

## Quick Reference Guide for Spiritual Support in Disasters / Covid-19

(Version 4: Updated 3-16-2020)

This quick reference guide for Spiritual Support in the face of Covid-19 is designed to engage the conversation with departments of Spiritual Care on how to best serve the greatest needs in acute, home, clinic and non-clinic based care settings. It is designed to be an evolving document which can be adjusted and improved upon in the face of Disasters and Pandemic situations. Our focus populations are patients, families, caregivers, caregiver families and quarantined caregivers/families. It is our hope to extend spiritual support to all who are facing life-altering situations. We will seek to explore ways to easily adjust teams and levels of care across ministries and within regions.

Setting	Priority Focus	Delivery Means	PSJH Partner	Staff Support
<b>Anointing of the Sick</b> (disposition of oil of infirmed and prayers) Guideline for COVID-19 or PUI/ hospitalized patients	HIGH	<b>Dept</b> to print supply of individual sheets of disposable paper with the prayers of anointing. <b>Container:</b> Dept of SC to provide sterile container with oil of infirmed (OI), <b>Oil:</b> From hospital chapel supply, separate from individual priest's (oil stock). <b>Discard:</b> Prayer sheet and oil in the room with biohazard materials to avoid contamination	<b>Parish Priest</b> – Department of SC supplies Oil of infirmed (OI) to be delivered in separate sterile container with disposable sheet of paper with prayers of anointing. <b>Protect:</b> Priest to follow all staff protocols for donning and doffing PPE.	Continue to inform local clergy, hospital leaders & care staff about the process.
<b>Care For Chaplains</b>	HIGH	<b>Briefings:</b> Consider AM/PM stress check-ins virtual or Limited 1:1 No group Reports <b>Handoffs:</b> 1:1 Chaplain reports to incoming chaplain, documents report in electronic emergency referral report log.	<b>Check-in</b> with Chaplains in high risk areas  <b>Half Shift:</b> Consider one 4hr reprieve ½ shift off per week rotation.	Time to check in at home  Map your workforce: <b>Yellow, Orange, Red</b> Who is <b>high risk</b> ? Who has <b>had exposure</b> ? Who is on <b>LOA Leave</b> ?
<b>Coverage High Impacted Hospitals &amp; Critical Access Hospitals</b>	HIGH	Plan Priority Coverage scenarios: Expect waves of reduced staffing capacity: <b>Wave 1</b> - 75% staff <b>Wave 2</b> – 50% staff <b>Wave 3</b> – 25% staff  <b>Staffing Shift Options:</b> 1st 24/7 On-Site. 2nd 7a-5p M-Sun 3rd 7a-5p M-F (On/Call W/Ends) 4th 4hr shifts PRN 5th O/C M-Sun 6th O/C Service Area 7th O/C Region 8th O/C Region virtual	Mission & Spiritual Health Leaders, Chaplains, Interims, Admin  Ask for each wave what would we cover in each wave?	Communication about resources and support. Beyond reading materials, active engagement virtually.

## Quick Reference Guide for Spiritual Support in Disasters / Covid-19

(Version 4: Updated 3-16-2020)

Setting	Priority Focus	Delivery Means	PSJH Partner	Staff Support
<b>Visitor Ban Exceptions</b>	HIGH	Essential Spiritual Health providers are involved in implementation of <b>Exceptions</b> should consider: End of Life, Pediatrics, Maternity, and Life-threatening surgery, Extreme Hardship cases	Administration, Security, Nursing, Spiritual Care, Infection Control, DOH & Civil authorities Leadership – Identified clear decision-maker	Team support in the face of recovering from exclusions, chaplains support and leadership partners
<b>Care of the Dead</b>	HIGH	Mass Fatalities Morgue Capacity Social Isolation & Funerals Alternative Measures Funeral Home fears  Ritual Modifications: Disaster related exceptions for faiths with a traditional 24 hour burial rule. (Islam, Jewish)	Funeral Homes Medical Examiner/ Coroner/ DOH, Disaster Mortuary teams, D-Mort, World Health Org. Red Cross  Kenyon International company- disaster recovery services	Significant support will be essential for caregivers, families and ancillary teams.
<b>Chaplains are Tier 1 Providers for high risk areas</b>	HIGH	In-person / virtual, Staff support, including virtual communications IPads, Phones etc.	This includes staff chaplains, CPE residents.	Depts will ensure staff chaplains are included. SC leader may adjust priority of in-house staff & seek to utilize alternative virtual methods for communication with pts and for families
<b>Critical Care / E.D.</b>	HIGH	In Person, PPD/PPE or Virtual if available	Admin, Safety Huddles, EPIC	Check-In Every shift
<b>Quarantined General Medical units</b>	HIGH	Virtual Spiritual, Remote, Phone, Skype, and Family linking	Safety Huddle, EPIC referral	Rounding Daily Staff need will be high with changing restrictions.
<b>Quarantined Caregivers</b>	HIGH	Virtual Spiritual Tele, Phone	Caregiver Health, Quality, HR	Initial, plus 2x in 14 days, unless Positive
<b>Family Support Death</b>	HIGH	Virtual, Phone, Facilitating farewell, parting rituals virtually	Nursing, Hospitalists, Epic referrals, direct/indirect referrals	Anticipating staff distress with inability to say goodbye. Passage Quilts

## Quick Reference Guide for Spiritual Support in Disasters / Covid-19

(Version 4: Updated 3-16-2020)

Setting	Priority Focus	Delivery Means	PSJH Partner	Staff Support
<b>Family Support w/ Pt. in Quarantine</b>	Medium	Hospital Visitor restrictions & Exceptions will raise issues to navigate at EOL, Peds, OB, (Virtual Options) adults vs children. Parents needs.	Pts, Nursing, Medical Staff, self-referrals. Grief resources for adults and children.	Staff distress, Pt abandonment fears rituals of release, homecoming.
<b>Care for Caregivers</b>	HIGH	Ensure support is available to caregivers impacted by COVID-19.	Partner with Dept leaders, HR, & others supporting caregivers	Caregiver Assistance Program Spiritual Care CISM – Support Peer to Peer
<b>Home &amp; Community Care</b>	Medium	Virtual, Phone	IDT, Hospice Coordinators, Leaders, EP	Team IDT and Support in lower standards of care.
<b>Hospice</b>	HIGH	Virtual, Phone, In-Person, Family included	IDT, Hospice MSWs, RNs, EP	Staff Distress, Debrief, Rescue vs Recovery
<b>ElderPlace</b>	HIGH	All	EPIC referrals, Nursing, MSW's chaplains	Staff distress, burdened by prolonged exposure and risk/fear impact of family
<b>Palliative Care</b>	HIGH	Acute, In-Person	Team Family Conferences, EPIC, referral	Team Standard of Care compromised / limited
<b>PMG/Clinical Programs</b>	Medium/Low	Clinics, Phone, Staff 60% Pts 40%	Epic Referrals, Staff referrals	Team futility, resource limitations
<b>Office Parks, Office Settings</b>	Low	Office Parks, Virtual, and in-person Command Center support, support staff	Shared Services, Admin, referral, Caregiver Assistance Program	Remote commuters Admin Leaders Command Staff
<b>Children's Centers/Sites</b>	Med/High	In-Person Family support HIGH, if visitor restrictions or ban.	Leaders, Referrals	High need, separation, access, grief
<b>ALS Clinics (Specialty)</b>	Low	In Person by referral, phone/Virtual primary	Palliative Care Connections, MH	Virtual Support to staff
<b>PMG Clinics</b>	Low or By Referral	Virtual/in-person for complex cases by referral	Epic Referral, Team Referral	Virtual, Phone and in-person all deaths etc, staff debrief.



## Quick Reference Guide for Spiritual Support in Disasters / Covid-19

(Version 4: Updated 3-16-2020)

Setting	Priority Focus	Delivery Means	PSJH Partner	Staff Support
<b>Travel Cancellations</b>	Low	Caregivers impacted by travel bans	Providence Travel, HR, Providence Health Partners	Support Virtually, Airports, Outreach via Tele-Spiritual 1x
<b>International Quarantined Caregivers/ family members abroad (students)</b>	Medium	Caregivers & dependents under international travel bans	Providence Travel Global Health, partners, Admin, huddles, rounds.	Tele-Spiritual Support 1x prn
<b>CPE Residents &amp; Interns</b>	HIGH	Acute, Virtual, In-Person, supplemental	CPE Educators & Leaders of Spiritual Health	Explore ways residents may be kept safe & engaged, ensure documentation for tracking exposure risks.
<b>Music Thanatologists</b>	Medium	High Caution should be exercised in w/ Harp and stool as means of spread. Work with I.D.	Consider implications for disinfecting instruments	Explore Alternative avenues of delivering care engagement w/ Staff & Families
<b>Volunteer ministers of Holy Communion</b>	HIGH	Restricted when volunteer restrictions imposed. No visits to critical care areas, emergency dept and pts in isolation/quarantine. Strictly observe Holy Communion by hand.	Partner with local parishes – Suspend in mandated lockdown	Staff education
<b>All Hospital volunteers</b>	HIGH	See above re: visitor/ restrictions	See above	