

Establishing and Maintaining An Emergency Medical Response Team In a Place of Worship

An effective Emergency Medical Response Team can be very helpful in a place of worship, and can serve several functions, according to the needs of the church. An EMRT can:

- Provide assistance prior to the arrival of emergency responders.
- Provide first aid and assistance in the event of minor accidents or illnesses.
- Evaluate potential activities or situations that might present medical concerns for participants and make recommendations about them.
- Work in coordination with security team members and others at special events, providing oversight of conditions.
- Ensure the presence of adequate first aid supplies and equipment.
- Provide training and/or information to staff members and teachers about a variety of illness and accident related topics.
- Ensure proper safety measures are taken about body fluids or other bio-hazards.
- Add to the overall church outreach and safety and security program.
- Provide an increased level of comfort and assurance to the church family and guests.

If your place of worship has an insurance carrier that provides guidance about liability issues, they may have guidelines that can add to or reinforce the information in this document.

The primary steps to establishing an EMRT in a church are these:

1. Identify a lead team member who will work with church leadership to develop the team and their activities. If a church has one or more medical professionals as members those are usually the appropriate people to form the team and develop procedures and policies related to team activities. However, non-professional volunteers can be part of an EMRT as long as they limit their activities to the level of assistance any person could reasonably and safely provide, based on training and the situation.

Many churches find that non-professional volunteers are available more often to provide coverage at all services. If trained appropriately and retrained regularly, they can perform effectively and often are even more committed to expanding the program appropriately than are medical professionals.

2. Establish the role of the team and team members. This often evolves over time as the team changes or grows, but is a necessary starting point.

- What is the team expected to do?
- What is the team restricted from doing, except in extreme emergencies?
- How much time commitment will be involved?
- What knowledge and training level are necessary to fulfill the basic functions of the role?

Once these issues have been established it usually becomes clear that trained and skillful non-professionals can be effective even though professionals may be optimal.

Expand the role past the obvious: There is a temptation to think of EMRT members as primarily being stationed in the auditorium or sanctuary to be on stand-by in case of a medical emergency. This may be valid in some cases and may be all that is desired by church leadership.

However, this limited role may cause members to lose interest over time and discourage those who might think about volunteering. It also prevents the team from being as useful as they potentially can be. Lives can be saved and people helped in many ways that do not involve the most obvious medical emergencies.

A walk through of the church building and grounds can help disclose many opportunities for using EMRT as a resource or in a stand-by mode.

- Playgrounds and classrooms: Could staff members and teacher use information about immediate response to medical emergencies while waiting for assistance?
- Kitchen, restrooms and utility areas: Are there conditions that could be harmful or unsanitary?
- Child care and nursery: What training should helpers receive? Are diapers or other sources of bacteria being handled and disposed of safely?
- Baptismal area: Should an EMRT person stand-by during baptisms to assist if someone has an emergency or if there is an accident?
- Are there special medical needs within the congregation? If it is known that someone has a medical condition that might require emergency response, are EMRT people aware of it and aware of symptoms of an emergency and the best response while waiting for emergency assistance?

If the EMRT contains medical professionals there will be different options than if it does not—but there are many areas of health, safety and emergency response in which both professionals and volunteers can be helpful.

3. Establish training and retraining for general and church-specific needs.

Training needs can be determined by consulting with the insurance carrier, churches of similar size who have EMRTs, through Internet or other resources, and by considering the programs of the specific church and what medical responses are likely to be needed over time.

Medical professionals: If your team contains only medical professionals most training and certification will be taken care of through their own requirements.

Non-medical volunteers: However, if you have volunteers, it is reasonable that every person on the EMRT should be certified in CPR and other basic lifesaving responses, and should be recertified as needed. Without such basic training and refresher training team members may not be as helpful as needed.

Safety team: Some churches who do not have members who can serve on an EMRT team may find it helpful to have a Safety Team that can provide basic assistance until emergency help arrives. They are not an Emergency Medical Response team, but are at least can be prepared to provide help or serve as a resource in other ways. (Helping with cuts and scrapes on playgrounds, assisting someone who is feeling unwell in the restroom, and similar issues.)

- Other training can be provided in the format that works best for the time available, but should include at least some time on-site to consider specific EMRT operational issues:

- Where should members be seated during services?
- How can the EMRT be notified if there is an emergency outside of the sanctuary? (Classrooms, playground, offices, etc.?)
- How will communication between EMRT members be accomplished? (Portable radio, cell phone, voice only?)
- Does the on-site training bring up issues related to procedures, requirements or rules for any person, group or activity?

4. Determine an area that could serve as a private space for assistance, observation or conversation. Even though most EMRT activity will take place at the location where the incident occurs, not all requests or needs for assistance will be of that nature. It will be helpful to have a designated area to which people can be taken for further evaluation, first aid or conversation.

- It could be an unused office or classroom area, a corner of a larger room or even a restroom that is closed to the public when being used by the EMRT.

- Some churches are large enough to have a small space solely for EMRT supplies and a cot or one or two chairs for those needing assistance. If such a

space is used it must be kept clean and supplied between uses and locked to prevent loss of supplies or misuse of the space.

5. Determine what equipment and supplies will be necessary or useful.

Costs and reasonableness will have an effect on this issue. Among the items found useful in some places of worship (but not necessarily appropriate for all situations):

- One or more AEDs (Automated External Defibrillators)
- A wheel chair to assist someone who is unable to walk easily but not injured or ill to the point of needing an ambulance.
- Home monitoring blood pressure and pulse devices for use by volunteers, or stethoscopes and other professional quality items if there are professionals on the team.
- One or more blankets and a small pillow. (These must be washed or clean or the covering washed or cleaned after each use.)
- Bottles of water.
- Other supplies based on specific needs, perhaps changing according to events or seasons.
- All EMTR members should have a flashlight with them, in the event of power outages, smoke or the requirement to assist in areas with poor lighting.
- Latex or similar gloves and anti-bacterial wipes should be carried by all EMRT members and extras should be in the supply container.

Most churches simply have several First Aid kits with the usual supplies for use by teachers and staff as well as EMRT members. (A useful addition to those kits is a magnifying glass and a small flashlight to see splinters, torn nails, scrapes and small cuts.)

6. Establish procedures for the actions of EMRT members when assistance is needed. This will best be done by listing the types of emergencies and what response is required and what is not appropriate.

Note: In the cases of all major medical emergencies or when there is a question about the status of a situation, 911 should be called first. This is true even if there are medical professionals on the team. An ambulance should be on the way, if needed or if there is a doubt.

Potential emergencies or situations requiring EMRT assistance:

Heart attack.	Events involving children.
Stroke.	Events involving the elderly or high risk groups.
Burns.	When care is being given to someone of the opposite gender.
Unconsciousness.	When someone rejects assistance.
Fainting.	Medical emergencies involving a crime. (Assault, shooting, etc.)
Seizure.	Emergencies involving potential liability concerns (sports, falls on church grounds, etc.).
Pregnancy related care or emergencies.	Response during natural emergencies.
Fever or other illness.	
Contagious disease.	
Electrocution or lightning.	
Mental or emotional emergencies.	
Small injuries (scrapes, bruises).	

7. Establish a procedure for keeping a record of EMRT actions. This is vital for liability purposes as well as historical record.

- At a minimum the records should contain the person for whom assistance is provided, the EMRT member, the time, date, location and a description of the situation and what action was taken and advice was given. If possible and reasonable the person being provided assistance should be asked to sign the response log to indicate the accuracy of the information.

- If the emergency involves an accident in or on church property or involving church equipment an immediate and complete record must be made either by EMRT members or others. The area should not be changed until photos of the location and conditions are taken. Any statements made to EMRT responders or others should be noted.

8. Set up a schedule to ensure that all regular church services have EMRT members present. This may only require one person or several, according to the size and setting of the place of worship.

- The schedule should show location of the team members so that pastors and other church leaders can be notified ahead of time about the location of EMRT members, if that is desired.

9. Develop the EMRT as an effective group under the guidance of church leaders. Team effectiveness requires a level of cohesiveness as well as understanding the value of their commitment. The EMRT leader can work with church leadership to help establish and maintain this sense of camaraderie and purpose within the group.

It is especially important that EMRT members feel they are representing church leaders and are under their authority, not functioning autonomously. This is usually not a problem, but even small problems may be prevented this way.

10. Keep the team and the program fresh. Some churches will have needs for EMRT responses every service or every few services while others may primarily use the EMRT as a safety and wellness resource. Whatever the situation, it is important that EMRT members stay active and enthused about their roles.

Outreach programs. EMRT members can:

- Sponsor a wellness seminar or fitness clinic
- Host a blood donation drive,
- Set up a health service vaccination day
- Arrange training for new parents
- Develop nutritional information in conjunction with seniors programs
- Become resources for other issues related to the physical needs of members and visitors.

Stay trained and expand their knowledge and skills: Another way to ensure that EMRT members stay committed is to provide training—often it can be found within the congregation or the community, for free or minimal charge.

- Meet with paramedics to discuss best practices prior to the arrive of assistance.
- Get information from a physician, nurse, rehab counselor or other specialist about symptoms of drug overdoses, diabetic reactions or other medical conditions.
- Get training about how to deal with the aftermath of a medical emergency when they and the families of those being treated might be vulnerable to stressful or emotional reactions.
- Meet with EMRT members from other congregations in the community.
- Communicate regularly with EMRT members in congregations outside the area, then share the information or questions that might be asked.

Summary

An Emergency Medical Response Team can be much more than a group of people who wait for a major medical emergency. Developing the team as an active resource will not only benefit the congregation and church leaders but will add another positive element to the overall church safety and security program.