

## **Guidelines for representatives of faith communities visiting hospitals and hospices**

### **Chaplaincies teams and local faith communities**

1. Chaplaincy teams very much welcome the pastoral and spiritual support and connection which provided by faith representatives to members of their congregation. Effective two-way communication between chaplains and local faith representatives helps patient-focused spiritual, religious, and pastoral care to be provided.
2. Chaplains are also aware that patients may prefer to share their response to trauma or illness with someone beyond their usual circle. As employees, chaplains must adhere to confidentiality requirements so will be unable to share information without the patient's explicit consent, but they seek to support and respect existing relationships. Where patients wish to connect with local faith groups, chaplains will do all they can to enable this.
3. Members of chaplaincy teams are always glad to speak to local faith representatives, and visit meetings of local faith leaders to talk about their work and to explore matters of common concern.

### **Ministry in hospitals and hospices**

4. When visiting patients, you will need to know which ward they are on, or else to have their name, address and date of birth, as confidentiality requirements mean that reception staff cannot help you to locate them. If you plan to visit outside of the usual visiting hours, it is wise to check this with the ward in advance, particularly concerning protected meal times. If you have any problems in visiting members of your congregation, please speak to the chaplains. In some mental health settings, it may be essential to arrange to visit via the chaplains.
5. Chaplaincy teams are always pleased to offer rites such as Holy Communion, anointing, naming, and blessing or other appropriate support. If one of your congregation is in hospital it is always good to be in contact with the chaplaincy team, and if you are performing any religious rite or ritual for them, please inform both the ward staff and the chaplains, as a courtesy and to avoid duplication of ministry. The chaplains ask that you **always** do this for end of life care.
6. For Christian ministers: if you are bringing Holy Communion to a member of your congregation or proposing to anoint, then it is essential to ask the trained ward nursing staff **on each occasion**. This is to avoid any clash with medical needs, or the service being interrupted for other care.
7. Whilst it may seem contrary to natural pastoral instincts, you **must consult** either the ward staff or chaplaincy team **before** you minister to any patients other than members of your own congregation. This is because of safeguarding, patient consent, and confidentiality requirements. The chaplaincy team will be pleased to visit any patient asking you to minister to them and the ward staff will know how to make this referral. In this context, "ministry" includes conversation beyond a brief exchange, prayers, and any religious rituals.
8. In some situations, a visitor may be visiting someone who they do not actually know, on behalf of a local faith group. In such circumstances, please ask one of the ward staff to check with the patient that they are happy to be visited by you, and ensure that some form of identification is carried. (Paragraphs 4-6 above are also relevant here.)

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(Guidelines used and adapted with the permission of

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