

Guidelines for Sacraments and Pastoral Care

Part I: The Sacrament of Confession

*Working Group on Infectious Disease Guidelines for Sacraments & Pastoral Care*¹

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Introduction

In the midst of the present outbreak, many of the sick have little or no access to pastoral care and especially to the sacraments. Yet the human person is more than a living body, and so the care of human persons must also provide for their spiritual well-being. Especially for the dying, this is of the utmost importance. Indeed, in some cases, access to the sacraments may be necessary for the salvation of those suffering from COVID-19.

The guidance provided here aims to clarify how such spiritual care -- and especially how the sacraments of the Catholic Church -- can be responsibly provided in the midst of the present outbreak, while observing the guidelines of health authorities.

The following is based on current guidance issued by the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC). It also integrates the requirements of the Catholic Church for the valid and licit celebration and distribution of the sacraments, in accord with Catholic teaching, liturgical law, and canon law. We intend this document to reflect the latest guidance from health authorities. We will update it as the official guidance changes (as

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we expect it will, as we pass through different phases of the outbreak and as we learn more about the virus).

The primary mode of transmission of the virus is through respiratory droplets (e.g. sneeze, cough). This occurs through close contact with a person who is infected with the virus and/or contact with surfaces that have been contaminated by respiratory droplets/viral fomites. Like many other respiratory viruses such as influenza, the coronavirus infects a person by entering the mucous membranes in the eyes, the nose, and the mouth.

General precautions recommended at all times

- Follow the guidelines and mandates of the local jurisdiction regarding limits to the number of people gathering at a time and/or shelter in place orders.
- Anyone who is feeling sick should stay at home.
- Modify all gatherings to incorporate social distancing measures (keeping 6 feet distance away from each other).
- Do not engage in physical contact (i.e. hugging, hand shaking, etc.).
- Observe proper hand hygiene: wash hands and/or use alcohol-based gels.
- Avoid touching your face, nose, and eyes.

Definitions:

- “Close contact” with a COVID-19 case is defined by the CDC as contact with a person who is COVID+ for a prolonged period of time (typically 15 minutes or more) or direct infectious exposure (via respiratory droplets) with someone who is COVID+. ([CDC Risk Assessment](#))
- When these guidelines call for the use of a mask, a standard surgical mask (with elastic ear loops) is sufficient. According to [the latest guidance from the WHO](#), medical masks do not need to be N95 respirators, except for the case of certain medical procedures.
- A complete set of Personal Protective Equipment (PPE) required for contact with a COVID+ patient includes: gloves, medical masks, goggles or a face shield, and gowns. We presume PPE will only be used in a hospital setting as it requires training in proper use, management, and disposal.
- In all cases, we assume that the priest is experiencing no symptoms of illness and has not been in close contact with anyone COVID+ unless wearing appropriate and complete PPE.

Part I - Confession

Given the Catholic Church’s norms for confession, the priest must be physically present to the penitent in person, and must be able to hear the penitent without the aid of electronic devices

(that is, independently of a wired phone, a mobile phone, an intercom, or other audio or video transmitting device). Amplification of natural sound is permitted (e.g., the priest or penitent uses a hearing aid) but only if the natural sound also reaches the ear. As always, the priest should take great care to ensure that the conversation with the penitent remains absolutely confidential.

A. If penitent is healthy (no symptoms and no suspicion of close contact with COVID+ individual) and comes to a church seeking to go to confession:

Follow the guidelines and mandates of the local jurisdiction regarding limits to the number of people gathering at the same time or “shelter-in-place” orders. In any case, gatherings should be no more than recommended by civil authorities (at the present writing, 10 people per recommendations by the federal government and CDC -- in the future, this recommendation might allow slightly larger gatherings of 25 or fewer).

Confessions may be heard:

- In a church, as long as a 6-foot distance between the priest and penitent is maintained. In this case, avoid gatherings of more than 10 people in the church, with people at least 6 feet apart.
 - Practical suggestion: Allow only 10 people into the church at a time. Set up a zone where the faithful can wait in line while maintaining a 6-foot distance from others.

- “Drive through” confessions are also possible: penitents remain in their cars with the car window open while the priests hear their confession from a 6-foot distance from the car window. Mobile phones should **not** be used to facilitate priest/penitent communication, since this may undermine the validity of the sacrament, and also is subject to breaches of the confessional seal.
 - Alternative: Penitents could wait in their cars until their turn to confess. The priest could sit inside an open doorway fitted with a makeshift screen (e.g., a sheet hanging in the doorway), with a chair for the penitent outside the door, six feet away. Once the penitent gets back in his/her car, the next person can go.

The [CDC is presently recommending](#) that people use cloth face coverings in public settings where it is difficult to maintain a 6-foot distance (e.g., grocery stores). For confession, however, the priest and penitent should remain 6 feet apart; in that case, a face covering is not required but may be advisable in any case. A homemade (non-hospital grade) face covering can be used.

Ensure that no one who is feeling sick and/or is a close contact of someone with COVID-19+ comes to the church.

Suggest that those who are at highest risk for infection (i.e. those who are older and/or have underlying health conditions) stay home, request a home visit by a priest, or come to a drive-through confession.

Consider implementing more frequent disinfecting/cleaning procedures after people come to your church. Guidelines for [disinfecting your facility](#) can be found on the CDC website.

These recommendations come from the [Interim Guidance for Faith-based Organizations](#) and guidance on how to [Protect Yourself](#) from getting sick.

B. If penitent is healthy (no suspicion of close contact with COVID+ individual) but is staying home -- for example, to maintain social distance, or because the penitent is in a high risk category (like being over 70 or having a chronic medical condition), a priest may go to the penitent's home, as follows:

We assume the priest is showing no signs of illness and is not in a high-risk group. Still, to protect the penitent, the priest should follow the guidelines below, which are formulated to reduce the risk that a priest might spread an infection to a vulnerable penitent.

- The priest may first consider meeting the person outside of the home, such as on the porch or in the person's lawn, provided that there is sufficient space for a private conversation. For example, [WHO Guidance](#) recommends that interviews with homebound persons take place outside of the home or outdoors where possible.
- If this is not possible, the priest may enter the home if he can ensure that the appropriate social distancing measures are taken. Per CDC and [WHO guidance](#), he should always maintain a distance of 6 feet from other persons, including the penitent while hearing a confession. He should not engage in physical contact (e.g., hugging, hand-shaking, etc.).
 - Before entering the home, he should drape a small "sick call" confessional stole around his neck. He should not bring anything else with him. He

should leave his mobile phone in his car or outside the home if possible; if he brings it with him, he should not touch it while he is in the home.

- If available, the priest should consider wearing a surgical mask if entering a home. (CDC guidance on wearing a surgical mask in public is in flux.)
- He may then hear the confessions of residents in the home. He should ensure that the setting will ensure the confidentiality of the sacrament.
- He should perform hand hygiene immediately before and after the visit. (For example, he might leave a small bottle of hand sanitizer near his car, which he would use after the visit and before touching his car keys, mobile phone, car door, or other items.) He should avoid touching his face, nose, or eyes before washing his hands.
- He may then remove his confessional stole.

The [CDC is presently recommending](#) that people use cloth face coverings in public settings where it is difficult to maintain a 6-foot distance (e.g., grocery stores). For confession at a person's home, the priest and penitent should remain 6 feet apart; in that case, a face covering is not required but may be advisable in any case. A homemade (non-hospital grade) face covering can be used.

C. If penitent is confirmed or suspected COVID+ and is self-isolating² at home:

We presume that appropriate PPE will not be available. Hospital level PPE is not recommended in homes/outside of the hospital as proper use of PPE requires training and appropriate methods of disposal. These recommendations are based on [CDC](#) and [WHO](#) guidance.

- *Surgical mask:* If available, both the priest and the penitent should wear a surgical mask with loops around the ear (a N95 respirator is not necessary) (see [Technical Guidance](#) from the World Health Organization (WHO)). If only one mask is

² *Quarantine restrictions:* For a person who has had close contact with a confirmed COVID+ case and/or pertinent travel history, quarantine is defined as a period of 14 days without developing any symptoms. For a person who is in self-isolation due to having the infection, this is defined as at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) AND at least 7 days have passed since symptoms first appeared. These are the guidelines [Discontinuation of Quarantine](#) per the CDC.

available, the penitent should wear it.

- Where possible given the penitent’s medical condition, the priest should first consider meeting the person outside of the home, such as on the porch or on the person’s lawn, provided that there is sufficient space for a private conversation. Meeting outside of the home reduces the priest’s risk of potential exposure to contaminated surfaces.
 - Alternative: speak through an exterior window in the house so that the priest does not have to enter the home.
 - The priest should maintain a 6-foot distance from the penitent at all times.
- If the penitent cannot step outside of the home, the priest may enter the home, as described below. He should avoid entering the patient’s room, however, except for a grave reason (e.g., the patient is in danger of death and a confession cannot be heard from the doorway of the patient’s room).
 - With COVID-19, some patients who experience serious respiratory symptoms (moderate to serious cases) may worsen to the point of death in very short order; such a person would be in danger of death. In this case, there would be a grave reason for the priest to enter the patient’s room if necessary, as described below.
 - If the patient’s symptoms are mild (no danger of death), or if the period of isolation/quarantine is about to end, we recommend either (a) hearing the confession outside the home; (b) waiting for the isolation/quarantine to end; or (c) if delay would be burdensome to the penitent, celebrating the sacrament outside of the patient’s room or from the doorway to the room, while observing the other precautions listed below.
- **Before entering the home**, the priest must don protective gloves and surgical mask (an N95 respirator is not required), and should then place his short “sick call” confessional stole around his neck.
- If the priest enters the home, he should not bring anything with him whatsoever. (For example, a priest may not bring into the home a ritual book, a mobile phone, a card with the formula of absolution, a holy card, or any other item.) He may not reach into his pockets for any item whatsoever. He may not bring anything

whatsoever out of the home.

- The priest should avoid touching surfaces in the home as much as possible, and should avoid all contact between his clothing and the items in the home as much as possible. He should take care not to touch his eyes, nose or mouth while inside the home and wearing protective gloves.
- *Social distancing:* The priest should limit the number of people he comes into contact with during his visit in the home, always respecting the CDC-recommended safe distance of 6 feet.
- He should ensure that the conversation with the penitent takes place in complete confidentiality. He may then hear the patient's confession and/or impart a blessing, while remaining at least 6 feet away.

As in all confessions, the priest must be personally and physically present to the penitent in order for the confession to be valid. The sound of the patient's voice must be able to reach his ears without any electronic means of transmission (and vice versa). Anyone who happens to overhear a sacramental confession is bound by a grave moral obligation to keep whatever they have heard absolutely secret (Code of Canon Law, canon 983 §2).

- Immediately upon exiting the home and before touching any other surface (like car keys, a car door, or a mobile phone), the priest should remove the protective gloves, turning them inside-out as he does so and discarding them as soon as possible. A guide for removing gloves is available here ([CDC - How to Remove Gloves](#)). The gloves can be placed in the trash in the patient's home.
- As possible, he should perform hand hygiene immediately before and after the visit. In particular, after removing his gloves and mask, hand hygiene should be performed. (For example, he might leave a small bottle of hand sanitizer near his car, which he would use after the visit and before touching his car keys, mobile phone, car door, or other items.) He should avoid touching his face, nose, or eyes before washing his hands.

D. If penitent is confirmed COVID+ and is hospitalized:

If properly equipped with PPE (as guided by hospital personnel and protocols), a priest may enter the patient's room, may stand or sit at the patient's bedside, and even may

touch the patient as appropriate. Hospitals generally recognize the essential role of the chaplain or chaplain-equivalent in the necessary care of the patient. A nurse in the hospital can show the priest the proper way to don and doff appropriate PPE. The priest and penitent should have sufficient privacy for a confidential sacramental conversation, unless the penitent waives that right (e.g., other patients are present, nurse is in the room, etc.).

If sufficient PPE is not available, the priest may hear the confession from the doorway of the room without entering (as guided by hospital personnel). A safe distance of 6 feet from the penitent (per CDC guidance) must always be respected. He must, however, be personally and physically present to the patient for a valid sacrament. The natural sound of the patient's voice must reach his ears without any electronic means of transmission (and vice versa). In this case, great care must be taken to ensure the confidentiality of the sacramental conversation. Anyone who happens to overhear a sacramental confession is bound by a grave moral obligation to keep whatever they have heard absolutely secret (Code of Canon Law, canon 983 §2).

Additional Information

Apostolic Pardon

Priests should also recall the provisions of the current Enchiridion of Indulgences (1999), no. 12, which provides:

“A priest who administers the sacraments to someone in danger of death should not fail to impart the apostolic blessing to which a plenary indulgence is attached. . . .

The priest says:

Through the holy mysteries of our redemption,
may almighty God release you
from all punishments in this life
and in the life to come.

May he open to you the gates of paradise
and welcome you to everlasting joy. R. Amen.

By the authority which the Apostolic See has given me,
I grant you a full pardon
and the remission of all your sins
in the name of the Father, and of the Son, +
and of the Holy Spirit. R. Amen.”

Other Resources

Pastors can play an important role in educating parishioners and members of the faith regarding staying safe in these times. It is always helpful to direct individuals to trusted sources of information, particularly CDC and WHO. There are a number of helpful flyers and educational tools available through these sources and others, and they are often available in many languages, including [CDC Fact Sheets](#), [WHO Advice for the Public](#), and other relief organizations such as [Medicines for Humanity](#).