



# Guidelines for the ongoing use of chapels and the resumption of Church Services and Church Visitors across all Calvary sites – Hospitals and Aged Care

## Ongoing access to and use of chapels / prayer rooms

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Most of our health and aged care communities have a room set aside as a sacred space. These rooms are designated as either chapels or prayer/reflection rooms. In Calvary, the spiritual or the sacred is a foundational part of who we are and the care we provide. It is, therefore, critical that we continue to provide places where our patients, residents, staff or visitors, can pray, reflect or seek solace.

These chapels and prayer rooms have a number of uses – church services, funerals, private prayer and personal reflection. They are intended to be places of welcome and hospitality at all times. Their presence within our sites sends a strong message about the nature of Calvary and our core values and beliefs.

The current COVID 19 pandemic raises some specific challenges about the use of these spaces. While we have a duty to ensure that the terms of their usage remain consistent with recommended infection control protocols, the pandemic that we are living through creates an even stronger imperative that we provide places of solace and support where the overburdened and overwhelmed can seek peace, and a connection with the divine.

The following general points should guide local sites re access to their chapels/reflection rooms.

- With deference to the requirements and mandates of local jurisdictions, wherever possible, chapels on each Calvary site should remain open for private prayer and reflection. The guiding principle is to ensure that people using the chapel are doing so in a safe manner, e.g. observing physical distancing rules and employing appropriate hand hygiene.
- It may be necessary to ensure that there is appropriate signage in the chapel to remind people of their obligations to adhere to physical distancing and hand hygiene; **in particular to maintain a physical distance from another person of at least 1.5 metres and restrict total numbers in a confined space to one person per 4 square metres.** The number and spacing of seats in the chapel may need to be adjusted consistent with physical distancing recommendations. If this is not possible or practical, alternate means should be sought to ensure such distancing is maintained (blocking off pews, using portable barriers, etc.). Tracts, books, hand-outs and any other portable item that could transmit infection should be removed from chapels for the duration of the epidemic. Hand gel should be readily available to users of the chapel. It may also be necessary to alter cleaning routines to ensure infection risks are minimized.
- If a local chapel is removed from the main area of the site or in a location that prevents appropriate oversight of usage, then the local GM or site manager may decide to keep the chapel closed. Keeping a chapel open should not impact on the workload of staff members and in particular, Pastoral Care staff. It should not be necessary for a staff member to supervise people using the Chapel over and above what would have been ordinarily undertaken pre-COVID.

## Resumption of Church Services and visitation by Church Visitors

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In the majority of Calvary's health and aged care services, Mass, church services and other supports related to a specific faith tradition are provided by local clergy and ordinarily, these people are not Calvary staff members. Whilst many of these clergy may be appointed or mandated by their local Church to minister within a specific Calvary site, they still are deemed as being external to Calvary and as a result, this has an impact on the timing of resumption of such services to patients and residents. The principle guiding decision making regarding these matters is our desire to reduce the opportunities for patients/residents to contact COVID 19 and /or other flu like infections.

- Calvary sites will continue to adhere to previously established protocols regarding access of clergy to patients/residents receiving end of life care, concomitant to all the necessary PPE requirements and local protocols in those situations where the patient/resident is COVID 19 positive. Such protocols include the usual screening protocols and mandated vaccination status.
- In regards to the process for moving out of any COVID lockdowns and the easing of general visitation restrictions, Calvary has aligned itself with the three stage approach as outlined by the National cabinet. **As general visitation rules are further eased and in line with this staged approach, and consistent with any local jurisdiction restrictions, from 1 July 2020, we will be able to commence celebrating Masses and holding church services on Calvary sites and/or chapels where the celebrant of such a service is an external minister or clergy person.** In the meantime, Calvary Pastoral Care staff may continue to conduct in-house church services, Communion services and live streaming of external church services as long as proper physical distancing rules are maintained by those in attendance.
- **The resumption of Masses and church services is done at the discretion of local management and needs to take into account the risks involved in resuming these services and the ability of the local service to manage these risks. A risk management plan should be developed to assist in this process. Additionally, the measures outlined earlier in this document related to the ongoing access to and use of chapels and prayer rooms should be adhered to.** Please refer to the [Bishops Conference Liturgical and Facilities Advice on COVID-19](#) issued 15 May 2020.
- Until the **National Pandemic Management Committee (NPMC) determines otherwise**, broad visitation by faith representatives is not permitted, apart from those instances previously noted re those receiving end of life care and, from 1 July 2020, to lead services in chapels. These faith representatives may include chaplains, local clergy, Eucharistic Ministers, church visitors/volunteers and/or sponsored guests. The reasoning behind the restriction of broad general visitation is our desire to keep to a minimum movements of external people through our sites, thus minimizing the danger of exposing patients/residents to COVID 19
- Individual sites should prepare a risk management plan **in anticipation that the NPMC permits the resumption of broad visitation by faith representatives later in July 2020.**

*"I cannot but feel I have had a call from God to devote myself to help save souls in their last hour. I have been drawn so strongly to pray for the dying. "*

Venerable Mary Potter

18 June 2020

National Director of Mission