

**Health Ministries**

**PLANNING FOR  
MEDICAL  
EMERGENCIES**

**A Resource Guide for  
Congregations**

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## **Introduction**

For several years, we have been pleased to help provide this resource on basic first-aid, emergency preparedness and the use of Automated External Defibrillator (AED) equipment for the Health Ministry teams in our area faith communities.

In the fall of '06 the AED Use in Faith Communities Task Force (a community based group), was formed under the direction of the former Good Samaritan Health Ministries Program (now known as the Health Ministries Program) to discern the best steps in creating a useful and comprehensive resource packet. After many months of work the first version was completed. The original document was prepared as part of an initiative which also included a 'matching funds' grant program to assist area faith communities in the affordable procurement of an AED.

In 2013 the document was updated to include additional resources from two participating faith communities. A sample Emergency Plan from St. Charles Borromeo Catholic Church in Kettering, OH along with sample AED policies and client forms from Stratford Heights Church of God in Middletown, OH. We thank them for sharing these resources.

In 2017 a second update was recommended and representatives from Fletcher United Methodist Church and Our Lady of Grace Health Ministries participated. We gratefully acknowledge these faith communities and their Faith Community Nurses and Health Ministry teams for their diligent work and willingness to share their resources.

This document continues to be used as a guideline for basic first-aid, AED use and Emergency Planning. It should not be seen as an absolute resource on these topics. The choice of establishing a first-aid program, creating Emergency Plans or the procurement and use of AED equipment is the responsibility of the faith community. Each faith community must consult with their own leadership and ministry advisors, such as legal counsel, insurance carriers, etc. for the desired processes to be followed. Furthermore, this document is not an instruction manual of Premier Health or any of its entities, nor by producing this resource should it be construed that Premier Health, its entities, directors, officers, employees, medical staff or volunteers, or the Health Ministry Program, recommends or endorses the use of AEDs' for any particular congregation.

As part of the research on the original project we have encountered many individuals who have graciously shared their ideas and documents. We thank Donna Carrico RNC, MS-Parish Nurse, and Thomas Shurtleff, Firefighter/Paramedic from Detroit, Michigan who created a similar resource for congregations in their area following the loss of a church member. We are grateful to both for allowing our use of their materials.

Also, included in the packet, are resources for prayers and services for use with the congregation, in training classes, etc. as well as information for walking with members following an emergency incident, especially the use of the AED. We acknowledge that we are but God's instruments in this work and our goal is simply to uphold the sanctity of human life.

Effective July 23, 2018 Good Samaritan Hospital ceased operations and closed. The Health Ministries Program remains a part of Premier Health and continues to service faith communities throughout the greater Dayton area.

Should you desire further information, please contact our office: 937-227-9454.

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March 2019

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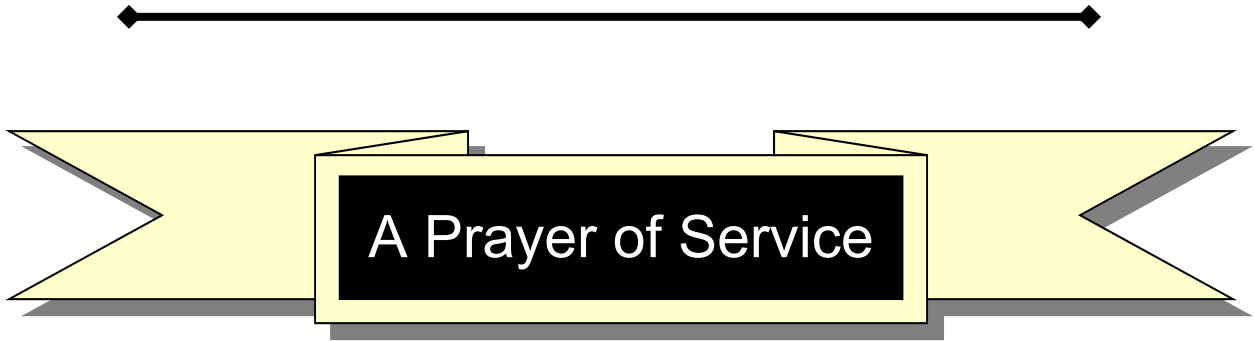
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# PRAYERS

Sample Prayers and scripture references are included in this section for use at meetings, in trainings, and communication materials, etc.



God has no body now on earth, but yours,  
No hands but yours,  
No feet but yours.

Yours are the eyes  
Through which the compassion of God  
Must look out on the world.

Yours are the feet  
With which He is to go about doing good.

Yours are the hands  
With which He is to bless His people.

**Amen**

**“How Great Thou Art...”** (Traditional hymn).

Use as introductory thought to explain God’s miracle of human anatomy and physiology that allow CPR and early defibrillation to restore an effective heartbeat from the chaotic disorganized rhythms of ventricular fibrillation...

*O Lord my god, when I in awesome wonder  
Consider all the works Thy hands have made,  
I see the stars, I hear the mighty thunder  
Thy pow’r throu’out the universe displayed.*

*Then sings my soul  
My Savior God to Thee,  
How great Thou Art,  
How great Thou Art...*

As a secondary reflection think about the **power** displayed by the counter-shock energy of the defibrillator. God and the Spirit work in many ways throughout our human bodies; in the chambers of our heart and in every living cell. Continue to reflect on God’s gift to us – the development of technology through the years that make a small, portable AED possible. ***That is awesome!!***

**Prayer of Cardinal Newman**

In some faith communities, members may feel reluctant to take action at the time of a medical emergency. They may believe that God should not be questioned, or they fear their rescue techniques may not be performed correctly. This excerpt from the prayer of Cardinal Newman may help address the lack of the certainty of outcome during and following a sudden cardiac arrest.

*“God has created me to do Him some definite service. God has committed some work to me, which He has not committed to another.*

*I have my mission. I may never know it in this life. But I shall be told it in the next. I am a link in a chain, a bond of connection between persons...”*

**Sample scripture passages that may be of help in publicity pieces or prayer services:**

**Deuteronomy 4:8-10**

Only be careful and watch yourselves closely so that you do not forget the things your eyes have seen or let them slip from your **heart** as long as you live. Teach them to your children and to their children after them.

**Deuteronomy 4:29**

But if from there you seek the LORD your God, you will find Him if you look for Him with all your **heart** and with all your soul.

**Deuteronomy 4:39**

Acknowledge and take to **heart** this day that the LORD is God in heaven above and on the earth below. There is no other.

**Deuteronomy 6:5**

Love the LORD your God with all your **heart** and with all your soul and with all your strength.

**1Samuel 25:6**

Say to him: 'Long life to you! Good **health** to you and your household! And good **health** to all that is yours!

**Psalms 73:4**

They have no struggles; their bodies are **healthy** and strong.

**Proverbs 3:8**

This will bring **health** to your body and nourishment to your bones.

**Proverbs 4:22**

For they are life to those who find them and **health** to a man's whole body.

**Proverbs 15:30**

A cheerful look brings joy to the heart, and good news gives **health** to the bones.

**Isaiah 38:16**

Lord, by such things men live; and my spirit finds life in them too. You restored me to **health** and let me live.

**Jeremiah 33:6**

"Nevertheless, I will bring **health** and healing to it; I will heal my people and will let them enjoy abundant peace and security.

**3 John 1:2**

Dear friend, I pray that you may enjoy good **health** and that all may go well with you, even as your soul is getting along well.

Source: [www.Biblegateway.com](http://www.Biblegateway.com)



# QUESTIONS AND ANSWERS

## **What is an AED?**

An AED is an Automated External Defibrillator. It is a portable device used to shock the heart into a functional rhythm if needed. When the AED is applied to the chest and turned on, it will assess the patient's heart rhythm, determine if a shock is needed, and provide the shock when the rescuer pushes the defibrillator button. This shock is only advised for ventricular fibrillation and ventricular tachycardia. The AED has audible and visual prompts, which guide the rescuer's actions.

## **Why is an AED Important?**

The use of AEDs in the community strengthens the chain of survival. The chain of survival for adults is:

- 1) Early identification of a sudden cardiac arrest and activation of the EMS
- 2) Early CPR
- 3) Early defibrillation
- 4) Early advanced life support

The chain of survival in children is:

- 1) Prevention
- 2) CPR
- 3) Call EMS. If someone is with you they can call EMS immediately.
- 4) Advanced life support

Each minute without defibrillation decreases the adult victim's survival. Most sudden cardiac arrests are due to ventricular fibrillation (VF). In VF the heart stops abruptly, and death will follow within minutes if defibrillation does not occur. CPR alone is not sufficient to sustain life in VF. Early use of an AED, followed by CPR and EMS care increases the survival rate of victims of sudden cardiac arrest.

## **Can an AED be used on anyone?**

Many AEDs can accurately detect VF (ventricular fibrillation) in children of all ages and differentiate shockable from nonshockable rhythms with a high degree of sensitivity and specificity. Some are equipped with pediatric attenuator systems (ekg, pad-cable systems or a key), to reduce the delivered energy to a dose suitable for children, if not use AED for adult.

For children 1 to 8 years of age the rescuer should use a pediatric dose-attenuator system if one is available. If the rescuer provides CPR to a child in cardiac arrest and does not have an AED with a pediatric attenuator system, the rescuer should use a standard AED.

## **What is the cost of an AED?**

The price of AEDs varies by model and make. Most are between \$1,000 and \$3,000. Extra costs include the storage case, 9-1-1 phone, and CPR supplies (gloves, barrier, etc.)

## **Where Can I Obtain Funding for an AED?**

Many congregations ask for private donations that are specifically for the purchase of an AED. You may write a grant proposal to request funds for the AED and training. Grant writing information and a list of foundations are available at your local library. Support is often found through your regional leadership or national leadership of your own congregation's denomination. Some congregations sponsor fund-raising activities earmarked for the purchase of AEDs.

## **How Do I Start?**

The first step is education. It is important to be knowledgeable about AEDs, the training and follow-up involved in this program. This manual is designed to assist you in this task. It is important to have the support of your pastor and leadership council, deacons, elders or governing board, etc. It is also recommended to have an AED program under the guidance of a Health Ministry Team to review and assess the need for this program:

- How many people use your facilities?
- How often?
- Do you have a school or gym?
- What times of the day/evening are the facilities most utilized?
- What is your local EMS response time?
- How is the health of your congregation?
- What risk factors are present for sudden cardiac arrest?

## **How Many AEDs Do We Need?**

It is helpful to meet with your local Firefighter/Paramedic Trainer, to discuss your plan and walk through your facilities. The Firefighter/Paramedic will be able to provide you with suggestions for placement of your AED(s) and how many you may need. Keep in mind time is of the essence; think about the size of your facility or campus, along with the number of minutes it would take to get to the equipment and back to the victim and the accessibility to your local EMS.

# LEGAL ISSUES

## **What About Legal Issues?**

*This is not intended to convey legal advice but rather to provide general information as a public service. Should you have specific questions about your individual situation, please consult with an attorney.*

In Ohio, rescuers are protected under the law which authorizes the performance of automated external defibrillation. It is wise to check with your denomination's state and local governing agencies, in addition to the insurance company that provides coverage to your congregation. It is prudent to have a written protocol specific to your congregation.

### **GOOD SAMARITAN PRINCIPLE AND LAWS**

This legal principle is based on the biblical story of the good Samaritan. The principle prevents a rescuer who voluntarily helps a stranger in need from being sued for "wrongdoing."

In most of north America, you have no legal obligation to help a person in need. However, since governments encourage citizens to help others, these good Samaritan laws were passed.

### **REQUIREMENTS FOR USE**

#### **PERFORMANCE OF AUTOMATED EXTERNAL DEFIBRILLATION**

Any person may perform automated external defibrillation (AED). Training in AED and cardiopulmonary resuscitation (CPR) is recommended but not required.

#### **ACTIONS FOLLOWING DEFIBRILLATION**

A person performing AED must make a good faith effort to activate or have another person activate an emergency medical services system (call 911) as soon as possible, unless the person is performing AED as a part of an emergency medical services system or at a hospital.

#### **QUALIFIED IMMUNITY FROM CIVIL LIABILITY**

Except in the case of willful or wanton misconduct or when there is no good faith attempt to activate an emergency medical services system, no person shall be held liable in civil damages for injury, death, or loss to person or property, or held criminally liable, for performing AED in good faith, regardless of whether the person has obtained appropriate training on how to perform AED or successfully completed a course in CPR.

#### **POSSESSING AN AUTOMATED EXTERNAL DEFIBRILLATOR**

Organizations who possess automated external defibrillators are encouraged to have expected users successfully complete a course in AED and CPR offered or approved by a nationally recognized organization and includes instruction on psychomotor skills and national evidence-based guidelines that are current.

Organizations who possess automated external defibrillators must maintain and test the defibrillator according to the manufacturer's guidelines.

# BASIC FIRST AID GUIDELINES

## **BASIC FIRST AID**

**DEFINITION:** First aid is the initial care that is provided for an acute illness/injury, when advanced care is not available. It is intended to preserve life, alleviate suffering, prevent further illness/injury and promote recovery. It can be initiated by anyone in any situation.

### **GUIDELINES**

1. **Recognize, assess and prioritize** the need for first aid
2. **Provide the appropriate** first aid
3. **Recognize** any limitations
4. **Seek professional medical assistance** when necessary

### **RECOGNIZING AN EMERGENCY**

1. Where is the person located?
2. How is the person's body positioned?
3. Does the person look sick or injured?
4. It is safe for me to be here?

**PERSONAL SAFETY (SETUP** – use this mnemonic device to help you remember imp. points)

1. **Stop** – pause to identify any hazards
2. **Environment** – consider your surroundings
3. **Traffic** – Be careful along roadways
4. **Unknown Hazards** – Consider things that are not apparent
5. **Personal Safety** – Use protective barriers

## **BASIC FIRST AID GUIDELINES BY INJURY DESIGNATION**

In the event you witness someone having one of the following problems, these simple guidelines may help you know what to do. If available, always allow a qualified medical person to check the person. It is best to not have a lot of people crowding around the person who needs assistance. Ask one of the ushers to call 911 if an ambulance is needed.

### **ALLERGIC REACTION**

Be aware that allergic reactions are becoming more common in our communities. Common irritants are bee stings, peanuts, latex and penicillin. Common symptoms include: swelling of lips, eyelids and face; itchy raised lumps or hives on the face and chest; nausea and abdominal cramping.

### **BLEEDING**

Apply direct pressure on wound with dressing or clean covering. If bleeding from arm or leg, elevate limb. If person becomes faint, see "FAINTING."  
If bleeding does not stop or requires stitches, person should be taken to the emergency room.

## **BURNS**

Apply cool moist compress with clean towel or hankie over burned area. If blister forms and burned area is larger than 2x2 inches or involves hands, person should be seen by doctor or taken to emergency room or call EMS.

## **CHOKING**

If person can cough or speak – encourage to keep coughing. If person cannot cough or speak – perform Heimlich or find someone who can. If person becomes unconscious – call 911. Get nurse or doctor to help.

## **DIABETIC CARE**

If the person is a known diabetic and has diminished level of responsiveness and has difficulty swallowing, call 911. Do not give anything to eat or drink.

If the person is a known diabetic and is awake and able to swallow:

Attempt to raise blood sugar as quickly as possible by giving 6 oz. of fruit juice. If the person does not behave normally within about 15 minutes or condition worsens, call 911.

## **ELECTRIC SHOCK**

Be safe...Cut off source of power. Check person's breathing and pulse. If no breathing or pulse call 911 and get help to start CPR.

## **FAINTING**

Keep the person safe. Lay the person flat. If no evidence of injury, raise the feet about 6 – to 12 inches. If not possible, sit the person forward and place his head between his knees. Keep the person still and quiet until he or she feels better.

Call 911 if person is blue or remains unresponsive. Check for breathing – if none get help to start rescue breathing and/or CPR.

## **FALLS**

Keep person safe by convincing them not to move until they have been checked for serious injury. Always consider the possibility of a head concussion after a significant blow to the head or body. Signs of concussion include: person is unable to remember what happened just before or after the incident, may move clumsily, may answer questions slowly, may have a change in mood or personality, look stunned or dazed, headache, nausea, dizziness, difficulty in balance and/or vision problems. If serious injury present, call 911. If no serious injury present, assist person in getting up.

## **FOREIGN OBJECT IN EYE**

Activate EMS. Immediate care requires stabilization of the object and reducing additional injury. Do not allow the person to rub the eye. Never try to remove an embedded object.

For small objects, cover both eyes with loose pads. Eyes move together. Covering both eyes prevents movement of the affected eye.

Stabilize larger objects with a bulky, clean pad. Cover the uninjured eye with a loose pad.

Stay with the person and calm, comfort, and reassure him or her to help reduce anxiety. Regularly assess the person until EMS arrives.



## **HEART ATTACK OR STROKE (SUSPECTED)**

Check for breathing and pulse. Call for help and call 911. If no breathing or pulse, start CPR.

## **NOSEBLEED**

Have person sit up straight with his or her head tilted forward, with chin toward chest. Have person pinch the nose with their thumb and index finger and hold it for about for 10 minutes. If bleeding will not stop, person should seek immediate medical attention.

## **OPIOID OVERDOSE**

Opioid overdose continues to be a major health concern in our community as well as many others across the country. It is not uncommon among persons who use these drugs illicitly or misuse prescribed pain medications.

It is important for healthcare personnel and community members alike to have a better understanding on the importance of recognizing and responding to these emergency situations.

For a complete review of prevention and response concepts related to opioid overdose, please refer to the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Prevention Toolkit. This is a free 28-page resource available to download and add to this manual if desired.

Table of Contents include:

- Facts for Community Members
- Five Essential Steps for First Responders
- Information for Prescribers
- Safety Advice for Patients and Family Members
- Recovering from Opioid Overdose
- References and Acknowledgements

Contact information:

Website: [www.samhsa.gov](http://www.samhsa.gov)

Link to toolkit: <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/All-New-Products/SMA16-4742>

Phone: 1-877-samhsa-7; (1-877-726-4727)

## **SEIZURES**

Keep the person safe by protecting them from hitting something. Do NOT restrain. Allow seizure to complete. Do not attempt to put anything in the mouth. Call for help. Ask if there is a doctor or nurse to help. Call 911 if the person is injured during the seizure, has not history of seizure or continues to seize for more than 10 minutes.

## **DO NOT GIVE ANYTHING BY MOUTH**

If the victim is unresponsive or semi-conscious and unable to swallow.

(Modified from original version provided by Health Ministry Team of Our Lady of Mercy Church, Dayton, Ohio.)

## **BASIC FIRST AID KIT SAMPLE**

- 1 Absorbent Compress Dressing (5 X 9 INCHES)
- 25 Adhesive Bandages
- 1 Adhesive Cloth Tape (10 YDS X 1 INCH)
- 5 Antibiotic Ointment Packets
- 5 Antiseptic Wipe Packets
- 1 Blanket
- 1 Breathing Barrier with One Way Valve
- 1 Instant Cold Compress
- 1 Pair of Non-Latex Gloves Size Large
- 1 3" Roller Bandage
- 1 4" Roller Bandage
- 2 Triangular Bandages
- 1 Pair of Scissors
- 1 Set of Tweezers

Additional Resource link: <http://www.redcross.org/get-help/how-to-prepare-for-emergencies/anatomy-of-a-first-aid-kit>

## **UNIVERSAL PRECAUTIONS**

Protection yourself from the chance of infection (Universal Precautions)

Your personal safety is always the highest priority in an emergency situation. To reduce the chance of infection to you, it is recommended that all blood and other body substances (including fluids) be treated as if they contain some type of infectious material. Use protective barriers between yourself and an ill or injured person.

Disposables gloves are the most commonly used barrier. Always remove contaminated gloves carefully. Even after using gloves, make sure you wash your hands and any exposed skin with soap and water. Use alcohol-based hand sanitizer if soap and water are not available.

If a person requires rescue breaths, use a shield or CPR mask with a one-way valve to minimize direct mouth-to-mouth contact.

If you don't have personal protective equipment during a first aid situation, improvise. A towel, plastic bag, or some other barrier can help avoid direct contact.

# SAMPLE REPORT FORM FOR ALL ACCIDENTS OR INJURIES

Date of incident \_\_\_\_\_ Injured's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ ST/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents/Guardians of injured \_\_\_\_\_

Date/time parent/guardians contacted: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Staff person in charge at time of accident: \_\_\_\_\_

Brief description of accident: \_\_\_\_\_

\_\_\_\_\_

Other children/adults involved in accident: \_\_\_\_\_

\_\_\_\_\_

Other adults or youth witnesses to accident:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Action taken: \_\_\_\_\_

Medical attention required: \_\_\_\_\_

\_\_\_\_\_

Treating medical personnel and/or facility: \_\_\_\_\_

\_\_\_\_\_

Follow up required:  Yes  No (Please check one)

*Office Use Only:*

Insurance-related action: \_\_\_\_\_

\_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy term: \_\_\_\_\_

Agent: \_\_\_\_\_

Action taken: \_\_\_\_\_

\_\_\_\_\_

Report prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed report to Church Office immediately*

Original 12/01/05

Reviewed 12/2012

Revised 01/2013

**NOTE: Reports should be utilized ONLY if approved by the congregation's liability insurance provider.**

# CPR & AED INFORMATION

# CPR

## PRIMARY ASSESSMENT (unresponsive person)

Assess the Scene  
Check for Response (if unresponsive active EMS & get AED if one is available)  
Look for Normal Breathing  
Provide Indicated Care

CPR and AED Provider – A trained provider is someone trained in the delivery of CPR and the use of AED. It is recommended that each faith community have a response team that includes members who are trained in basic first aid and CPR and AED.

# AED

## Sample Early Defibrillation Protocol

Type Congregation Name

### 1. Roles and Responsibilities

Automatic external defibrillator (AED) will enable targeted responders to deliver early defibrillation to patients in the first critical moments after a sudden cardiac arrest. Responders' use of the AED should not replace the care provided by emergency medical services (EMS) providers, but it is meant to provide a lifesaving bridge during the first few critical minutes it takes for advanced life support providers to arrive. Upon arrival of the EMS providers, patient care should be transferred.

#### **A. AED Coordinator(s)**

The AED Coordinator is a Physician or Registered Nurse (RN), or EMT with current CPR certification who has the responsibility for maintaining all equipment and supplies, organizing training programs and regular re-training programs, and holding post-incident debriefing sessions for any employees involved.

AED Coordinators: *Type AED Coordinator's Name*

Phone Numbers: *Type AED Coordinators Telephone and Pager number*

#### **B. Targeted Responders**

Specific individuals are targeted and trained to use an AED in a sudden cardiac arrest emergency. These individuals are trained to follow the protocol outlined by the Coordinator. Training will be updated as required by certifying agency. The Health Ministry Team will maintain a list of the targeted responders.

## **Early Defibrillation:**

Remember: moving into the use of AED must only be done after Basic First Aid and assessment of patient has been completed and 911/local EMS has been

Instructions for 1 rescuer:

- Place the AED near the head of the patient on the same side as the rescuer.
- Turn on the AED. Bare chest (cut or tear away clothing; if excessive chest hair, shave or clip – dry the chest if wet so the pads will adhere).
- Follow the AED's verbal and visual prompts.
- Apply electrodes – Follow pictures on pads.
- Allow the AED to analyze – stop CPR while it is doing this.
- If indicated, deliver shock by pressing the designated button.
- Continue care per AED messages.

## **Early Advanced Care Life Support:**

Responders working on the patient should communicate any important information to the EMS providers such as:

- Patient's name
- Known medical problems
- Known allergies
- Time the patient was found and their condition
- Any other pertinent information

A rectangular sign with a white background and a black border. Inside, there is a black rectangular area containing the text "AED MAINTENANCE" in white, bold, sans-serif capital letters.

**AED  
MAINTENANCE**

## Sample AED Tracking Sheet

AED Station Inventory - this list should be created by each AED coordinator specific to that faith community.

Basic supplies may include:

- One AED
- One user's guide
- 1 Set of electrodes (adult) and Child pads optional
- 1 installed battery
- 1 carrying case
- 1 - 2 CPR mouth barriers \*
- 1 razor \*
- 1 pair of scissors \*
- 2 sets of gloves (1 non-latex set) \*
- 4 x 4 gauze \*
- 2 Zipper-style plastic bags labeled "Hazardous Waste"

\* Available in separate package if desired or may be in First Aid Kit

### Location of AED Stations:

Station #1                              Device serial #: \_\_\_\_\_  
Location: \_\_\_\_\_

Battery Information: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Station #2                              Device serial #: \_\_\_\_\_  
Location: \_\_\_\_\_

Battery Information: \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Tip: Write the battery/pad expiration dates on the bottom of the AED log sheet.



## **Maintenance of the AED**

Refer and follow manufacturer's recommendations for the maintenance and care of your AED.

Each faith community can use this information as a guideline but needs to develop their own procedure of tracking supplies, location and maintenance checklist, based on the recommendations of the AED company supplier.

Documentation of tracking must be maintained by the AED Coordinator.

### **FOLLOW MANUFACTURERS RECOMMENDATION FOR CHECKS (WEEKLY, MONTHLY, ETC.) AND AFTER EACH USE:**

- A designated person will check the status indicator of the AED for readiness to use. (See user's guide for other signals)
- Ensure all supplies, accessories and spares are present and are in operating condition. Check expiration dates and any obvious signs of damage.

## Sample On-Site Maintenance Flow Record - Location

Date	1- Green Light	2 - Supplies	3- Unit	Problem and Action	Signature

- 1 - OK = Green light flashing
- 2 - OK = All supplies unused, sound, and not expired, including adult pads and battery
- 3 - OK = No cracks or other signs of damage noted on unit

# AFTER AN EVENT

# **What Does the Rescuer Need to do After the Event?**

## **Suggested Post-Use Procedure:**

Responder Post-Use Procedure:

Call: (Type AED Coordinator's Name)

Type: (Telephone and Pager Number and Cell Number)

***The AED Coordinator will do the following after each use of the AED:***

- **REVIEW INCIDENT AND PATIENT FORMS RELATED TO THE INCIDENT. IF NECESSARY NOTIFY THE CONGREGATION'S INSURANCE COMPANY.**
- Conduct incident debriefing as needed.
- Restock any used electrode pads, batteries, razors or gloves.
- Inspect unused supplies for any damage or old expiration dates.
- Remove and replace battery following the recommendations of the AED manufacturer.
- Clean the AED.

**THE RESCUER SHOULD PROVIDE WRITTEN DOCUMENTATION OF THE EMERGENCY EVENT TO THE COORDINATOR. THIS MAY INCLUDE THE INFORMATION ON THE AED USE PATIENT RECORD AND THE INCIDENT REPORT FORMS YOUR CONGREGATION HAS DETERMINED ARE NECESSARY. A POLICY AND PROCEDURE MAY BE BENEFICIAL.**

**EACH TEAM SHOULD DEVELOP A POST-INCIDENT CHECK LIST. PART OF THE AED COORDINATOR'S RESPONSIBILITY, HOWEVER, IS TO CHECK/REVIEW THIS WITH YOUR CONGREGATION'S INSURANCE CARRIER.**

**THE RESCUER MAY HAVE DIFFICULTY PROCESSING THIS TRAUMATIC EVENT. PROFESSIONAL AND SPIRITUAL SUPPORT IS OFTEN NECESSARY.**

**PLEASE REFER TO THE SECTION ON "DEALING WITH STRESS AFTER A RESUSCITATION EFFORT" FOR MORE INFORMATION.**

**Incident Report – (Insert Name of Congregation)**  
**(Complete immediately after AED is used)**

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_  
Patient's Age: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_  
Patient's Address: \_\_\_\_\_ (if known)

**Please circle Yes (Y) or No (N) to the following:**

- Did someone witness the incident?  
If so, list witnesses names and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_

- Time of the incident \_\_\_\_\_
- Was CPR done before EMS arrived? \_\_\_\_\_ Y \_\_\_\_\_ N
- List names and phone numbers of rescuers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Did the patient have a history of heart trouble? \_\_\_\_\_ Y \_\_\_\_\_ N
- Did the patient have a history of a previous heart attack? \_\_\_ Y \_\_\_\_\_ N
- **Is the patient on any heart medicines?**  
If yes, please list medicines: \_\_\_\_\_

\_\_\_\_\_

- Did the patient ever become responsive? \_\_\_\_\_ Y \_\_\_\_\_ N
- What was the outcome? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Form completed by:

\_\_\_\_\_ (Print your name) \_\_\_\_\_ (Your signature)

Date completed: \_\_\_\_\_ Time: \_\_\_\_\_

**Please give this form directly to:**  
**Pastor \_\_\_\_\_ or AED Coordinator \_\_\_\_\_**

*Thank you for taking time to complete this valuable information for our files. You are protected under the Good Samaritan Law. This information is Confidential.*

**Sample AED Use Patient Record**  
(Complete immediately after AED is used)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Apartment: \_\_\_\_\_

Did anyone witness the sudden cardiac arrest incident?  Yes  No  
Please list witness information.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Unit #: \_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ Telephone: \_\_\_\_\_ Alt Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Unit #: \_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ Telephone: \_\_\_\_\_ Alt Telephone: \_\_\_\_\_

**Situation information**

Did patient have a history of heart trouble?  Yes  No  
Did patient ever respond?  Yes  No

**List Names of Rescuers.**

Name: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_

**Briefly describe what happened and any problems.**

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Thank you for taking time to complete this valuable information for our files. You are protected under the Good Samaritan Law. **This information is Confidential.**

**Please give this form directly to:**

---

## **DEALING WITH STRESS (After a Resuscitation Effort)**

If you practice in an area of the health care profession that regularly comes in contact with acutely sick or traumatically injured patients, then you know what death is. You meet death regularly with your patients and through a series of emotional experiences learn that neither you, nor the medical profession (with all its advances), nor your patients control the outcome of a resuscitation attempt.

The vast numbers of lay persons now taking CPR -AED training do not know of this experience and inner struggle. Recognized curriculums rarely discuss unsuccessful resuscitation efforts. Some patients' hearts are just too sick to, no matter how strong the links in the chain of survival. The civilians motivated to take CPR - AED training come from many walks of life. They have limited understanding of human physiology and cardiovascular disease process.

It is a rare act of courage that causes a trained CPR-AED responder to step forward and perform during a resuscitation attempt. The lay person may question their CPR-AED skill. The anxiety and emotions stirred up in the lay responder will range from indecision to euphoria, from self-doubt to personal blame. In a faith-based community, belief in God, Jesus Christ and the Spirit may often provide solace and understanding of these complex issues of life and death. It is wrong however to universally expect that faith alone can address the physical symptoms of stress.

### **Some Common Signals of a Stress Reaction**

#### **COGNITIVE**

Confusion  
Difficulty making decisions  
Lowered concentration  
Memory dysfunction  
Poor problem solving  
Intrusive images  
Nightmares

#### **PHYSICAL**

Excessive sweating  
Dizzy spells  
Increased heart rate  
Elevated blood pressure  
Rapid breathing  
Chest pain  
Fatigue

#### **EMOTIONAL**

Emotional  
Anger  
Depression  
Feeling overwhelmed  
Hopelessness and helplessness  
Guilt  
Grief

#### **BEHAVIORIAL**

Changes in ordinary patterns  
Changes in eating  
Decreased personal hygiene  
Withdrawal from others  
Prolonged silences  
Hyper-alert to environment  
Increased use of self-medication

The stress any rescuer (lay or professional) experiences may have a negative impact on their mental attitude or physical wellbeing. If these feelings and physical symptoms are not addressed, they may spill over, affecting not only the lay responder, but the responders' relationships with family, friends and the congregation. It is for this reason we must consider the need for post resuscitation support of the lay responder. A faith-based community ministers to those in need. There are proven methods for dealing with the reactions of the body and mind to stress. A process known as Critical Incident Stress Management (CISM) discusses the adverse effects that some experience

following a critical incident reaction (a normal reaction to an abnormal situation). Long available to emergency service and trauma health professionals, the benefits of CISM are now recognized for their beneficial effects in the lay civilian population. Regardless of the patient outcome, support for the responder will help ensure that adverse stress reactions are appropriately identified and these effects minimized.

The Southwest Ohio Critical Incident Stress Management (SWOCISM) Team consists of competent International Critical Incident Stress Foundation approved trained peers, mental health professionals, and chaplains. Your local Fire/EMS service organization can assist in providing the services of SWOCISM.



# SAMPLE POST INCIDENT EVALUATION FORM

As the rescuer, please answer the following questions:

1. Were you able to find the equipment you needed rapidly?  
YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

2. Did you have everything you needed with the incident – equipment, personnel to help, etc.  
YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

3. Did you have to use the AED?  
YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

4. Did you need any additional equipment? If so, what?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any suggestions that will help us if another emergency incident occurs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this form when completed to the AED Coordinator**

**NOTE: Reports should be utilized ONLY if approved by the congregation's liability insurance provider.**

**SAMPLE  
POLICIES,  
PROCEDURES &  
EMERGENCY  
PLAN**

**Stratford Heights Church of God**  
Policies and Procedures for Medical Emergencies

No: 3.1

Title: Legal Issues Date: 6-18-09

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**Policy Statement**

- Leaders will be identified to be a part of the AED Team based on medical background, current leadership positions and willingness to be a part of the team.
- All those who are a part of the AED Team must have current training on the use of the AED and basic CPR.
- All members of the AED Team will be made aware of the Ohio Good Samaritan Law.
- All members of the team will be made aware of the policies and procedures developed for the AED program.
- The church insurance company will be notified of the purchase of the AED and consulted for further policy instructions.
- Trainings will be offered yearly for current and new members.

**Purpose**

- Identify the protocol for identifying members of the AED Team.
- Identify the need and frequency of training for CPR and AED.
- Provide information to the AED Team of the current Ohio Laws in regards to AED usage.

**Procedures**

- The AED Coordinator will be an RN with a current Ohio Nursing License.
- The AED Coordinator will identify members for the AED Team along with the advice from the pastor, health ministry coordinator and lead usher.
- The AED Coordinator will call and inform those identified of the need for the program as well as asking them to be a part of the team and training (if needed).
- The AED Coordinator will conduct a yearly meeting with the AED Team to inform them of policy changes.
- The AED Coordinator will work with the church administrative team to set up the yearly CPR and AED training. This may also need to be coordinated with the health ministry coordinator and lead usher.
- The AED Coordinator will work with the church administrative team to pursue the current church insurance company requests for policies for the AED program.

# Stratford Heights Church of God

## Policies and Procedures for Medical Emergencies

No:4.1

Title: Medical Response Team Date: 6-18-09

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### Policy Statement

- Leaders will be identified to be a part of the Medical Response Team based on medical background with at least a current registered nurse licensure in the state of Ohio and willingness to be a part of the team.
- All those who are a part of the Medical Response Team must have current training on the use of the AED, basic CPR and have read the American Safety and Health Institute First Aid Guidelines.
- All members of the Medical Response Team will be made aware of the current church liability insurance coverage.
- All members of the team will be made aware of the policies and procedures developed for the AED program.
- The church insurance company will be notified of the Medical Response Team and consulted for further policy instructions.
- All those working in the ministry will be encouraged to maintain their own liability insurance.
- All those involved will be instructed to abide by the recommendations set by the International Parish Nurse Resource Center that the ministry should not perform invasive procedures such as accu checks, distributing medication, or dressing changes, etc.
- Medical Response Team will be instructed to assess, diagnose, identify the outcome, treatment plan, implementation of plan, coordination of care, and evaluation per the Faith Community Nurse Scopes and Standards of Practice.
- The lead usher will be given a picture of all those involved on Medical Response Aid Team.
- The Medical Response Team will be informed of all paperwork to be completed and maintained after an incident.

### Purpose

- Identify the protocol for identifying members of the Medical Response Team.
- Provide information to the Medical Response Team of the guidelines for treatment to be provided during an emergency.
- Provide the ushers with a list and photos of those who are on the Medical Response Team.

## Procedures

- The AED and Medical Response Coordinator will be an RN with a current Ohio Nursing License.
- The Medical Response Coordinator will identify members for the AED Team along with the advice from the pastor, health ministry coordinator, and lead usher.
- The Medical Response Coordinator will call and inform those identified of the need for the program as well as asking them to be a part of the team and training (if needed).
- The Medical Response Coordinator will conduct a yearly meeting with the First Aid Team to inform them of policy changes.
- The Medical Response Coordinator will work with the church administrative team to pursue the current church insurance company requests for policies for the First Aid program.
- During an event:
  - the lead usher will identify a registered nurse available to assess the emergency
  - the lead usher will provide needed equipment for the responding nurse such as stethoscope, BP equipment, first aid kit
  - the responding nurse or physician will become the coordinator of care the parishioner
  - the responding nurse or physician will gather both subjective and objective data make a referral based on collected data
  - If first aid is to be initiated, the care coordinator will use the American Safety and Health Institute Guidelines
  - The incident will then be reported to the Medical Response Coordinator or the Health Ministry Coordinator
  - The event will be charted and kept on file for seven years in a locked cabinet at the church.

# **Stratford Heights Church of God**

## Policies and Procedures for Medical Emergencies

No: 5.1

Title: AED Information/Maintenance Date: 6-18-09

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### **Policy Statement**

- Leaders will be identified to be a part of the AED Team based on medical background, current leadership positions and willingness to be a part of the team.
- All those who are a part of the AED Team must have current training on the use of the AED and basic CPR.
- All members of the AED Team will be made aware of the Ohio Good Samaritan Law.
- All members of the team will be made aware of the policies and procedures developed for the AED program.
- The church insurance company will be notified of the purchase of the AED and consulted for further policy instructions.
- Trainings will be offered yearly for current and new members.
- Equipment will be maintained by the AED Coordinator.
- The guidelines for maintenance will be followed as set by the Philips – HeartStart Owners Manual.
- Supplies for the AED will be maintained by the AED Coordinator.

### **Purpose**

- Identify the protocol for identifying members of the AED Team.
- Identify the need and frequency of training for CPR and AED.
- Provide information to the AED Team of the current Ohio Laws in regards to AED usage.
- Quality assurance of AED program and equipment.

### **Procedures**

- The AED Coordinator will be an RN with a current Ohio Nursing License.
- The AED Coordinator will identify members for the AED Team along with the advice from the pastor, health ministry coordinator, and lead usher.
- The AED Coordinator will call and inform those identified of the need for the program as well as asking them to be a part of the team and training (if needed).
- Only those with a current CPR and AED training will be advised to use the AED in an emergency situation unless instructed by the 911 operator. A note stating – “Trained Responders Only” will be placed on the device.
- The AED Coordinator will conduct a yearly meeting with the AED Team to inform them of policy changes.

- The AED Coordinator will work with the church administrative team to set up the yearly CPR and AED training. This may also need to be coordinated with the health ministry coordinator and lead usher.
- The AED Coordinator will work with the church administrative team to pursue the current church insurance company requests for policies for the AED program.
- The AED Coordinator will check the device every two weeks to insure its quality assurance for use and record the results on the On-site Maintenance Flow Record located near the AED device. Monitor the green light to insure that it is still flashing, monitor supplies, monitor the unit, any problems or actions taken, and provide the date and signature as indicated.
- The AED Coordinator will see that the device has both children and adult pads available.
- The First Aid Kit will be kept with the device at all times and maintained by the AED Coordinator.
- Both the AED and the First Aid Kit will be hooked together with breakaway locks. They will be locked to the holding cage as well with the same type of lock. The AED Coordinator will assess the locks for tampering at each quality assurance check.
- If the device needs trouble shooting, the AED Coordinator will use the HeartStart Onsite Owner's Manual for assistance and directions on page 5-1.
- The owner's manual is available at the same location of the policy and procedure manual in the church office.
- The battery, pads, and first aid equipment expiration dates will be monitored by the AED Coordinator.
- The event:
  - Those trained will respond to the person in need.
  - If there is no responder the ushers will identify a trained person to respond
  - The first responder will assess the Airway, Breathing, and Circulation of the parishioner in need and begin CPR if needed. Look for medical identification jewelry such as DNR, diabetes, and allergy status. After the assessment, if the parishioner needs to be moved for CPR, the ushers and responding team will move the person to a safe hard surface such as the floor.
  - During the assessment phase the lead usher will call 911 and see that the AED and First Aid kit is delivered to the incident site. This needs to occur very quickly, because the longer a person is without O2 the chance of recovery is reduced.
  - If needed, the ushers will empty the isles and pews of those nearest the incident.
  - All those who are trained should respond to the incident and assist with evacuation and with whatever else is needed.
  - CPR will be continued and the AED will be used as trained by the Ohio Safety and Health Education, Inc or other nationally recognized organization.
  - After the incident, the responder will complete the patient record form and the event evaluation form and give to the AED Coordinator or Health Ministry Coordinator within 24 hours of the event.
  - After the incident, the Rev. Frank Nation will be notified for a post incident meeting with all those involved within 24 hours of the incident or during the next church service.

**Stratford Heights Church of God**  
Policies and Procedures for Medical Emergencies

No: 6.1

Title: After the Event

Date: 6-18-09

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**Policy Statement**

- The rescuer will complete the proper paperwork and notify the AED Coordinator of the incident.
- The Rev. Frank Nation will conduct a post event counseling session.
- All paperwork will be reviewed.
- The equipment and first aid kits will be restocked.

**Purpose**

- Inform the rescuer of the proper post event protocol.
- To reduce stress caused by resuscitation efforts.
- Provide the rescue team with a support system.

**Procedures**

- The rescuer or care coordinator will complete the Patient Record and will give the information to the AED Coordinator.
- The AED Coordinator will keep the Patient Record and provide follow up care as needed. The record will be kept at the church in a locked file system.
- The AED Coordinator will notify the Rev. Frank Nation of the incident.
- The Rev. Frank Nation will conduct a post event counseling session with all those involved in the incident within 24 hours of the event or during the next church service – whichever comes first.
- The team will also complete a post event evaluation form.
- All records and information concerning the event will remain confidential. All rescuers are to keep information about the event confidential as well.
- The AED Coordinator will:
  - Review patient forms related to the event and notify the congregation's insurance co.
  - Restock any used electrode pads, batteries, razors or gloves.
  - Inspect unused supplies for any damage or old expiration dates.
  - Remove and replace battery following the recommendations of the AED manufacturer.
  - Clean the AED.



# Stratford Heights Church of God

## AED Use – Evaluation

AS THE RESCUER, PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. Were you able to find the equipment you needed rapidly?

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Did you have everything you needed with the incident – equipment, personnel to help, etc?

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Did you have to use the AED?

Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Did you need any additional equipment?

Yes  No

If so, what? \_\_\_\_\_  
\_\_\_\_\_

5. Do you have any suggestions that will help us if another emergency incident occurs?

Yes  No

If so, what? \_\_\_\_\_  
\_\_\_\_\_

**Return this form when completed to the AED Coordinator – Rhonda Johnson BSN, RN**

# Stratford Heights Church of God

## AED Use – Patient Record

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Apartment: \_\_\_\_\_

Did anyone witness the sudden cardiac arrest incident?  Yes  No

Please list witness information.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

### Situation information:

Did the patient have a history of heart trouble?  Yes  No

Did the patient ever respond?  Yes  No

Was CPR done before the EMS arrived?  Yes  No

Did the patient have a history of a previous heart attack?  Yes  No

### List Names of Rescuers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

### Briefly describe what happened and any problems:

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Thank you for taking the time to complete this valuable information for our files. You are protected under the Good Samaritan Law. **This information is Confidential.**

**Please give the completed form to Rhonda Johnson, BSN, RN or Freda Perkins, RN.**

**The Church of St. Charles Borromeo  
Kettering, Ohio**

**Emergency Response Plan**

**August 2012**



## **PREFACE**

The protection and safety of our parishioners and visitors in the event of an emergency is a priority here at St. Charles Borromeo Church.

Recognizing the importance of this mission and as a means of satisfying this objective, our Health Ministry committee and select professionals with expertise in community safety have developed an emergency plan for review and adoption.

I believe that this resulting document addresses the key aspects of how to deal with many types of emergencies in sufficient detail to make this a functional plan. As a working document, it should also serve as a suitable framework for updates as our needs and circumstances change.

I ask that all church staff and volunteers cooperate with the plans presented in this document so that they will be better prepared for any emergency.

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# EMERGENCY RESPONSE PLAN (ERP) OBJECTIVES

This Emergency Response Plan (ERP) has been created to adequately protect our facilities, personnel, and visitors. Since every church is unique, each emergency response plan is unique. The following plan pertains only to St. Charles Borromeo Church. This plan outlines a strategy to prepare for, respond to, mitigate, and recover from an emergency that affects the parish community.

The Emergency Response Plan for St. Charles Borromeo Church has the following primary objectives:

- To save lives and prevent injuries
- To promote a fast, effective action in responding to emergencies
- To minimize loss of church property
- To restore conditions to normal with minimal confusion

For the above objectives to be accomplished, it is vital that the parish be prepared to respond effectively in times of emergency. Therefore, the pastor, the pastoral staff, all employees and ministry leaders should:

- Familiarize themselves with the ERP
- Be prepared to activate the ERP immediately
- Perform any duties to which they are assigned to assure the plan's effectiveness
- Provide awareness of the plan to the parish
- Offer ongoing training as appropriate

## Emergency Definition

An emergency is an unexpected occurrence, either natural or man-made, that requires immediate action to save lives, minimize injuries, alleviate suffering and/or protect property.

## Scope

The Archdiocese of Cincinnati is ultimately responsible for all St. Charles Borromeo buildings, land and property. The parish staff will commit all available resources to save lives, minimize injuries to persons, and minimize damage to property. If St. Charles Borromeo does not possess the tactical assets to deal with some emergencies, it will rely on the City of Kettering to provide services such as police, fire, and ambulance.

Periodic training of staff and volunteers is required. The emergency plan needs to be communicated throughout the parish community and practiced periodically. In addition, the emergency plan should be shared with the Diocese of Cincinnati and local officials to ensure mutual understanding and the implementation of expected actions during various emergencies.

St. Charles Borromeo Church and the Archdiocese of Cincinnati are responsible for maintaining the parish facilities in a safe condition to minimize the potential for injury to persons and provide safe egress from structures. Every effort is made to ensure that the facilities meet all local building code requirements, are periodically inspected for unsafe conditions, and are repaired, as necessary.

This plan focuses on emergencies within the St. Charles Borromeo Church building. The St. Charles School maintains its own, complementary emergency plan.

Building maintenance issues are normally non-emergency events and do not fall within the scope of this plan.

### **Review**

This plan is a dynamic document. It will be reviewed annually. In addition, changes will be incorporated into the plan as they are identified.

## **ASSIGNMENT OF RESPONSIBILITIES**

### **Duties of Parish Business Manager**

The Business Manager is a paid full time position on the staff of St. Charles Borromeo, reporting to the Pastor of the parish. The Business Manager is responsible for maintaining the parish facilities in a safe functioning condition and coordinates all maintenance, repair, and improvements to the property of St. Charles Borromeo. This requires working closely with diocesan organizations to ensure timely completion and payment of work. The Business Manager also coordinates procurement of goods and services in preparation for responding to emergencies during normal parish operations.

- Collaborate with the pastor, pastoral staff, employees and ministry leaders to implement the Emergency Response Plan
- Order and monitor drills and training
- Provide copies of the ERP to staff
- Support a process to keep the ERP viable
- Communicate with designated personnel to monitor emergency warning information sources
- Cooperate with community groups interested in emergency preparedness
- Provide a copy of the ERP to all ministries that use church facilities
- Designate an Emergency Operations Center, Gathering Place and Shelter and provide maps identifying these locations

### **Duties of the Pastoral Staff**

In addition to individual emergency roles and responsibilities, each member of the pastoral staff must ensure that all participants in church ministries, meetings and activities become familiar and comfortable with the Emergency Response Plan.

The pastoral staff includes the following:

- Pastor
- Parochial Vicar
- Permanent Deacons
- Business Manager
- Pastoral Associate
- Director of Faith Formation
- Coordinator of Sacramental Preparation
- Youth Minister
- School Principal
- Parish Nurse

### **Duties of the Parish Nurse**

- Maintain a master copy of the Emergency Response Plan in the parish office
- Maintain a current list of contact information for the church staff and keep it with the master copy of the ERP



- Maintain a supply of first aid equipment in the marked cabinets of the hospitality room, nursery, working sacristy, and the Borromeo Room
- Assist with communications during an emergency

### **Duties of Building Custodians**

- Assume responsibility for the safety of the physical plant during an emergency
- Report structural defects to the Business Manager or emergency personnel
- Assume responsibility for the inspection and maintenance of fire extinguishers and fire-fighting equipment
- Maintain a supply of emergency tools in each building
- Chart shutoff valves and switches for gas, water, and electricity (Appendix A)
- Periodically test the functioning of all emergency lighting and exit lights, fire alarms, and smoke detectors in all buildings

### **Duties of Other Staff and Volunteers**

Because it is difficult to anticipate who will be at the parish facilities during an emergency, it is necessary that many individuals understand and can implement emergency procedures. This Emergency Response Plan is a training tool and a reference document for employees and regular volunteers of St. Charles Borromeo.

Employees include, but are not limited to:

- Priests and deacons
- Regular visiting priests
- Parish pastoral staff
- Church office staff
- Parish auxiliary staff

Volunteers include, but are not limited to:

- Religious education teachers
- Youth ministry leaders
- Children's liturgy leaders
- Ushers who regularly serve at Mass
- Eucharistic ministers
- Ministry group heads and leaders who use the church for meetings at least once per month
- Lectors and cantors

# TRAINING

Preparedness activities focus on training and having information available for potential emergencies. Training is essential to an effective ERP. This section outlines the training needed to ensure that all employees and volunteers become thoroughly familiar with the elements of the ERP and their responsibilities and duties. The training program will be implemented initially when the initial plan is completed and annually thereafter. Training will also be given to new staff and volunteers and when the ERP procedures are updated or revised.

Based on the type of response an individual may be required to provide, two levels of training will be available.

## Level 1 Training

Level 1 training will be provided for individuals who will be first responders during an emergency.

### Topics

- Emergency Response Plan – Emergency Responses
- First Aid certification
- CPR (for both adults and children)
- Automatic external defibrillator (AED) (for both adults and children)
- Fire safety, equipment operation and location
- Other responsibilities
- Evacuation drills

### Participants

- All full-time staff
- Volunteers from Religious Education
- Volunteers from Youth Ministry
- Ushers

## Level 2 Training

Level 2 training will be provided for individuals who would support response activities during an emergency.

### Topics

- Emergency Response Plan – Emergency Responses
- Fire safety, equipment operation and location
- Other responsibilities

## **Participants**

- Regular and recurring visiting priests
- All Religious Education teachers
- All Youth Ministry teachers
- Cantors and lectors
- Eucharistic Ministers
- Music ministry leaders
- Sunday school teachers
- Children's Liturgy of the Word coordinators
- Ministry group leaders who meet regularly at the church
- Any individual who routinely works with groups of children at the parish, such as the nursery staff

## **Frequency of Training**

- Emergency Response Plan - Emergency Responses. At a minimum, training and re-training on the plan will take place annually. Each ministry group will schedule training with the parish nurse.
- First Aid/CPR/AED. Training for these courses will be conducted by an individual certified by an outside organization, such as the American Heart Association or the American Red Cross. The parish nurse will arrange several sessions throughout the year and notify individual ministries of the schedule. Re-training of individuals will be offered as required by the certifying agency..
- All employees should review the ERP annually; new employees should review it when employment begins.

## EMERGENCY RESPONSES

Response activities include emergency procedures, emergency equipment procedures, evacuation procedures, utility shutdown procedures, and reporting/notification procedures. All activities are to be conducted calmly and promptly, with a focus on preventing further harm or damage. The nature of the response will depend on the characteristics and requirements of the situation. The ERP will be activated as required to cope with the specific situation. Priority will be given to the following operations.

During the emergency

- Disseminating information, warnings, emergency information
- Surveying and evaluating the emergency situation
- Conducting evacuation and/or rescue operations as required
- Directing response personnel and materials
- Providing for the care and treatment of injuries
- Providing direction and control of people and site traffic
- Implementing health and safety measures

Following the initial emergency

- Providing for immediate needs (such as food and lodging) of displaced parishioners
- Providing spiritual comfort and support
- Responding to the media
- Providing information to parish personnel
- Continuing to cooperate with all emergency personnel until the crisis has been fully resolved

# EMERGENCY PROCEDURES

## *Medical Emergency*

- Assess the situation. STAY CALM. If the situation is unsafe for you initially or at any time, seek safety and call 911.
- Identify the nature of the emergency. Determine if it is a life-threatening illness or injury. Err on the side of caution. ALWAYS attend to the ABCs of CPR (airway, breathing, circulation).
- Examine the victim for a medical ID and other pertinent information.
- Designate someone as your assistant.
- For potentially life threatening situations, always call 911(dial 8 for an outside line) or request someone to call 911 for you and provide all required information. Follow the dispatcher's directions.
- Have someone retrieve the automatic external defibrillator (AED). It is located in the atrium by the front door/fire extinguisher near the hospitality room.
- Have someone retrieve the First Aid Kit. It is in the marked cabinet in the hospitality room.
- If possible, move the victim to a more accessible isolated location such as the hospitality room or the choir room. Keep the area clear of spectators. This allows for less confusion, less embarrassment to the victim and better access to medical equipment. DO NOT MOVE THE VICTIM WITH A BACK OR NECK INJURY OR IF OBVIOUS FURTHER INJURY COULD BE INCURRED.
- Use gloves anytime you are dealing with any type of body fluids.
- Designate someone to meet the EMS and to assist emergency personnel if necessary.
- **A MEDICAL INCIDENT REPORT MUST BE COMPLETED AND KEPT ON FILE. PARISH LEADERSHIP AND THE INSURANCE MUST BE NOTIFIED.**
- Follow up after the incident with the victim/victim's family in case further information is needed.

## **Equipment Locations**

- The **AED** is located in the atrium by the exit door near the hospitality room.
- A **First Aid Kit** is located in the marked cabinet in the hospitality room, nursery, and the working sacristy.

## ***Fire/Explosion***

- Follow the general procedures for medical emergency as needed, including calling 911.
- Evacuate all persons from the fire/explosion area to the designated evacuation area (Appendix B). Follow evacuation procedures.
- Assign volunteers to direct emergency vehicles to the emergency site as outlined in the evacuation procedures.
- Assign volunteers to keep parking areas clear for emergency vehicles.
- Attempt to control or extinguish any fire by retrieving the nearest fire extinguisher (Appendix A) and applying its contents to the fire only under the following conditions:
  - You are not currently caring for children or responsible for evacuating people to safety.
  - The fire appears to easily be controlled or extinguished.
  - You have been trained and understand how to properly use a fire extinguisher.
  - Someone is assisting you as you use the fire extinguisher.
  - Smoke in an enclosed area is not dangerous to you.
  - You can safely use the extinguisher without endangering yourself or others.
  - Using the extinguisher will prevent the fire from becoming larger and creating a greater hazard or damage.
- If using the extinguisher is not successful and it is safe to do so, confine the fire by closing all doors to the area as you leave, ensuring that no one is still in the area. This may keep the fire from spreading.
- Do not allow reentry to the building.

**IF THE BUILDING IS TO BE EVACUATED, ALL ROOMS MUST BE CHECKED TO MAKE SURE THERE ARE NO OCCUPANTS.**

## ***Chemical/Biological Emergency***

- Follow the general procedures for medical emergency as needed, including calling 911.
- Keep people calm.
- Try to determine whether the threat is airborne, coming from inside the building or from outside the building.
- If the threat is from inside the building, follow the evacuation procedures.
- If the threat is from outside the building, close and seal all windows and doors. Keep people calm until help arrives.

**IF THE BUILDING IS TO BE EVACUATED, ALL ROOMS MUST BE CHECKED TO MAKE SURE THERE ARE NO OCCUPANTS.**

## **EARTHQUAKE**

- Most important, remain calm and keep others around you calm.

- Do not move until the quake has ended—unless an immediate structural threat is detected.
  - During Mass or any large gathering, the person using the microphone (priest, cantor, choir director or lector) should instruct individuals not to move until the earthquake has stopped.
  - Direct people to move away from windows and from under items suspended from ceilings such as lighting above the altar and lighting fixtures.
  - Find protection in or under the pews or heavy furniture.
- Do not run outside.
- Keep children calm.
- Once the shaking has stopped, inspect the exits to verify they are clear.
- Quickly assess for injuries and any damage to the immediate room.
- If the quake was significant or if instructed to do so by other persons in charge, direct people to slowly move toward the exits (Appendix A) to the evacuation area away from the buildings (Appendix B).
- Do not allow anyone to reenter the building.

**IF THE BUILDING IS TO BE EVACUATED, ALL ROOMS MUST BE CHECKED TO MAKE SURE THERE ARE NO OCCUPANTS.**

### ***Tornado***

Upon notification of a tornado warning for the area of St. Charles Church (City of Kettering, Montgomery County, Ohio), occupants shall be instructed to take shelter in the following areas:

- Restrooms along the nursery hallway
- Office areas
- Charles Borromeo Room and the adjacent hallways and restrooms

Occupants should remain in the shelter areas until the “all clear” is given.

## ***Bomb Threat***

- Treat all bomb threats as credible
- Keep the person who received the bomb threat available for authorities to interview
- Do not touch anything suspicious—mail, packages, unclaimed property, or possible explosive devices—but do alert the authorities about such items
- Do not light matches, candles or cigarettes
- Do not touch power switches
- Do not use telephones, cell phones or two-way radios until a distance of 150 yards from the building or the suspicious device is reached
- Evacuate immediately. Move quickly and quietly. If applicable, bring a list of staff, participants, etc. with you
- Follow the predetermined escape route on evacuation maps (Appendix B)
- Gather at least 150 yards from the building or device (Appendix B)
- Call 911 once a distance of 150 yards from the building or device is reached. Give detailed information to authorities
- Attempt to prevent all evacuees from using cell phones, especially within 150 yards of the building or device
- Take attendance at the designated gathering place, if applicable
- Request that law enforcement make a search of the building
- Make required notifications to the parish leadership
- Do not re-enter the building until it has been cleared by law enforcement

**IF THE BUILDING IS TO BE EVACUATED, ALL ROOMS MUST BE CHECKED TO MAKE THERE ARE NO OCCUPANTS.**

**Primary Gathering Site:** Driveway on Alter property between main gym and auxiliary gym (Appendix B).

**Secondary Gathering Site:** Parking lot area behind St. Charles School (Appendix B).



## ***Armed Intruder/Violent Acts/ Disturbance***

### **Be Prepared**

- Always be aware of your surroundings
- Report unusual or suspicious behavior to parish leadership
- Learn where all emergency exits are located (Appendix A) and know your evacuation plan

### **Threat Inside the Building**

- Evacuate the building if it is safe to do so per the evacuation plan (Appendix A)
- Maintain order and move quickly and quietly
- Do not reenter the building

### **IF THE BUILDING MUST BE EVACUATED, MAKE SURE ALL ROOMS ARE UNOCCUPIED.**

If evacuation is not possible

- Lock and/or barricade yourself in a room to which the intruder has limited visibility
- Do not move until advised it is safe to do so by law enforcement personnel or another trusted individual
- Call 911 only if it is safe to do so and you are sure you will not be heard
- Remain quiet and calm

### **Threat Outside the Building**

- Remain inside the building
- Lock the doors and direct the maintenance or staff to shut off the ventilation system
- Move away from areas of danger (windows, doors) to a secure location inside the building
- Follow the instructions of emergency officials
- Remain calm

### **If You are Taken Hostage**

- Be patient, cooperative, calm and quiet
- Be observant
- Wait for law enforcement instructions

# EMERGENCY EQUIPMENT LOCATIONS AND PROCEDURES

## 1. Fire Extinguisher and Alarm Pull Locations

Refer to the map in Appendix B-Emergency Equipment Location.

Location	Fire Extinguisher	Fire Alarm Pull
Vestibule (area between main entrance doors)	X	X
Office area - inside hallway	X	X
Hallway to the nursery	X	X
Outside exit by the choir room	X	X
Both exits behind the alter	X	X
Pump room	X	
Day chapel exterior door	X	X
Across from Reconciliation room	X	
Charles Borromeo room - hallway to exterior exit	X	X

### How to Use Fire Extinguishers

**P** – Pull the pin

**A** – Aim at the base of flames

**S** – Squeeze the handle

**S** – Sweep from side to side and from front to back

### Alarm System

- The alarm system sensors are automatic, detecting abnormal heat levels. No manual intervention is required to activate them.
- Should the alarm system be activated accidentally, the parish staff has access to the fire system panel where the reset button is located.

## 2. Church Telephones

You must dial “8” first when using church telephones.

- Church office
- Hospitality room
- Choir room
- Nursery
- Vesting sacristy

## 3. Automatic External Defibrillator (AED)

The **AED** is located in the atrium by the exit door near the hospitality room. It can be used for both adults and children.

#### **4. First Aid Kits**

These kits contain first aid supplies and equipment.

- Hospitality room (in marked emergency cabinet)
- Nursery- (in the top left drawer of bureau)
- Working sacristy- (on the countertop)

#### **5. Emergency Kit**

This kit contains flashlights, light sticks, neon-green safety vests, emergency tools and supplies.

- Hospitality room (in marked emergency cabinet)
- Additional locations as needed

#### **6. Portable Loud Speaker**

Used to direct evacuees.

- Hospitality room (in marked emergency cabinet)

#### **7. Emergency Alert Radio**

The church emergency alert/weather radio is located in the marked hospitality room cabinet.

#### **8. Emergency Lighting**

In case of a power failure, emergency lights located throughout the building will automatically turn on.

# EVACUATION PROCEDURES

Always follow the general emergency procedures, which may vary based upon the type of emergency. If evacuation is necessary, follow the procedures outlined below.

## General Evacuation Procedures

- In the event of a fire/smoke alarm, evacuate the premises first. Then, if no fire or smoke is obvious, assign two people to inspect the facilities for the cause of the alarm.
- Follow evacuation maps.
- Proceed to the nearest safe aisle or hallway to exit.
- Proceed to the designated gathering area and wait for further instruction
- Do not proceed to your vehicle until instructed to do so. This will keep lanes open for emergency vehicles.
- Do not reenter the building.

In the event of power failure or darkness, use emergency kit flashlights/light sticks to direct people to the evacuation area. Staff and volunteers should know the location of the nearest emergency kit.

## Evacuation of the Church During Mass

- The celebrating priest will announce that everyone should evacuate the building to the designated area and wait for further instructions from the ushers.
- The head usher directs the other ushers or trained volunteers to put on the neon-green safety vests located in the hospitality room “emergency cabinet” to indicate their leadership position to evacuees.
- The head usher leads the following activities:
  - Locate the portable loud speaker in emergency cabinet in the Hospitality room.
  - Lead evacuees to the evacuation area. Repeat the following message to the evacuees: **“Proceed to the \_\_\_\_ area. Do not go to your cars.”**
  - Clear the parking lot lanes for emergency vehicles. Use the portable loud speaker if possible.
  - Look for and direct emergency vehicles to the emergency site.
  - Assist evacuees with restricted mobility.
  - Prevent reentry to the building(s) until the emergency has ended.
- After everyone has been evacuated, and only if it is safe to do so, the head usher or a designee should make one last inspection to ensure no one has been left in the building.
- The head usher should follow the reporting procedures described in the Incident Management section (page 60).

## **Evacuation of Handicapped Individuals, Children and the Elderly**

During an emergency requiring evacuation, it is essential that the pastoral staff members, parish employees, and/or designees first assist those who are most vulnerable.

At all times, special attention and assistance must be given to children, the elderly and handicapped individuals.

## **Evacuation Maps**

Parish employees and leaders must be familiar with this emergency plan and the evacuation maps. Refer to Appendix A and B.

## **Evacuation Drills**

Drills are a key component of preparedness. Not only do they familiarize individuals in charge with what to do in an emergency, they help untrained individuals, particularly children, understand emergency procedures.

There are few situations at the church where individuals are present on a regular basis. Although Mass is regularly attended, it is not suitable for conducting drills due to its sacred nature and the duration of time individuals are present for the service. However, usher training will include a mock evacuation drill of the church.

Drills should also be held annually for all staff and volunteers. Upon completion of each drill, an evaluation of performance should be made. When possible, drills should include groups supplying outside services such as the Kettering fire and police departments.

# INCIDENT MANAGEMENT

During an emergency, the line of command is as follows:

- The Business Manager is in charge until emergency response personnel arrive.
- If the Business Manager is absent or becomes incapacitated before the arrival of emergency response personnel, then the pastor or next in the chain of command must assume the duties of executing the Emergency Response Plan. The chain of command is:
  1. Business Manager
  2. Pastor
  3. Pastoral staff member
- A designated spokesperson will communicate with the emergency personnel, families and the media as required.

## Notification Duties for All Employees in an Emergency

The individual who identifies any life-threatening emergency is to call 911 immediately. The permission of parish leadership is not necessary. However, parish leadership should be notified of the emergency as soon as possible.

Staff members/parish employees must also monitor all doors to assure no one reenters the building(s) until the emergency has ended. If the building is to be evacuated, all rooms must be checked to make sure there are no occupants.

## Follow-up Reports

All emergencies, no matter how small they are, must be reported. At the earliest possible opportunity following an emergency, the following reporting procedures should be used:

- Notify the Pastor, as appropriate.
- The Pastor notifies the Parish Business Manager.
- The Parish Business Manager notifies the Archdiocese and the insurance claims office.

For medical emergencies, a **Medical Incident Report** form must be completed and submitted to the parish nurse. Blank forms are located in a binder stored with the First Aid supplies in the Hospitality room. Refer to Appendix C for a sample form.

# EMERGENCY TELEPHONE NUMBERS

For all emergencies, dial 911 or call the City of Kettering Police and Fire Department at 937-296-2555.

## Telephone Locations

Phones are available in the following locations. (See Appendix A)

- Church office
- Hospitality room
- Choir room
- Nursery
- Vesting sacristy

Note: You must dial “8” **first** when using all church phones.

## Building Maintenance

Building maintenance includes unsafe building conditions and problems with:

- Leaks and drainage
- Building temperature
- Lighting

Usually, maintenance requests are non-emergency events.

To make maintenance requests or reports, contact one of the following.

- Parish Business Manager, Chris Rauch
  - Call 434-6081x223.
  - Send email to [crauch@stcharles-kettering.org](mailto:crauch@stcharles-kettering.org).
- Call the Maintenance Supervisor, Bob McNabb, at 603-7172.

## Other Important Numbers

**PASTOR:** Fr. Haemmerle 434-6081

**CHURCH OFFICE:** 434-6081

**KETTERING POLICE DEPARTMENT:** 296-2555

**KETTERING FIRE DEPARTMENT:** 293-2151

**AMBULANCE:** 296-2151

**POISON CONTROL CENTER:** 222-2227

**KETTERING MEMORIAL HOSPITAL:** 298-4331

**MONTGOMERY COUNTY WATER:** 781-2687

**DAYTON POWER & LIGHT:** 1-877-468-8243

**VECTREN GAS:** 1-800-909-7668

# COMMUNICATIONS

## Media Communications

All questions from the media should be referred to the Pastor or the Business Manager.

## First Line of Communications

It is likely that the primary communication systems, such as telephones and public address or intercom systems, will be operational in most emergencies. They should be used to contact emergency response personnel and to make announcements inside the church as needed.

## Secondary Communication Devices

If the primary communication systems are not functional, secondary communications systems, such as cellular phones, two-way radios, and messengers, must be employed.

Two-way radios: For the purpose of secondary communication, two-way radios are located in the St. Charles school. Electrical devices should not be used in emergencies such as a bomb threat or gas leak.

Cellular phones: Cell phones may also be a reliable means of communication during an emergency event. During a bomb threat, cell phones should not be used within 150 yards of the building or device. All staff members have access to the cell phone list.

Messengers: As a last resort, a person or persons may be designated to serve as messengers between buildings provided it is safe to do so.

Emergency radio: The church emergency alert radio is located in the marked hospitality room cabinet.

## Disaster Communications

In the event of a community disaster, we will communicate with parishioners and staff in the following ways.

Staff: Phone tree manual or automated system

Parishioners: TV/Radio closing broadcasts

## Emergency Plan Awareness

We will share the plan with members of the staff, church leadership, volunteers, and parishioners. We will communicate our emergency plans with parishioners and staff in the following ways:

- Let them know the plan was developed out of a sense of care for their well-being as well as the entire parish.
- Help them understand that by developing this plan our parish will be better able to respond to a potential catastrophic event.
- Use small group settings and other creative ideas to communicate the plan.
- Publish the plan on the parish Web site.



- Maintain copies of the plan in the parish library and the hospitality room (in the cabinet with the First Aid Kit).

## **IMPORTANT LOCATIONS**

Refer to Appendix B for maps with these locations.

### **Evacuation Gathering Sites**

Use these sites for bomb threats or gas leaks/explosions since they are more than 150 yards from the church building.

Primary Location: Driveway on the Alter property between the main gym and the auxiliary gym  
Secondary Location: Parking lot/playground area behind St. Charles School

### **Disaster Designated Gathering Places**

Primary Location: Church parking lot (between the church building and St. Charles School)  
Secondary Location: St. Charles School  
Tertiary Location: Alter High School

### **Disaster Designated Shelters**

Primary Location: St. Charles School  
Secondary Location: Alter High School  
Tertiary Location: YMCA

## **POST EMERGENCY OBJECTIVES**

In the wake of an emergency event, the parish nurse, along with the pastor, staff, and employees will continue to provide appropriate assistance such as:

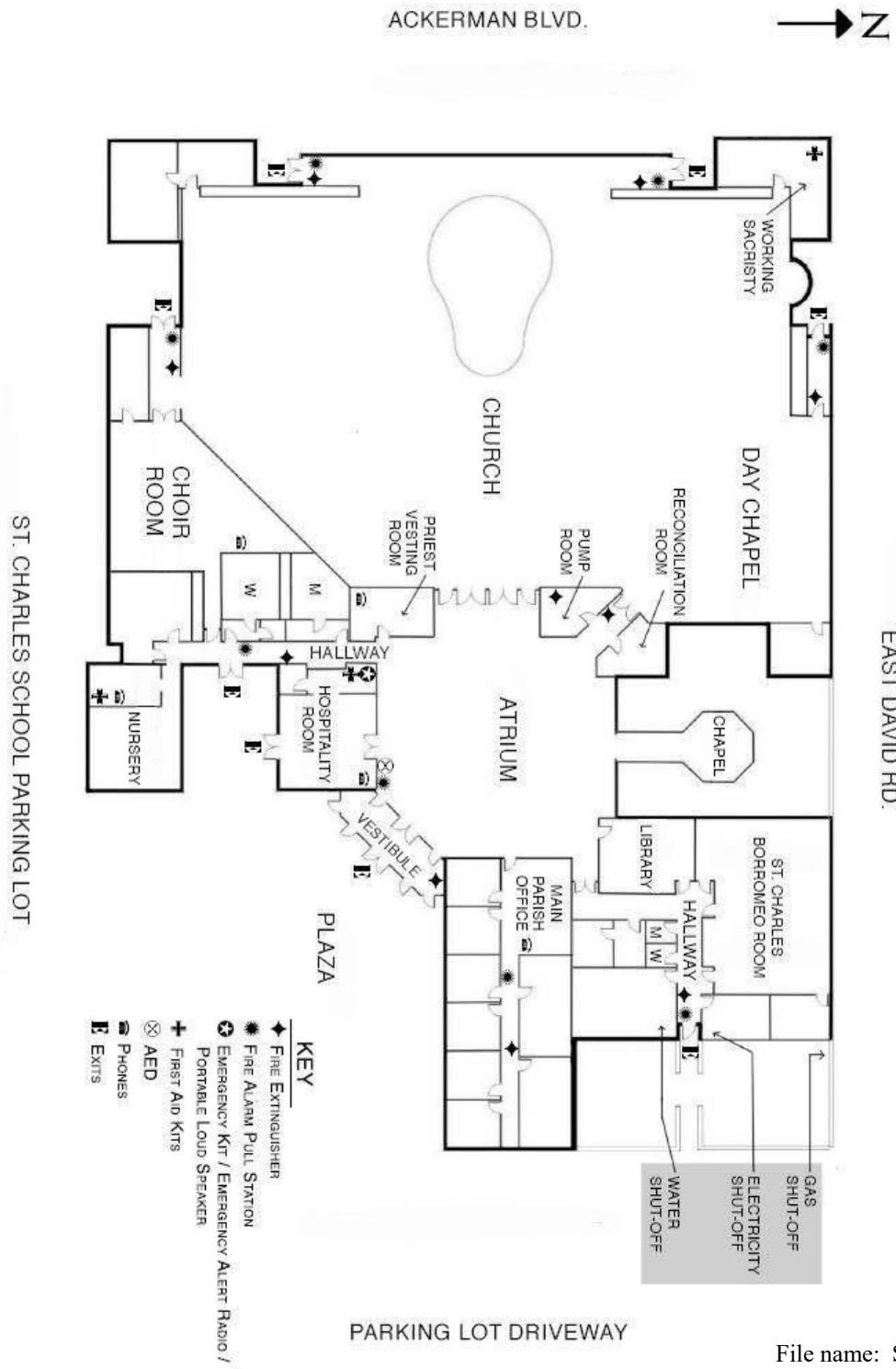
- Continuing pastoral care to families and victims
- Keeping the diocese and local media representatives updated and communicating with each as appropriate
- Directing those in need to community and ecclesial relief resources
- Providing shelter and comfort if possible and applicable
- Preserving records and creating a detailed record of the emergency event
- Continuing cooperation with emergency agencies as requested
- Creating a plan for long term recovery from the incident if needed

### **Recovery**

Parish operations should return to normal as soon as possible. The parish staff, working with the Archdiocese of Cincinnati, is responsible for recovery of the physical condition of the parish, including property and structures. The parish staff and designated volunteers may coordinate with appropriate local, state, federal, and American Red Cross officials to implement assistance programs and establish support priorities as needed. The post-emergency period has six primary objectives, which may overlap. These objectives are:

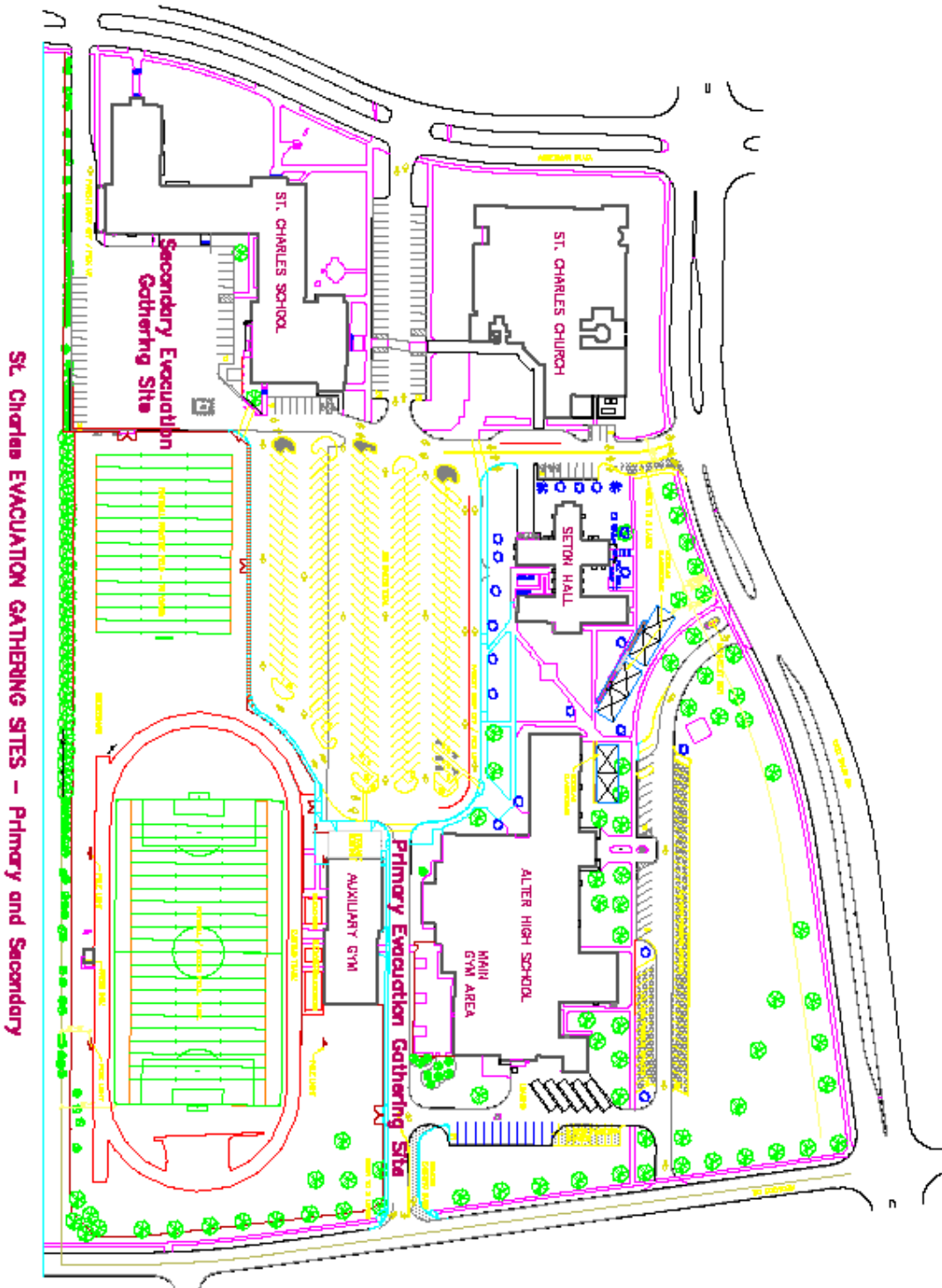
- Uniting family members
- Restoration of parish services
- Permanent restoration of parish property
- Identification of residual hazards
- Plans to mitigate future hazards
- Recovery of costs associated with response and recovery efforts

# Appendix A: Emergency Equipment, Shut Off Valves, Evacuation Exits

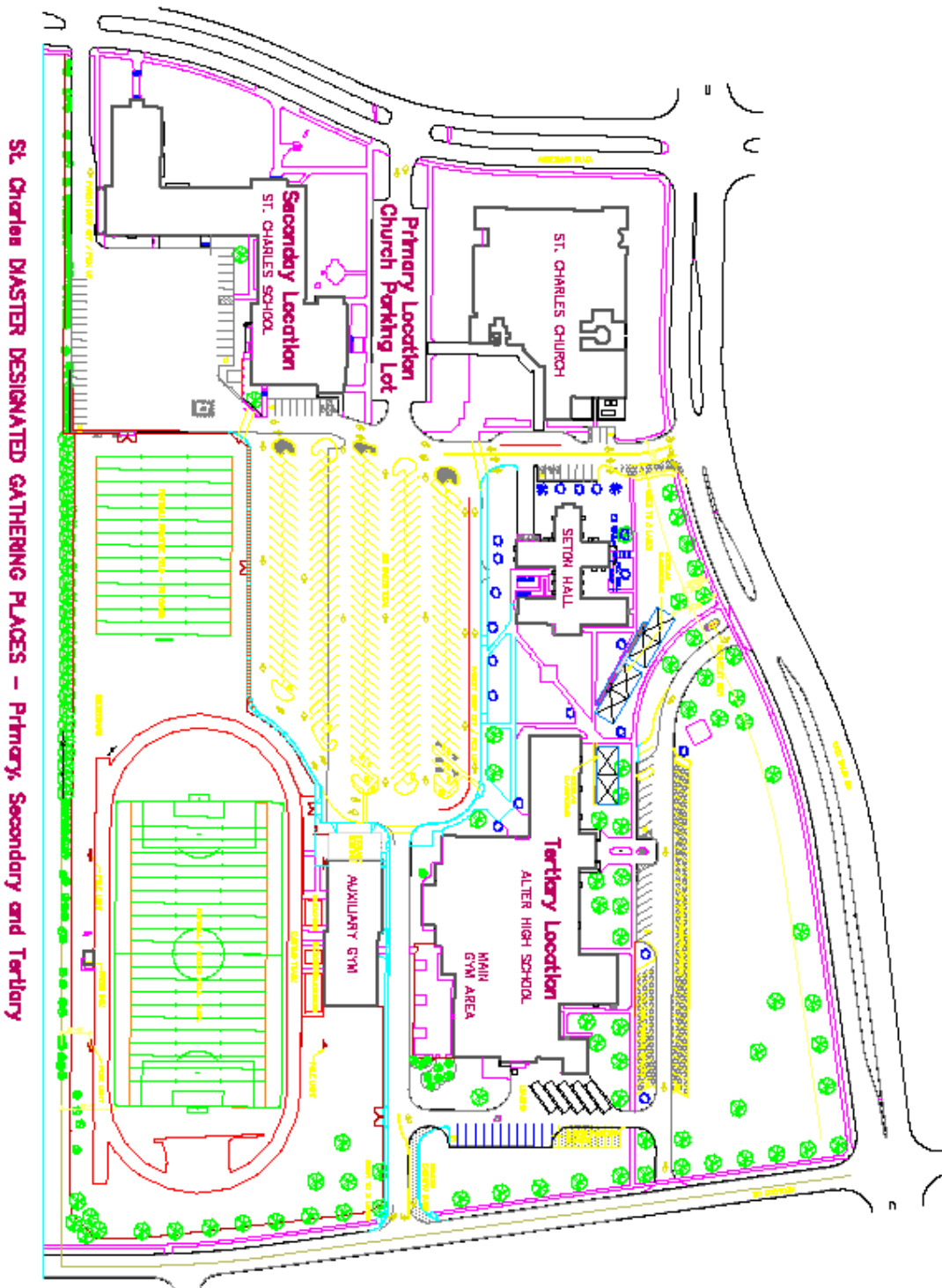


File name: St. Charles Church Plan

**Appendix B: Maps of Gathering Sites, Places, Shelters**  
Evacuation Gathering Sites



# Disaster Designated Gathering Places





Disaster Designated Shelters



## Appendix C: Medical Incident Report Form

A Medical Incident Report form must be completed following any medical emergency. Blank forms are located in a binder stored with the First Aid supplies in the Hospitality room.

MEDICAL INCIDENT REPORT	
TODAY'S DATE _____	
TIME OF DAY _____	LOCATION OF INCIDENT _____
PATIENT'S NAME _____ DATE OF BIRTH/AGE _____	
ADDRESS _____ CITY _____ STATE _____ ZIP _____	
PHONE NUMBER _____	
FAMILY PRESENT _____ FAMILY /PERSON NOTIFIED _____ PH. # _____	
DESCRIPTON OF WHAT HAPPENED _____	
_____	
_____	
ACTION TAKEN: _____	
<b>SAMPLE REPORT FORM</b>	
_____	
_____	
WAS CPR/AED USED BEFORE EMS CALLED _____ WAS 911 CALLED _____	
PATIENT'S CONDITION	
CONSCIOUS _____	FALL – CAUSE IF KNOWN
CAN TALK _____	DIZZINESS _____
BREATHING _____	LOSS OF BALANCE _____
BLEEDING _____	TRIPPED _____
BROKEN BONE _____	MEDICATIONS: Blood pressure _____
MEMORY LOSS _____	Heart _____
VOMITING _____	Seizure _____
OTHER _____	Blood thinner _____
	Diabetic _____
	Other _____
PREVIOUS MEDICAL HISTORY:	
Heart _____ Stroke _____ Seizure _____ Diabetic reaction _____	
ALLERGIES: (IF KNOWN) _____	
PATIENT REFUSED TREATMENT _____	
PATIENT REFUSE TRANSPORT BY EMS _____ WITNESS (name) _____	
PERSON COMPLETING THIS FORM _____	
THIS FORM TO BE RETAINED AT ST. CHARLES BORROMEO 4500 ACKERMAN BLVD., KETTERING, OHIO 45429 (INFORMATION SUPPLIED TO INSURANCE UPON REQUEST)	

## ERP DOCUMENT UPDATE RECORD

<b>Date</b>	<b>Revision</b>	<b>Changes</b>
August 2011	Updated working draft	Text edit, formatting, map samples



# RESOURCES

## **AED/CPR** **Training Programs for Your Congregation**

Training is available, for a fee, through:

(For National Organizations, go to their website to locate the nearest local office)

- The American Heart Association, Dayton Office – [www.heart.org/Hearorg/](http://www.heart.org/Hearorg/)
- The American Red Cross, Dayton-Area Chapter – [www.redcross.org](http://www.redcross.org)
- Ohio Safety and Health Education (OSHE) (888) 546-4617 or [contact@ohioaedcpr.com](mailto:contact@ohioaedcpr.com)
- May be available through your local Fire Department

### **Useful Websites for Resources, Equipment & Supplies**

- AED Superstore: [www.AEDSuperstore.com](http://www.AEDSuperstore.com)
- American Safety & Health Institute: [www.hsi.com/ashi](http://www.hsi.com/ashi)
- American Heart Association: [www.heart.org](http://www.heart.org)
- American Red Cross: [www.redcross.org](http://www.redcross.org)
- National Center for Early Defibrillation: <http://www.early-defib.org/>
- National Safety Council: [www.nsc.org](http://www.nsc.org)
- Ohio Safety and Health Education (OSHE) <http://www.ohioaedcpr.com>

Additional sites can be found on-line by searching Yahoo or Google with “AED” or “Automated External Defibrillators.”

Newspaper article:

## ***It Was In God's Hands'***

### **Germantown Pastor Collapses, Brought Back To Life**

By Rick McCrabb

Staff Writer

Monday, March 05, 2007

GERMANTOWN — The marquee outside Crestview Church of God in Germantown says, "He was dead, but now he lives."

Easter — when the greatest resurrection is celebrated — is next month. But actually the sign refers to the church's pastor, the Rev. Dan Hess, who collapsed during a recent service, and was considered dead, killed by heart disease at 42.

Then, depending where you stand on the faith fence, Hess was saved medically or miraculously.

"I've seen death before," said church member Karen Robinson, who — along with two others — performed CPR and mouth-to-mouth on Hess. "And he had it on him."

"The man was gone."

Because of the inclement weather on Feb. 18, Crestview combined its regular 10 a.m. and 6 p.m. Sunday services into a 1 p.m. service.

Hess was "extremely friendly" that day, and promised one parishioner he'd be home in time to watch the Daytona 500, Robinson said.

Early in the service, Hess felt ill, and asked a deacon to meet him in the hallway at the rear of the church.

"Something wasn't right," he said.

Hess and the man prayed, then, without warning, he collapsed in the narrow hall.

"Call 911!" the deacon screamed in the church. "Pastor went down."

Robinson, her daughter-in-law Lori Robinson, a nurses' aid, and Joe Hester, on leave from Iraq, ran to Hess' aid.

Karen Robinson, 46, of Farmersville, said Hess appeared to have a seizure. He had no heartbeat, no pulse.

"Nothing," she said. "It was very frightening."

The stunned congregation was advised to pray for Hess. CPR was performed, then Germantown police arrived, and used a portable defibrillator to start Hess' heart.

No beat. "It didn't look good," Robinson said.

He was shocked again. Nothing. Then more CPR. His heart started beating, "an absolute miracle," Robinson said.

He was transported to Sycamore Hospital in Miamisburg, then transported to Kettering Medical Center. A heart catheter revealed 95 and 100 percent blockage in two of his arteries. Two stents were inserted.

He was released from the hospital after five days. He hasn't preached, per doctor's orders, and will make his first appearance Sunday in church.

"Words can't describe, pens can't write how I feel," he said. "My words will have to come from my heart."

A beating heart free of blockage.

Contact this columnist at (513) 705-2842 or [rmccrabb@coxohio.com](mailto:rmccrabb@coxohio.com).

Permission to use this article given by Rich McCrabb – Aug. '07 with thanks to ***Middletown Journal***

## News article

### Churches Invest in Shocking Hearts Back to Life

Nov. 23, 2004

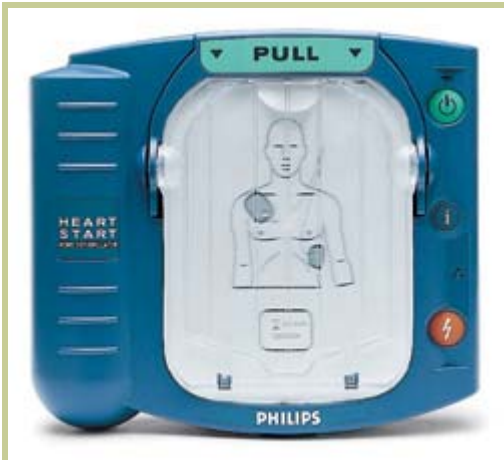
**A UMC.org Feature**

**By Lynne Bevan DeMichele\***

The band had just finished a lively rendition of “Alexander’s Ragtime Band” at Zionsville (Ind.) United Methodist Church when Helen McKnight collapsed, unconscious, against her 25-year-old grandson. Her heart had stopped.

Her son, Bob McKnight, was playing in the band that night when he saw his 92-year-old mother slump over against John McKnight. He raced to get the defibrillator he knew the church had just bought. Seconds later, her heart was beating again, shocked back into action by a doctor at the concert who used the church’s automated external defibrillator. “The Lord’s hand was really into this,” Bob McKnight said. “She had never had a heart attack.... The doctor at the emergency room said that had (we) not had the AED, she would have died.”

If no doctor had been on the scene, McKnight could have shocked his mother’s heart, since he was the first layperson at the church trained to use the new equipment three months earlier. The church plans to have the entire staff, youth leaders, drivers and ushers trained as well, he said. Certified AED training is provided locally by the Red Cross and the American Heart Association and can be completed in around three hours.



Fifty thousand cardiac-related deaths could be prevented each year in the U.S. if automated external defibrillators, like this one, were widely available.

#### **No Long Caption Available for this Story**

Those first moments after a heart stops are most critical for survival, and a shock – defibrillation – should be delivered within just five minutes. The American College of Emergency Physicians warns that every minute without it decreases the chance of survival. After 10 minutes – less time than it takes most ambulances to arrive – survival is highly unlikely. Each day without warning the hearts of more than 930 Americans stop beating, according to American Heart Association statistics. Every year, more than 250,000 people die of sudden cardiac arrest on the way to the hospital. And up to 50,000 of those deaths could have been prevented if defibrillators were widely available in public gathering places and people were trained to use the equipment. That’s why both the Heart Association and Red Cross encourage the purchase of defibrillators for places where crowds gather. The

devices are portable and compact – the size of a notebook – weighing about five pounds and costing around \$1,500.

Many churches in virtually every state are heeding that call.

When Margie Martinelli began work as a parish nurse last fall at Ingomar United Methodist Church in Franklin Park, Pa., one of her first priorities was to buy an AED.

Regular attendance at Ingomar's Sunday worship exceeds 500, and the church also has a preschool program for 400 kids. Because of those preschoolers, the church bought an AED fitted with extra paddles made for use with children. Even a little heart can stop due to anaphylactic shock from a bee sting, a severe food allergy or even a blow to the chest, Martinelli said.

"The AED will read the heart rhythm and tell you whether the patient requires a shock," she explained. "The machine walks you through the procedure."

With seed money from the annual conference, 18 more Central Pennsylvania United Methodist congregations so far have started defibrillation programs. Debbie Karns, chairman of the conference health ministries committee, wants an AED in every church. "It's insidious how heart disease can affect the young as well as older people ... with no signs or symptoms," she said.

Lois Slocum, parish nurse of Christ United Methodist Church in Bethel Park, Pa., agrees. Her church has more than 3,500 members and a schedule packed with classes, a food ministry, adult day care and many other programs. Slocum saw to the purchase of an AED a little more than two years ago, installing it at the back of the sanctuary. Now 21 members, including ushers for all services, have been trained to use it.

"With so many people coming through our door, I felt it was essential," she said. "The biggest challenge is keeping people trained," she added. Red Cross certification must be renewed every two years, so the church is providing a refresher session each year. All 50 states have defibrillator laws or regulations, and efforts are under way in many to include defibrillators in Good Samaritan laws. That would ensure that a responder could not be sued if he or she tried in good faith to save the victim's life and something went wrong. Helen McKnight's close call with sudden cardiac arrest made her a firm believer in defibrillators.

Almost immediately after she regained consciousness in the hospital last summer and learned what had happened, she wrote a check for the church to buy one more defibrillator.

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## *Being Prepared*

When the Adult Sunday school teacher at Salem Lutheran Church in West Alexandria could not teach on Sunday, June 14, 2009, a familiar face substituted for him that day. With his booming voice, Ralph, our beloved 73 - year old teacher, talked about being prepared in life's situations.

In the middle of the lesson Ralph paused, said "Oh Dear" and fell forward hitting a pew on his way down to the floor. Present in the class that morning were three members of our rural community's Emergency Squad and one RN. Immediately the EMT who was sitting in the front row was at Ralph's side and took control. The EMT had two men pull Ralph out from between the pews. The EMT checked Ralph's pulse, feeling nothing. Other members started CPR. The EMT ordered another EMT to call the squad and get the AED (Automated External Defibrillator). The EMT took scissors, cut open Ralph's shirt and applied the AED pads to his chest. As we watched and waited for the AED's analysis and instructions, other members of the class sat motionless, praying. Finally, the AED instructed, "Shock advised". The EMT pressed the button and the shock was administered. As we returned to our CPR protocol, we noticed Ralph was breathing and his pulse was faint. Within minutes Ralph opened his eyes and asked, "What happened"? As his son told us later, "Dad was talking when the Squad wheeled him out of the church and he didn't stop talking for the next 3 days in the hospital." The doctors told Ralph that he would not have lived without the AED.

As we look back we realize the impact of Ralph's lesson that day—Be Prepared!!! Over the past year we can see God at work in the circumstances that led to that one moment. Almost a year prior to this event, the Vice-President of the Women's group had applied for a grant from the Good Samaritan Health Ministries Program AED Project for assistance in purchasing an AED. Initially we were denied, but thanks to the Vice President's persistence, and re-application we received the grant and were able to purchase the AED. In addition to the Congregation's EMTs and nurses, eight other members of Salem received the training in CPR and AED protocol. After the events of June 14, we realized we were prepared "for such a time as this" (Esther 4:14).

Just two weeks after being resuscitated in church, Ralph returned to our Sunday school class and told us about his prayer the night before that amazing morning. Ralph said he was scheduled to go to The Ohio State University (OSU) for further evaluation of his heart condition but he did not want to go. He told God "I am tired of fighting these medical problems. I want it fixed now!" Twelve hours later he fell during that Sunday school lesson, he was resuscitated by his fellow church members, went to the hospital and three days later went home with a pacemaker and internal defibrillator. God answered his prayer in a powerful way with His perfect provision, preparation and timing for "for such a time as this" (Esther 4:14).