Pastoral Care Volunteers:
 - a. Has been called by Christ to serve and comes in the name of Christ to serve the Church.
 - b. Works in union with the Bishop, pastors and deacons of the diocese to assist in providing Holy Communion for the sick and dying.
 - c. Has been chosen, trained and sent out by the pastor or his delegate (i.e. program director/coordinator).
 - d. Brings official witness, compassion and care from the Catholic community to those who are ill and their families.
 - e. Can be a model of faith, a sign of hope and a healing presence to the sick and their loved ones.
 - f. Cultivates a personal prayer life that includes devotion to the Blessed Sacrament, daily prayer and retreat time to deepen their relationship with God.
 - g. Makes every effort to instill reverence and respect for the Blessed Sacrament and gives great care to the handling and transporting of Holy Communion.
 - h. Has a basic understanding of the concept of Christian suffering.

II. Guidelines for visits to the Sick and Dying



A) Types of Visits Made by Pastoral Care Volunteers:

1. **Social Visit:** (Made by friends)
 - Discussion revolves around people and events.
 - Entertaining and friendly atmosphere.
 - Sharing of mutual stories.
 - Comforting the individual usually means avoiding painful or disturbing topics.

2. **Pastoral Visit:** (Made by priest, deacon, Pastoral Care Volunteer)
 - Focus in on the faith, thoughts, feelings, reflections and experiences of the **individual visited.**
 - Discussion usually focuses on spiritual and general health areas.
 - Offers the individual who is receiving the service time to share fears and how this is affecting his or her spiritual well-being.
 - Allows the person who is ill to be nourished by Scripture reading, prayer (their own and that of the pastoral visitor) as well as an opportunity for other devotionals, such as the rosary.
 - Allows for an assessment of what the individual needs.

3. **Eucharistic Visits:** (Made by priest, deacon or Pastoral Care Volunteer)
 - Includes many elements of the Pastoral visit with the focus on extending the Eucharist from the parish to the individual.
 - Has a specific Rite that involves the individual (s).
 - Allows for those unable to attend Mass full communion with the community.
 - Are an extension of the love, care and support of the faith community.
 - Includes many elements of the Pastoral visit.

B) Who Do We Visit?

Along with the various types of visits being made there are also different people being visited.

- Children
- Teens
- Adults
- Elders

How the visit is conducted will vary depending on the age of the person being visited, the extent of their illness and their understanding of the reason for the visit.

- For example, when making a visit to a sick child one does not want to make them any more fearful. We want to assure them that the sick are very special to God.
- There is a Rite for use with children and it consists of a brief reading from Scripture, simple prayers taken from Scripture which can be repeated by the child, or familiar prayers such as the "Our Father" or the "Hail Mary". If a priest is available or has done the visit he may also finish with a blessing.

One thing that remains central in all these visits is the focus on the vital impact each individual has on the faith community as a whole and how they are being brought into solidarity with the community by receiving Holy Communion.

C) Specifics of Visiting the Sick or the Dying

The Pastoral Care Volunteer is an invited guest at the hospital, nursing home, care facility or private home as well as being a representative of the parish. It is important to remember the following:

- When visiting a hospital, nursing home, care facility or private home follow and comply with all rules.
- Even though you have prior approval to visit, always introduce yourself at the nurses' station. Staffs can change and it is important to have staff understand why you are present.
- Be friendly with the staff and family but always maintain a professional attitude.
- If unsure of the condition of the patient and the timeliness of your visit, inquire at the nurses' station.
- When possible, gathering the sick or homebound together for a communion service is recommended. (See *Resources for Pastoral Care Leaders: Communion in a Hospital or Nursing Home Setting*)
- Remaining hosts should be consumed or returned to parish for placement in the Tabernacle.
- If the time is not convenient, then leave a parish number where someone can be reached to visit at another time. (See *Resources for Pastoral Care Leaders: Sample "We Missed You Card"*)
- Accurate reporting of visits should be made upon returning to the parish. This would include visits made to hospitals, nursing homes, care facilities and private homes. (See *Resources for Pastoral Care Leaders: Sample Pastoral Visit Information*)

D) Situations in Which the Pastor or his Delegate are Notified*:

The Pastoral Care Volunteer should notify the pastor or delegate in the event:

- When an individual or family requests a priest, or desires Confession.
- If there is any uncertainty of an individual's ability to receive (e.g. has not received 1st Communion, or in an irregular marriage)
- An individual is transferred from his/her private home to a care facility. An individual is discharged from a facility and they have requested a visit from the parish at his/her private home.
 - Make sure you have contact information such as name, home address, and phone number, as well as any other pertinent information.
- An individual is now receiving services from hospice.
 - This would be an appropriate time for the director/coordinator, after asking permission from the patient, to make an appointment for the pastor, associate pastor or the parochial vicar to provide the Sacrament of the Anointing for the Sick and Dying.
- An individual no longer needs to have visits made to the facility or the home.
- An individual dies.

*Note: When applicable follow the guidelines for each individual hospital or care facility regarding the scheduling of clergy visits.

E) Pastoral Care and Anointing of the Sick

As volunteers in the area of pastoral care, it is very important to have good understanding of the rites for Anointing of the Sick and who can celebrate this rite. Of equal importance is knowing what the laity can and cannot do.

One also needs to know the importance of Holy Communion of the Sick, Confession and pastoral care of those who are dying. (These rites have been collected and made available in one book, *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, in English and Spanish.)

Anointing of the Sick and Confession Can Be Administered Only by a Priest:

Lay persons who exercise a pastoral ministry in visiting and caring for the sick, are prohibited from using oil in any form. The goal of this manual is to prevent, in all circumstances, any confusion on the part of the person being visited, regarding the reception of the Sacrament of Anointing. (See Diocese of Phoenix The Sacrament of Anointing of the Sick Guidelines 2008 "*Healing Faith*")

Recipients of the Anointing of the Sick: The sacrament of the Anointing of the Sick is given to those who are seriously ill.

1. The sacrament may be repeated if the sick person recovers after being anointed and then again falls ill or if during the same illness the person's condition becomes more serious.
2. A person may be anointed before surgery whenever a serious illness is the reason for the surgery.
3. Elderly people may be anointed if they have become notably weakened even though no serious illness is present.
4. Sick children are to be anointed if they understand they receive strength from the sacrament.

F) Celebration of Viaticum

“In addition to the Anointing of the Sick, the Church offers those who are about to leave this life the Eucharist as Viaticum.” CCC#1524.

The Code of Canon Law reminds us “The Christian faithful who are in danger of death from any cause are to be nourished by Holy Communion in the form of Viaticum” (Canon 921). Extraordinary Minister of Holy Communion may and should give Viaticum to the dying, and should contact a priest if the person dying has not received the Sacraments of Penance or the Anointing of the Sick.

“...it can be said that Penance, Anointing of the Sick and Eucharist as Viaticum constitute at the end of Christian life, “the sacraments that prepare for our heavenly homeland” or the sacraments that complete the earthly pilgrimage.” CCC#1525.

(See Diocese of Phoenix Sacrament of Anointing of the Sick Guidelines 2008 “Healing Faith” pg. 6)