

## *Ave María Catholic Church*

### *Guidelines for Extraordinary Ministers of Holy Communion (EMHCs) to the Sick and Homebound*



(<http://www.stmarysgvl.org/pastoralcare/communion-ministry-to-the-sick>)

At Ave María Catholic Church, the model of the Extraordinary Minister of Holy Communion (EMHC) is one of a servant of God, ministering to the parish, which is the Body of Christ—the Church. We follow the example of the Apostles, who fed the five thousand. We do this by distributing the Eucharist to those present at our Eucharistic Celebrations, as well as to those who are unable to attend the celebrations due to sickness, hospitalization, being homebound, or the fact that they are a current resident/patient of a nursing home or in hospice care. In doing so, we share the love of God with the others: the elderly, poor, and sick. May God bless you abundantly in your ministry.

(Revised 01/30/08)



([www.fotosearch.com](http://www.fotosearch.com))

### *Prayer for Extraordinary Ministers of Holy Communion*

Lord Jesus Christ,  
You are the Word of God and Bread of Life.  
Help me to bring your gospel message  
and Eucharistic Presence to others.

Help me to do so with faith and reverence,  
with love and concern.

May I carry out this sacred ministry  
comfortably, but not casually,  
relaxed, yet with awesome respect.

All praise to you,  
the God who is, who was, and  
who is to come  
at the end of the ages.

(Amen)

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## ***Prayer for Extraordinary Ministers of Holy Communion to the Sick and Homebound***

My Lord and Sustainer of All Beings,  
I am in your Sacred Presence  
about to take the Bread of Life to those  
who are unable to attend the communal  
celebration of the Eucharist.  
It will be my honor to carry Christ to them.

Bless my hands that they may be  
fitting instruments of this Holy Visitation.

Bless my heart, that I may truly carry  
the Bread of Life to those whose spirits  
are in need.

May my attitude, my reverence, and  
my concern for both the spiritual and  
material needs of those whom I shall visit,  
be that of Your divine heart.

I ask this in the name of our Lord, Jesus Christ,  
whose Body and Blood I shall carry; He  
who lives with You and the Holy Spirit forever and  
ever.

(Amen.)

## General Introduction

"For I was... ill and you cared for me, in prison and you visited me." (Matthew 25:26)

We welcome you to this parish ministry. You are a valuable, caring minister to our ill and homebound parish community, as you extend the Body of Christ to those who are unable to join us at Mass. Suffering and illness have always been among the greatest problems that trouble the human body and spirit. When a person is seriously ill, he or she is often confused, afraid, and lonely -- even in the midst of family members and friends. Yet it is often in these moments of loneliness and fear, that the Lord speaks to us, comforts us, and assures us that He is near. As Christians, our faith helps us to grasp more deeply the mystery of suffering and to bear our pain with greater courage.

Since the creation of the early Church, Christians have always prayed for and with the sick -- praying for healing, for strength, and for courage in the face of physical difficulties. When someone becomes seriously ill, regardless of his or her age, they are vulnerable, and often feel frightened and alone.

Yet the Lord is especially near to those in need—those who suffer. He hears their cry and is their comfort: "*Come to me, you who labor and find life burdensome, and I will give you rest...*" We know from the Gospels, that Christ himself often visited and healed the sick and loved them in their illness. Therefore, we believe that the Lord is ever present to the sick, in part, through the prayers of the Church and through the Sacrament of the Anointing of the sick through your visits.

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The Church's Ministry to the Sick attends to the needs of people in our wider parish community, who are sick and/or housebound and are unable to actively participate in person or otherwise be part of our worshipping community at church.

In the past, this type of care was the sole responsibility of the parish priest. Since the Second Vatican Council however, this ministry to the sick and homebound has evolved, and is now identified as a responsibility of all Christian Catholics: family, friends, the parish community, religious, and priests.

Normally, this ministry is accomplished by volunteers making weekly visits with Holy Communion. If during your visit, the parishioner expresses a desire to receive the Sacrament of Anointing of the Sick or Penance, you are asked to relay this information to the parish office, as soon as possible, so that a priest can be contacted/scheduled to perform this sacrament.

We find that many of the people we visit are an inspiration to us. They are the "power house of prayer". They are the "oil that keeps the wheel turning" through their pain, suffering, and lonely times.

If you learn of someone who is in sick or homebound, you are asked to contact the parish office, so that we can remember them in our prayers and can include their names in the Parish bulletin for the whole Parish Community to include in their prayers. In this common prayer for our ailing brothers and sisters, we truly demonstrate that we are the Body of Christ.

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Mandated parish EMHCs who volunteer to visit the sick and homebound are an important part of the church's daily and on-going pastoral ministry of caring for the sick and homebound. These EMHCs are specially trained and selected for this ministry function; in addition to being mandated an EMHC to assist the priest celebrant at the Ave María Catholic Church during the Mass. In other words, simply being a currently, mandated EMHC in the parish does not automatically make that EMHC also capable of fulfilling the pastoral and communion ministry to the sick and homebound (even if they are of your own family or a close friend).

These Ave María parish guidelines are prepared to assist you in making your service to Christ and the Church more thoughtful, joyful, and hopefully more spirit filled, for you, as well as for those of our parish family whom you will visit. We hope that your service will encourage you in your own walk with God and through your participation in sharing the Eucharist with our sisters and brothers, they too will be filled with every spiritual blessing of our God. May God bless you for your corporal works of mercy and be with you always.

*"The faithful who are ill are deprived of their rightful and accustomed place in the Eucharistic community. In bringing communion to them the minister of communion represents Christ and manifests faith and charity on behalf of the whole community toward those who cannot be present at the Eucharist. For the sick the reception of communion is not only a privilege but also a sign of support and concern shown by the Christian community for its members who are ill" (Pastoral Care of the Sick: Rite of Anointing and Viaticum, 73).*

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### Desired Qualities of an EMHC to the Sick

An EMHC to the Sick helps the church by fulfilling an extremely valuable service, which is offered to people at vulnerable and painful times in their lives. Those performing this ministry to the sick, serve as a human bridge of faith and compassion between the church and the needs of the sick and homebound parishioners, by having the following qualities and gifts:

- A listening and caring presence.
- Compassion and empathy.
- A non-judgmental attitude.
- Ability to respect and maintain confidentiality.
- Commitment and follow-through.
- Prayerfulness.
- Commitment to continuous training and spiritual development.

### Training of an EMHC to the Sick

To become an EMHC to the Sick, one must be an active, registered member of the Ave María Catholic Church; have the approval of the pastor; complete the necessary parish-level and diocesan peculiar training; and be mandated by the bishop to perform this specific ministerial function. Once appointed, you will receive a pyx and a Communion of the Sick booklet for use.

All assignments are channeled through the parish office. Following their initial orientation training, a new EMHC to the Sick will "shadow" an experienced minister for a period of time, before being asked to fulfill this worthwhile ministry by themselves.

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***Guidelines for Visiting a Hospital, Nursing Home,  
and Homebound***

**MAKING THE VISIT**

1. Make arrangements for the visit. At a hospital or nursing home, check-in at the desk, if/as needed. At home, call ahead to set the time of your visit. Be aware of and expect family members. Prepare yourself with prayer.
2. When entering the room or house, place yourself sitting or standing in direct line of vision of the person in order to maximize opportunity for speaking and listening without strain.
3. Be sensitive to clues of the emotion or physical status of the person. Is he/she tired, in pain, depressed, etc? Use these clues to carefully respond as a listener to what the person says.
4. Don't assume anything, such as that the person either knows or does not know his/her diagnosis or how serious their situation is. Let the person tell you what he/she wants you to know.
5. Be sensitive to the person's energy level and condition, so you do not overstay your visit. On the other hand, don't present an attitude or appearance of being in a hurry or otherwise preoccupied either.
6. If the person in the hospital or nursing home request anything, check with the nurse or staff before fulfilling the request.

**WHAT TO SAY AND HOW TO SAY IT**

1. When greeting the person, let him/her know who you are by name and are a communion minister of the Ave María Parish.
2. Let the person being visited take the lead; let him/her offer his/her hand or invitation to be seated. Let him/her suggest the ground rules for the visit (e.g., length, topics of conversation, expectations).
3. If you have not visited the person before, there may be things that you find uncomfortable with or about. Be prepared not to show shock, dismay, or emotional difficulty in your words, voice, or expressions.
4. Do:
  - Give short responses that accept and affirm.
  - Be sincere, genuine, and honest.
  - Be an active listener.
  - Be caring.
5. Don't:
  - Apologize, argue, or contradict. Establish trust and show caring. Try to understand what lies behind his/her statements that evoke the impulse to apologize, argue, or contradict.
  - Probe or force yourself into the person's life beyond where/what he/she invites you to go. Honor the fact that you are a guest and it is his/her space and privacy.
6. Use scripture and try to utilize a short passage.

### *Hints for Effective Communication with Homebound Persons*

#### WHEN SPEAKING:

- Face the person directly when speaking.
- Make eye contact often.
- Speak at an unhurried, yet natural-sounding pace.
- Call the person by name frequently.
- Ask clear questions, if/as needed.
- Repeat yourself or rephrase as often as necessary.
- Remain patient and show your interest in their response.

#### TO SHOW CARING FOR THE OTHER PERSON:

- Reaffirm the dignity and worth of each person.
- Visit briefly with others living with the person being visited.
- Use touch, as appropriate. Be sensitive to the fact that some people don't wish to be touched. Respect their decision and wishes.

#### TO EXPRESS YOUR FEELINGS:

- Cultivate a sense of humor—and share it.
- Enjoy a sense of self-discovery and convey it.
- Know how to talk about feelings:
  - Physical feelings (hunger, cold, fatigue, pain)
  - Emotional feelings (sad, glad, anxious, hopeless)
  - Intellectual feelings (interest, confusion, curiosity)
  - Hostile feelings (anger, resentment)
  - Feelings about self and others (guilt, gratitude, loneliness)

## ***Ministry Skills of Visiting the Sick***

While most of you who are using this book are probably aware of these valuable and time-honored tips, they are nonetheless worth repeating for those Ave María Parish Extraordinary Ministers of Holy Communion (EMHCs) who visit and bring communion to the sick, homebound, or institutionalized. These tips include:

1. ***Be there:***

The first step is to realize that it is your presence, not your words, that means the most to those you visit. Remember, there is no magic formula — no magic words. As the Communion Minister, you bring the comfort and concern of Christ to this person you visit. Just being present with them for that moment, will go a long way toward helping the person heal, if not physically, then at least emotionally and spiritually.

2. ***Know the power of touch:***

Holding a person's hand or giving a comforting pat on the arm or shoulder can mean a great deal to someone fighting fear and loneliness. Naturally, it depends on our closeness to the person and on his or her willingness to be touched, but a minister who consistently stays at arm's length from the parishioner may be unconsciously adding to the sense of separation that a seriously ill person already feels. A gentle touch tells the person you're willing to be *with* them.

3. ***Listen:***

Come to the visit with an open agenda. Let the patient lead in telling you what his or her needs are. Listen attentively. If he or she wants to recount favorite stories—even if you've heard them several times before—listening with enthusiasm can validate the person's sense of self-worth.

4. ***You don't need the "right" answers:***

A person confronted with a life-threatening (or any other illness for that matter) often asks, "Why me?" Many visitors feel compelled or obligated to have an answer; one that will make the patient "feel better" about their situation, discomfort, pain, or impending death. "It's part of God's plan" or "Everything happens for a reason" may seem like prophetic or comforting words, but actually they can and often do, more harm than good. The ill person frequently isn't really looking for an answer, but is expressing his or her confusion. The best thing to do is to repeat the question in your own words, indicating that you understand the person's anxiety. "I see you're really troubled by this" is a more helpful, reflective response than "God is testing you".

5. ***Validate the person's emotions:***

Too often, because of our own discomfort, we try to avoid the subject of illness or death and don't allow patients to openly discuss or express their feelings.

If they say, “I know I’m not getting better,” responding with “Don’t talk that way” does not help them come to grips with their situation. Instead of suggesting that they keep their feelings to themselves, encourage them to express their feelings or concerns; this way they know that you’re willing to journey with them, and that you understand their thoughts and emotions.

6. ***Don’t be afraid of tears:***

Again, saying to a person, “Don’t cry,” is more hurtful than it is helpful. It simply denotes or highlights our own sense of uneasiness being around or with someone who is crying. Tears help heal and bottling up one’s emotions is unhealthy. You don’t have to say anything; you can just hold the person’s hand. And don’t be afraid of your own tears. Let them flow -- naturally.

7. ***Try to be compassionate:***

We can be better prepared to handle a patient’s emotions, if we know something about what he or she is experiencing. Terminally ill patients in particular experience a variety of moods and emotions, among them: anger, depression, denial, false hope, peace, and acceptance. There is no one formula for how and when they will experience these, but these emotions are common among the seriously ill. Try to be open to wherever they are at any given time, so that you can respond with understanding and compassion.

Keep in mind also, that anger and frustration may sometimes be directed toward loved ones. Ministers need to realize that this is not personal and directed at them, but part of the human response to illness. Also, not every sick person experiences peace and/or acceptance. However, your visits will go a long way toward helping the person reach this goal, if you are able to offer compassion, love, and acceptance.

8. ***Monitor what you say:***

Even if patients are unconscious or seem unaware of what’s going on around them, they may be able to hear what is said to them or around them. Medical authorities advise that, for many, an unconscious person’s ability to hear remains intact. Thus, visitors and ministers should not only guard against saying negative things around the patient, but should also continue to express words of hope, love, and encouragement.

9. ***Keep your visit brief:***

Seriously ill people tire easily, but may feel obligated to put on a good face for visiting ministers. Therefore, frequent brief visits are better than infrequent, long ones. Find out the best times/days to visit and plan your visit accordingly. If the person declines or refuses to receive Communion, respect their wishes, and ask if they would like to share in a short prayer of blessing instead.

10. ***Be yourself:***

If you have always been an optimistic, upbeat person and carry that tone naturally into the sickroom with you, then great. But trying to put on a show or display of cheerfulness, when you don't feel it, will immediately strike a false note, the patient will detect.

11. ***Ask what the person would like to pray about:***

Don't assume that you know what the best prayer is for the patient. Ask what they might like to pray for and be open and flexible to their request(s). When people are very ill or in great pain, they are often unable to pray. If, however, they do choose to initiate the prayer, follow their lead. You can always add to the prayer and conclude with a personal blessing of the person.

12. ***Sometimes the visit itself is the prayer:***

Be open and receptive that for some, the prayer—the communion—includes the time spent visiting with them over coffee, tea, prayer, the rosary, or simple conversation and/or reminiscing.



(www.art.com)

13. ***If possible, include the family in the prayer:***

When family members are present with the sick person, invite them to participate in the prayer. They might read a Scripture passage, pray a favorite psalm, or offer spontaneous or traditional prayers. Also integrate them into the prayer, mentioning them by name or relationship, whether or not they are physically present. Doing so, can be comforting for both patients and their family.

14. ***Use symbols:***

The sick and homebound often feel isolated from their worshipping community. To help unite the person with the community, a noteworthy practice is to bring them a current parish bulletin. During major feasts of the liturgical year, also consider sharing symbols of the season and your common faith: ashes, palms, etc.

15. ***Use healing music:***

For some visits, especially to hospice or the person's home, consider bringing soothing healing music. Carry a small CD player with calming harp, flute, violin, or other music to accompany your visit and prayer, if/as needed.

## *Communion of the Sick*

### General Guidelines:

This portion of the handbook contains information regarding the two rites associated with Communion of the Sick: (1) for use when communion can be celebrated in the context of a liturgy of the word; and (2) a more brief communion rite for use in more restrictive circumstances, such as in hospitals, hospices, or similar institutions of health care.

Within the Catholic Church, parish pastors have a pastoral responsibility to ensure the sick or aged, even though not seriously ill or in danger of death, are given every opportunity to receive the Eucharist frequently, especially during the Easter season.

Those Catholics who care for the sick (e.g., nurses, aids, etc.) may receive communion with the sick or homebound.

The communion minister should wear attire appropriate to this ministry. Jeans, tank tops, sandals, etc., is to be discouraged.

The sick person and others may help to plan the celebration, for example, by choosing the prayers and readings. This is to be tempered by the condition of the sick person. The readings and prayers should help those present to reach a deeper understanding of the mystery of human suffering in relation to the paschal mystery of Christ.

Eucharist brought to the sick (preferably received at the end of communion in the Mass or later from the tabernacle) is to be carried in a pyx. Handkerchiefs, napkins, etc., are not acceptable for transportation of the Blessed Sacrament.

As an EMHC to the sick and homebound, you will be given a pyx to use and a communion booklet. Also, several pyxes are available in the parish sacristy for use in bringing communion to the sick and homebound. We kindly ask that they be returned, as soon as possible, after you are finished using it.

When transporting the Eucharist from the church to the sick, ministers are to avoid any and all activity, which is not in keeping with the utmost reverence due the Blessed Sacrament.



Those who are with the sick may be asked to prepare a table covered with a linen cloth upon which the Blessed Sacrament will be placed. A lighted candle may also be used to remind us of the Light of Christ present in our visit. Please be sensitive to the immediate area/surrounding area (e.g., oxygen used, etc.) Extreme care should be taken to make the occasion special, prayerful, reverent, and joyful.

Within the Ave María Catholic Church, EMHCs do not provide communion to the sick/homebound of consecrated Blood—only of the Body. If you have questions, contact the parish priest for additional information.

If the sick person wishes to celebrate the sacrament of reconciliation beforehand, offer to contact the parish office, as soon as possible, to arrange the priest's for this sacrament.

Communion in Ordinary Circumstances

(\*\*\* This rite can also be found in your Communion of the Sick booklet)

*Outline of the Rite*

INTRODUCTORY RITES:

Greeting  
Penitential Rite

LITURGY OF THE WORD:

Reading  
Response  
General Intercessions

LITURGY OF HOLY COMMUNION:

Lord's Prayer  
Communion  
Silent Prayer  
Prayer after Communion

CONCLUDING RITE

Blessing



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**INTRODUCTORY RITES:**

GREETING:

When you enter the home, hospital room, greet the person and introduce yourself as a **minister** from Ave María , if necessary.

The **minister** then greets the sick person and others present:

*The peace of the Lord be with you always.*

R. *And also with you.*

or

*Peace be with you and with all who live here.*

R. *And also with you.*

or

*The grace and peace of God our Father and the Lord Jesus Christ be with you.*

R. *And also with you.*

The **minister** then places the Blessed Sacrament reverently on the table and all prayerfully join in to participate in the remainder of the communion rite.

PENITENTIAL RITE:

The **minister** invites the sick person and all present to join in the penitential rite, using these or similar words:

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*My brothers and sisters, to prepare ourselves for this celebration, let us call to mind our sins.*

or

*My brothers and sisters, let us turn with confidence to the Lord and ask his forgiveness for all our sins.*

After a brief period of silence, the penitential rite continues, using one of the following:

**Minister:** *Lord Jesus, you healed the sick:  
Lord, have mercy.*

**All:** Lord, have mercy.

**Minister:** *Lord, Jesus, you forgave sinners:  
Christ, have mercy.*

**All:** Christ, have mercy.

**Minister:** *Lord Jesus, you give us yourself to heal  
us and bring us strength:  
Lord, have mercy.*

**All:** Lord, have mercy.

or

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**Minister:** *Loving God, you are with us and for us:  
Lord, have mercy.*

**All:** Lord, have mercy.

**Minister:** *Compassionate Christ, you give strength  
to the weak and weary:  
Christ, have mercy.*

**All:** Christ, have mercy.

**Minister:** *Healing Jesus, you have the power to  
heal our over burdened bodies and  
souls:  
Lord, have mercy.*

**All:** Lord, have mercy.

or

**All say:** *I confess to almighty God,  
and to you, my brothers and sisters,  
that I have sinned through my own fault  
in my thoughts and in my words,  
in what I have done  
and in what I have failed to do;  
and I asked Blessed Mary, ever virgin,  
all the angel and saints,  
and you, my brothers and sisters,  
to pray for me to the Lord our God.*

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The **minister** concludes the penitential rite with the following:

*May almighty God have mercy on us,  
forgive us our sins,  
and bring us everlasting life.*

**All:** *Amen.*

**LITURGY OF THE WORD:**

*(\*\* You may select from one of the following readings or use the most recent Sunday Gospel reading)*

**READINGS:**

**A** A reading from the holy Gospel according to John  
Jesus says: “I am the living bread, which has come down from heaven. Anyone who eats this bread will live for ever; and the bread that I shall give is my flesh, for the life of the world.”

The Gospel of the Lord.

**B** A reading from the holy Gospel according to John  
Jesus says: “Anyone who does eat my flesh and drink my blood has eternal life, and I shall raise him up on the last day. For my flesh is real food and my blood is real drink. He who eats my flesh and drinks my blood lives in me and I live in me.

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As I, who am sent by the living Father, myself draw life from the Father, so whoever eats me will draw life from me. This is the bread come down from heaven; not like the bread your ancestors ate: they are dead, but anyone who eats this bread will live for ever.”

The Gospel of the Lord.

**C** A reading from the holy Gospel according to John

Jesus says: “I am the Way, the Truth, and the Life. No one can come to the Father except through me.”

The Gospel of the Lord.

**D** A reading from the holy Gospel according to John

Jesus says: “I am the vine, you are the branches. Whoever remains in me, with me in him, bears fruit in plenty; for cut off from me you can do nothing.”

The Gospel of the Lord.

**E** A reading from the first letter of John

We ourselves have known and put our faith in God’s love toward ourselves. God is love and anyone who lives in love lives in God, and God lives in him.

The Word of the Lord.

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RESPONSE (REFLECTION):

A brief period of silence may be observed after the reading of the Word of God.

The **minister** may then give a brief explanation of the reading, applying it to the needs of the sick person and those who are looking after him or her.

GENERAL INTERCESSIONS:

The general intercessions may be said. With a brief introduction, the **minister** invites all those present to pray. After the intentions, the **minister** says the concluding prayer. If possible, it is desirable that the intentions be announced any someone other than the **minister**.

An example may be:

**Introductory Prayer**

*Lord Jesus Christ, you cured the bodies, nursed the souls, and healed the hearts of all the sick who came to you in faith. We come to you in faith today and ask you to hear these prayers that we now offer to you:*

- We pray for the Pope, our Bishop, priests, deacons, and those in religious life .... (We pray to the Lord)

- We pray for our world leaders and for peace around the world ... (We pray to the Lord)

- We pray for those who are ill, including our brother/sister \_\_\_\_ here, that you may comfort and console them in this their time of need ... (We pray to the Lord)

- We pray for those family and friends who have gone before us, sealed with the sign of faith ... (We pray to the Lord)

**Concluding Prayer**

*Lord Jesus, you called little children to yourself. You loved them and chose to see them holy, happy, and healthy. Our sister/brother \_\_\_\_ needs your loving and healing prayer and comfort. Be with her/him in this time of need and illness. For you live and reign with the Father and the Holy Spirit; One God forever and ever. (Amen)*

**LITURGY OF HOLY COMMUNION:**

**LORD'S PRAYER:**

The **minister** introduces the Lord's Prayer in these or similar words:

*Now let us pray as Christ the Lord has taught us:*

or

*And now let us pray with confidence as Christ our Lord commanded:*

*Our Father ...*

**COMMUNION:**

The **minister** shows the Eucharistic bread to those present saying:

*This is the bread of life.  
Taste and see that the Lord is good.*

or

*This is the Lamb of God  
who takes away the sins of the world.  
Happy are those who are called to his supper.*

The sick person and all who are to receive communion say:

*Lord, I am not worthy to receive you, but only say the word and I shall be healed.*

The **minister** goes to the sick person and, showing the Blessed Sacrament, communicates them saying:

***The Body of Christ.*** (Do not include/use their name)

The sick person answers, "Amen" and receives communion.

Others present who wish to receive communion then do so in the usual manner from the **minister**.

After the conclusion of the Communion Rite, the **minister** cleanses the vessel (e.g., pyx, etc.) of any remaining particles by consuming them. Any remaining consecrated Hosts are to be returned to the Tabernacle, as soon as possible.

PRAYER AFTER COMMUNION:

The **minister** says a concluding prayer.

**Minister** says: *Let us pray.*

Pause for a brief silent prayer, one of the following may be used:

**A** God our Father, you have called us to share the one bread and one cup and so become one in Christ.

Help us to live in him that we may bear fruit, rejoicing that he has redeemed the world.

We ask this through Christ our Lord.

All: *Amen.*

**B** All-powerful God, we thank you for the nourishment you give us through your holy gift.

Pour our your Spirit upon us and in the strength of this food from heaven, keep us single-minded in your service.

We ask this in the name of Jesus the Lord.

All: *Amen.*

**C** All-powerful and ever-living God, may the body and blood of Christ, your Son, be for our brother/sister \_\_\_\_\_, a lasting remedy for body and soul.

We ask this through Christ our Lord.

All: *Amen.*

**CONCLUDING RITE**

BLESSING:

A **minister** (who is not a priest or deacon) invokes God's blessing and makes the sign of the cross on himself or herself, while saying:

**A** *May the Lord bless us, protect us from all evil, and bring us to everlasting life.*

*(Amen)*

**B** *May the almighty and merciful God bless and protect us, the Father, and the Son, and the Holy Spirit.*

*(Amen)*

## Communion in the Hospital or Institutional Setting

### General Guidelines:

There will be situations, particularly in large medical and health care institutions (such as Parker Adventist or other hospitals, Hospice, local nursing homes, etc) with many communicants, when the minister should consider alternative means, so that the Rite of Communion of the Sick is not diminished to the mere, absolute minimum necessary components or tasks (e.g., a minimalistic approach).

In such cases, the following alternatives that are to be considered include: (a) where/when possible, the residents or patients may be gathered into groups in one or more areas; and (b) additional ministers of communion may be called to assist.

When it is not possible to celebrate the entire full rite, the Rite of Communion in a hospital or institution setting is to be used, if/when practical. If it is possible and practical however, the minister may add an element from the rite of ordinary circumstances (for example, a Scripture reading).

The rite begins with the recitation of the Eucharistic antiphon in the church, the hospital chapel, or the first room visited. Then the minister gives communion to the sick in their individual rooms.

The concluding prayer may be used in the church, the hospital chapel, or the last room visited. If a priest or deacon is absent, no blessing however is given.

The minister is asked to be particularly sensitive to the medical needs and condition of the communicant. If the person(s) has difficulty eating or swallowing, determine from family members or medical staff if they can tolerate a small portion of the Host. ***Note: The sick and homebound are exempted from the Church's one-hour normal fasting regulations before communion.***

Wait for the person to swallow the Host. Offer water, if necessary, unless there is a medical prohibition against such fluid(s). Be attentive and prepared with a cloth or handkerchief in the event that the communicant spits the Host back out.

In such cases, reverently fold the cloth or handkerchief (with the portion or whole Host from the individual in it) and after the visit, return the Host to the church's sacristy. Be supportive and compassionate with the individual, so as to not cause any embarrassment or draw any undue attention. Once in the church's sacristy, place the Host in a glass of water to completely dissolve (normally 24-48 hours). Ensure the linen is cleaned along with the other liturgical linens. Place a handwritten note by the glass to alert others that the glass contains a previously consecrated Host, so that the ablution is not inadvertently poured down the common sink drain. Also, please notify the parish office. Once the Host has completely dissolved (is no longer in the form and appearance of a Host), the entire ablution/solution is to be poured only into/down the sacristy's sacrarium.

In closing, it is important for you to take time to pray reverently and to be present with the sick person and their family, while also being sensitive to their needs for rest or privacy and being alert of the proper time to depart.

## Communion in the Hospital or Institutional Setting

(\*\*\* This rite can also be found in your  
Communion of the Sick booklet)

### *Outline of the Rite*

#### INTRODUCTORY RITES:

Antiphon

#### LITURGY OF HOLY COMMUNION:

Greeting

Lord's Prayer

Communion

#### CONCLUDING RITE

Concluding Prayer



([www.rapidcitydiocese.org](http://www.rapidcitydiocese.org))

## INTRODUCTORY RITES:

### ANTIPHON:

The rite may begin in the church, the hospital chapel, or the first patient room visited.

The **minister** begins by saying one of the following antiphons:

- A** How holy this feast in which Christ is our food: his passion is recalled; grace fills our hearts; and we receive a pledge of the glory to come.
  
- B** How gracious you are, Lord: your gift of bread from heaven reveals a Father's love and brings us perfect joy. You fill the hungry with good things and send the rich away empty.
  
- C** I am the living bread come down from heaven. If you eat this bread, you will live for ever. The bread I will give is my flesh for the life of the world.

## LITURGY OF HOLY COMMUNION:

### GREETING:

On entering each room, greet the person and family members/friends present, and introduce yourself as a **minister** from Ave María Catholic Church, if necessary.

The **minister** may then use one of the following greetings:

**A** The peace of the Lord be with you always.

**All:** And also with you.

**B** The grace of our Lord Jesus Christ and the love of God, and the fellowship of the Holy Spirit be with you all.

**All:** And also with you.

The **minister** then places the Blessed Sacrament reverently on the table and all prayerfully join in to participate in the remainder of the communion rite.

If there is time and it seems desirable, the minister may proclaim a Scripture reading (see pages 21-22).

## LORD'S PRAYER:

When circumstances permit (for example, when there are not many rooms to visit), the **minister** is encouraged to lead the sick in the Lord's prayer. The **minister** introduces the Lord's Prayer in these or similar words:

*Jesus taught us to call God our Father, and so we have the courage to say:*

or

*Now let us pray as Christ the Lord has taught us:*

*Our Father ...*

### COMMUNION:

The **minister** shows the Eucharistic bread to those present saying:

*This is the bread of life.  
Taste and see that the Lord is good.*

or

*This is the Lamb of God  
who takes away the sins of the world.  
Happy are those who are called to his supper.*

The sick person and all who are to receive communion say:

*Lord, I am not worthy to receive you, but only say the word and I shall be healed.*

The **minister** goes to the sick person and, showing the Blessed Sacrament, communicates them, says:

***The Body of Christ.*** (Do not include/use their name)

The sick person answers, “*Amen*” and receives communion.

Others present who wish to receive communion then do so in the usual manner from the **minister**.

After the conclusion of the Communion Rite (after communicating the person in the last room to be visited), the **minister** cleanses the vessel (e.g., pyx, etc.) of any remaining particles by consuming them. Any remaining consecrated Hosts are to be returned to the Tabernacle, as soon as possible.

## CONCLUDING RITE

### CONCLUDING PRAYER:

A **minister** (who is not a priest or deacon) invokes God’s blessing and makes the sign of the cross on himself or herself, while saying:

**A** *God our Father, you have called us to share the one bread and one cup and so become one in Christ.*

*Help us to live in him that we may bear fruit, rejoicing that he has redeemed the world.*

*We ask this through Christ our Lord.*

*(Amen)*

**B** *All-powerful and ever-living God, may the body and blood of Christ, your Son, be for our brothers and sisters a lasting remedy for body and soul.*

*We ask this through Christ our Lord.*

*(Amen)*

**C** *All-powerful God, we thank you for the nourishment you give us through your holy gift. Pour out your Spirit upon us and in the strength of this food from heaven, keep us single-minded in your service.*

*We ask this through Christ our Lord.*

*(Amen)*

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