PLANNING FOR MEDICAL EMERGENCIES

A RESOURCE GUIDE FOR

CONGREGATIONS
# Table of Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>AED Use in Faith Communities Taskforce Member Roster</td>
<td>2</td>
</tr>
<tr>
<td>Prayers</td>
<td>3-6</td>
</tr>
<tr>
<td>Questions and Answers</td>
<td>7-9</td>
</tr>
<tr>
<td>Legal Issues</td>
<td>10-14</td>
</tr>
<tr>
<td>Basic First Aid Guidelines</td>
<td>15-20</td>
</tr>
<tr>
<td>AED Information</td>
<td>21-23</td>
</tr>
<tr>
<td>AED Maintenance</td>
<td>24-27</td>
</tr>
<tr>
<td>After an Event</td>
<td>28-34</td>
</tr>
<tr>
<td>Resources</td>
<td>37-42</td>
</tr>
</tbody>
</table>
Introduction

For a number of years now, interest in providing resources on basic first-aid, emergency preparedness and the use of AED machines has been growing amongst Health Ministry teams in our area faith communities.

In the fall of ’06 a taskforce was formed under the direction of the Good Samaritan Health Ministries Program to discern the best steps to take in creating a useful and comprehensive resource packet. After many months of work we are happy to provide you with this document.

It is important to note this was prepared by the AED Use in Faith Communities Task Force (a community based group) as part of an initiative which also includes a matching funds grant awarded to the Samaritan Foundation by the Physician’s Charitable Foundation of the Miami Valley to work with area faith communities in placing AED equipment.

Additionally, this resource is to be used as a guideline for your basic first-aid and AED use. The choice of 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 a Good Samaritan Hospital (GSH) instruction manual, nor by producing this resource should it be construed that GSH, the Health Ministry Program, its directors, officers, employees, medical staff or volunteers recommend or endorse the use of AEDs’ for any particular congregation.

As part of the research we have encountered many individuals who have graciously shared their ideas and documents on the same subject(s). A great deal of our information as well as the format for our packet originally came from Donna Carrico RNC, MS- Parish Nurse, and Thomas Shurtleff, Firefighter/Paramedic – both from Detroit, Michigan who created a similar resource for congregations in their area following the loss of a church member. The taskforce is grateful to both of them for allowing our use of their materials.

Lastly, 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.

Should you desire further information, please contact our office: 937-227-9452.

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Spring ‘08
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Jan. ‘08 AED Use in Faith Communities Taskforce
Sample Prayers and scripture references are included in this section for use at meeting, trainings, communication materials, etc.

Prayer of Service

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
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!

**Psalm 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
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) Two minutes of CPR (if alone), use of AED (not on infants under 1 year old.)
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 (eg, pad-cable systems or a key), to reduce the delivered energy to a dose suitable for children.

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.

AEDs should not be used on infants who are < 1 Years Old. Source - AHA Guidelines 2005

What is the cost of an AED?

The price of an 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 congregations. 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).
LEGAL ISSUES
What About Legal Issues?

In Ohio, rescuers are protected under House Bill 717, which follows. It authorizes performance of automated defibrillation and provides civil and criminal immunity. It is wise to check with denominations/states and your local governing agencies plus any 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. IT PREVENTS A RESCUER WHO VOLUNTARILY HELPED 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 WANT TO ENCOURAGE PEOPLE TO HELP OTHERS, THEY PASSED GOOD SAMARITAN LAWS.

YOU ARE GENERALLY PROTECTED FROM LIABILITY AS LONG AS:

1) YOU ARE REASONABLY CAREFUL;
2) YOU ACT IN “GOOD FAITH” (NOT FOR REWARD);
3) YOU DO NOT PROVIDE CARE BEYOND YOUR SKILL LEVEL.

IF YOU DECIDE TO HELP AN ILL OR INJURED PERSON, YOU MUST NOT LEAVE THEM UNTIL SOMEONE WITH EQUAL OR MORE EMERGENCY TRAINING TAKES OVER - UNLESS IT BECOMES A DANGEROUS SITUATION FOR YOU.
AN ACT

To enact sections 2305.235 and 3701.85 of the Revised Code to authorize performance of automated external defibrillation and provide civil and criminal immunity and to declare an emergency.

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That sections 2305.235 and 3701.85 of the Revised Code be enacted to read as follows:

Sec. 2305.235. (A) As used in this section:
(1) "Automated external defibrillation" means the process of applying a specialized defibrillator to a person in cardiac arrest, allowing the defibrillator to interpret the cardiac rhythm, and, if appropriate, delivering an electrical shock to the heart to allow it to resume effective electrical activity.

(2) "Physician" has the same meaning as in section 4765.01 of the Revised Code.

(B) Except in the case of willful or wanton misconduct, no physician shall be held liable in civil damages for injury, death, or loss to person or property for providing a prescription for an automated external defibrillator approved for use as a medical device by the United States Food and Drug Administration or consulting with a person regarding the use and maintenance of a defibrillator.

(C) Except in the case of willful or wanton misconduct, no person shall be held liable in civil damages for injury, death, or loss to person or property for providing training in automated external defibrillation and cardiopulmonary resuscitation.

(D) Except in the case of willful or wanton misconduct or when there is no good faith attempt to activate an emergency medical services system in accordance with section 3701.85 of the Revised Code, no person shall be held liable in civil damages for injury, death, or loss to person or property, or held criminally liable, for performing automated external defibrillation in good faith, regardless of whether the person has obtained appropriate training on how to perform automated external defibrillation or successfully completed a course in cardiopulmonary resuscitation.

Sec. 3701.85. (A) As used in this section:

(1) "Automated external defibrillation" has the same meaning as in section 2305.235 of the Revised Code.

(2) "Emergency medical services organization" has the same meaning as in section 4765.01 of the Revised Code.

(3) "Emergency medical service provider" means a person who is an "emergency medical technician-basic," "emergency medical technician-intermediate," "emergency medical technician-paramedic," or "first responder" as defined in section 4765.01 of the Revised Code.

(4) "Physician" has the same meaning as in section 4765.01 of the Revised Code.

(5) "Registered nurse" and "licensed practical nurse" have the same meanings as in section 4723.02 of the Revised Code.

(B) A person who possesses an automated external defibrillator shall do all of the following:

(1) Require expected users to complete successfully a course in automated external defibrillation and cardiopulmonary resuscitation that is offered or approved by the American Heart Association or another nationally recognized organization;

(2) Maintain and test the defibrillator according to the manufacturer's guidelines;

(3) Consult with a physician regarding compliance with the requirements of divisions (B)(1) and (2) of this section.
(C) A person who possesses an automated external defibrillator may notify an emergency medical services organization of the location of the defibrillator.

(D) A person who has obtained appropriate training on how to perform automated external defibrillation and has successfully completed a course in cardiopulmonary resuscitation may perform automated external defibrillation, regardless of whether the person is a physician, registered nurse, licensed practical nurse, or emergency medical service provider. When automated external defibrillation is not performed as part of an emergency medical services system or at a hospital as defined in section 3727.01 Of the Revised Code, an emergency medical services system shall be activated as soon as possible.

SECTION 2. This act is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health, and safety. The reason for such necessity is that more widespread use of automated external defibrillators will increase the chances of surviving sudden cardiac arrest. Therefore, this act shall go into immediate effect.
BASIC FIRST AID
GUIDELINES
BASIC FIRST AID GUIDELINES

EMERGENCY ACTION STEPS

1. ASSESS THE SCENE – IF THE SCENE IS UNSAFE OR AT ANYTIME BECOMES UNSAFE – GET OUT!
2. ASSESS THE VICTIM – VICTIM IS RESPONSIVE? IDENTIFY YOURSELF: ASK IF IT’S OK TO HELP. IF THE VICTIM APPEARS WEAK, SERIOUSLY ILL OR INJURED....
3. ALERT THE EMS (CALL 911) OR ACTIVATE EMERGENCY ACTION PLAN.
4. ATTEND TO THE ABC’S
   A = AIRWAY, OPEN AIRWAY. ASSURE THE VICTIM IS FULLY RESPONSIVE, ABLE TO KEEP AIRWAY OPEN AND CLEAR.
   B = BREATHING. ASSURE VICTIM IS BREATHING NORMALLY.
   C – CIRCULATION. LOOK FOR BLOOD PUMPING OR POURING OUT OF A WOUND. CONTROL IT WITH DIRECT PRESSURE. LOOK FOR NORMAL TISSUE COLOR. USE YOUR EXPOSED WRIST TO FEEL FOR BODY TEMPERATURE.
5. LOOK FOR MEDICAL IDENTIFICATION JEWELRY.
6. CHECK FOR BLEEDING

Source: American Safety and Health Institute
FIRST AID

ASSESS HEAD, NECK, CHEST, ABDOMEN, PELVIS AND ALL FOUR LIMBS.

D-O-T-S IS HELPFUL IN REMEMBERING WHAT TO LOOK FOR:

D EFORMITIES
O PEN INJURIES
T ENDERNESS
S WELLING

TO GATHER INFORMATION ABOUT THE VICTIM RELATED TO SIGNS AND SYMPTOMS AND MEDICAL HISTORY, THE WORD S-A-M-P-L-E CAN BE HELPFUL:

S SIGNS AND SYMPTOMS (SIGNS OF INJURY/SYMPTOMS OF ILLNESS)
A ALLERGIES (TO MEDICATION, FOOD, ENVIRONMENT)
M EDICATIONS (ILL OR INJURED PERSON IS TAKING)
P ERTINENT PAST HISTORY OF MEDICAL PROBLEMS
L AST ORAL INTAKE OF EITHER LIQUID OR SOLIDS
E VENTS THAT MAY HAVE LED TO THE ILLNESS/INJURY

Source: American Safety and Health Institute (ASHI)
BASIC FIRST AID GUIDELINES

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 have a lot of people crowding around the person who needs assistance. There is a First Aid kit available in the usher’s closet if needed. Ask one of the ushers to call 911 if an ambulance is needed.

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.

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.

ELECTRIC SHOCK
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. Elevate feet. Loosen clothing. Call 911 if person is blue or remains unresponsive. Check for breathing and pulse – 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. If serious injury present, call 911. If no serious injury present, assist person in getting up.

FOREIGN OBJECT IN EYE
Wash hands before assisting person. Warn person not to rub eye. Tears sometimes wash the object out, or if it can be seen it may be removed with a clean cloth or facial tissue. If object cannot be removed, person should be taken to doctor or emergency room.

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 upright with head tilted slightly forward and chin toward chest. Have person squeeze nose from both sides for 3 minutes. If bleeding will not stop, person should be taken to doctor or emergency room.

SEIZURES
Keep the person safe by protecting them from hitting something. Do NOT restrain. Gently turn the person to one side. 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 blue or remains unresponsive, or if this is the FIRST seizure the person has had.
**VOMITING**
Move people away from area to give person more air. If person faints, position on side to prevent aspiration. Assist person to restroom or outside if needed. Use bucket and supplies to clean up area.

**DIABETIC CARE**
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, call 911.

**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.)

**RECOMMENDATIONS FOR A BASIC FIRST AID KIT**

- TWO PAIRS OF LATEX OR OTHER GLOVES
- CLEANSING AGENT/SOAP AND ANTIBIOTIC TOWELETTES TO DISINFECT
- STERILE ADHESIVE BANDAGES/BAND AIDS (ASSORTED SIZES)
- WATERPROOF ADHESIVE TAPE (1/2 INCH)
- STERILE PADS/DRESSING
- TRIPLE ANTIBIOTIC OINTMENT
- EYE WASH/CONTACT SOLUTION
- COTTON SWABS/QTIPS
- ANTI-BACTERIAL HAND SANITIZER
- ELASTIC BANDAGE (3 INCH)
- POCKET MASK

Source: American Safety and Health Institute (ASHI)
SAMPLE REPORT FORM FOR ALL ACCIDENTS OR INJURIES

Date of incident_____________________________________________________

Injured’s name _________________________________________ Age _____

Address __________________________ City _________ 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

NOTE: Reports should be utilized ONLY if approved by the congregation’s liability insurance provider.
AED Information
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 activated.

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
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:  ____________________________________________________

☐ Station #2
  Device serial #:  _______________________
  Location:  ____________________________________________________
Sample On-Site Maintenance Flow Record - Location

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<thead>
<tr>
<th>Date</th>
<th>1- Green Light</th>
<th>2 - Supplies</th>
<th>3- Unit</th>
<th>Problem and Action</th>
<th>Signature</th>
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</thead>
<tbody>
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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
What About Maintenance of the AED?

REFER AND FOLLOW MANUFACTURERS 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.
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: ____________________________
Address: ____________________________  City: __________________  ST: ___  Zip: ______
Telephone Number: (     )____________________

Name: ____________________________
Address: ____________________________  City: __________________  ST: ___  Zip: ______
Telephone Number: (     )____________________

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

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

<table>
<thead>
<tr>
<th>COGNITIVE</th>
<th>PHYSICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>Excessive sweating</td>
</tr>
<tr>
<td>Difficulty making decisions</td>
<td>Dizzy spells</td>
</tr>
<tr>
<td>Lowered concentration</td>
<td>Increased heart rate</td>
</tr>
<tr>
<td>Memory dysfunction</td>
<td>Elevated blood pressure</td>
</tr>
<tr>
<td>Poor problem solving</td>
<td>Rapid breathing</td>
</tr>
<tr>
<td>Intrusive images</td>
<td>Chest pain</td>
</tr>
<tr>
<td>Nightmares</td>
<td>Fatigue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMOTIONAL</th>
<th>BEHAVIORAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Changes in ordinary patterns</td>
</tr>
<tr>
<td>Anger</td>
<td>Changes in eating</td>
</tr>
<tr>
<td>Depression</td>
<td>Decreased personal hygiene</td>
</tr>
<tr>
<td>Feeling overwhelmed</td>
<td>Withdrawal from others</td>
</tr>
<tr>
<td>Hopelessness and helplessness</td>
<td>Prolonged silences</td>
</tr>
<tr>
<td>Guilt</td>
<td>Hyper-alert to environment</td>
</tr>
<tr>
<td>Grief</td>
<td>Increased use of self-medication</td>
</tr>
</tbody>
</table>

The stress any rescuer (lay or professional) experiences may have a negative impact on their mental attitude or physical well being. 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 affects 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.
Training Programs for Your Congregation

Training is available, for a fee, through:

- The American Heart Association (937-224-3571)
- The American Red Cross (937-222-6711) – see flyer in this section
- Ohio Safety and Health Education, Inc. (1-888-546-4617) – see flyer in this section
- May be available through your local Fire Department (Dayton 937-333-3473)

Useful Websites

☐ AED Superstore: www.AEDSuperstore.com

☐ American Safety & Health Institute: www.ashinstitute.org

☐ American Heart Association: www.americanheart.org
  www.cpr-ecc.org

☐ American Red Cross: www.redcross.org/services/hss

☐ National Center for Early Defibrillation: www.early-defib.org/index.html

☐ National Safety Council: www.nsc.org

☐ Public Access to Defibrillation www.padl.org

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

☐ Federal Guidance for Federal Buildings -
  http://www.foh.dhhs.gov/Public/WhatWeDo/AED/HHSAED.ASP


36
Ohio Safety & Health Education, Inc. is a local company that is dedicated to providing quality CPR, First Aid, and AED training to individuals, businesses, and organizations. Our Instructors are Firefighters, Paramedics, and Nurses who work and teach in the community.

We also offer the following services:

- AED Sales
- Safety Consulting
- Required OSHA Training
- Babysitter Courses
- Pet First Aid

Visit our website to learn more, or give us a call.

1-888-546-4617

http://www.osheonline.com

1059 Whitetail Drive
Fairborn, Ohio 45324
Invest in a Valuable Partnership today

SAVE MONEY
Your cost to teach the class as low as $16 per person.
Charge above that and then use the proceeds to raise money for
Missions, Youth Groups etc.
Offer to ALL MEMBERS!
Offer to First Responder Team
including Greeters, Childcare workers, Staff.
Teach classes at your church and use as Outreach within your community

Our “Train the Trainer/ Authorized Provider Program” option equips one or more of your church members
to become a Certified Red Cross Instructor. The process requires the following:
• Current Adult CPR/AED, Infant/Child CPR, First Aid Certification
• First Aid/CPR/AED Instructor Course (two-eight hour classes)
To review the current class offering or to register go to: www.dac.redcross.org/courses_new/inst_train.php

Other courses Authorized Instructors can offer:
• Babysitter’s Training – gives 11- to 15-year-olds the knowledge, skills and confidence to
care for infants and school-age children; and
• Family Caregiving – helps members of your community learn how to provide better care at
home, increasing caregiver confidence and improving outcomes.

Free Online Emergency Preparedness presentation
go to www.dac.redcross.org and click on
Be Red Cross Ready

FOR MORE INFORMATION, CONTACT KELLEY PARKER
AT 937-221-7528 or kparker@dac.redcross.org
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.

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

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 Kars, 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.

*DeMichele, a former communications director for the United Methodist Church in Indiana, is a freelance writer living in Gig Harbor, Wash. News media contact: Matt Carlisle, Nashville, Tenn., (615) 742-5153 or newsdesk@umcom.org.

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