

Guidelines for Response to Medical Crises			
Source: Hospitality Coordinators	Authority: Standing Committee on Worship	Original Approval Date: October 10, 2004 Last Review Date: -	Next Review Date: May 2014
<p>Purpose of Policy:</p> <p>To provide guidelines for responding to medical crises which may occur during worship services and other events in the church building at which supervision is provided by the congregation.</p>			
<p>Theological Rationale:</p> <p>When the church family welcomes friends and others into our building, we owe them our willingness to act as good hosts. Faithful hospitality includes readiness to respond in the event that one of our members or guests is injured in an accident or becomes ill while in our midst.</p>			

1.0 Guiding Principles

- 1.1 No policy should replace 'common sense'.
- 1.2 Any policy dealing with medical urgencies or emergencies must assume that there may not be health care providers or persons trained in the administration of first aid, CPR etc. available to assist with any situation.
- 1.3 The church should never place itself in a position of potential liability as a result of any policy.
- 1.4 All persons ultimately have responsibility for their own health, except in circumstances where the person is unable to make decisions or communicate them.
- 1.5 In any medical crisis, it is essential that a single individual assume responsibility for managing the situation and that this responsibility be acknowledged.
- 1.6 It is better for those who respond to a perceived medical crisis to err by overestimating the severity of the situation than to risk harm to the individual by underestimating it.
- 1.7 For this reason, in any situation where there is even the appearance of a medical crisis, an ambulance should be called so that the medical assessment may be done by qualified paramedics.
- 1.8 In a medical crisis, the affected person's greatest chance of a good outcome is to get to hospital without delay. Even if a health care provider attends the situation, the absence of equipment and necessary treatments limits the success of any intervention.
- 1.9 If a patient refuses transportation to the hospital by the paramedics, that refusal should be documented by those acting on behalf of the congregation.

2.0 Procedure

- 2.1 Identify the situation:
 - i) When a medical crisis arises, the Hospitality Coordinator will normally be the first person to respond.
 - ii) If the Hospitality Coordinator is not qualified to provide appropriate treatment, or if a qualified person is not immediately available, the Hospitality Coordinator will call out, 'We have a medical crisis here'.
 - iii) When such announcement is made, the person conducting the service will advise the congregation that there is a medical crisis and call for help from any who are qualified to assist.

2.2 Management of a crisis when qualified responders are available:

- i) If the Hospitality Coordinator is qualified to administer appropriate treatment, he/she may assume responsibility as the lead responder or assign that role to another qualified person. The hand-off of responsibility must be clearly stated and acknowledged.
- ii) If the Hospitality Coordinator is not qualified to administer appropriate treatment, he/she will assign that responsibility to one who is qualified (for example, a physician, a nurse or any other who is trained in First Aid and/or CPR). The assignment of responsibility must be clearly stated and acknowledged.
- iii) The first responsibility of the lead responder is to decide whether to call 911. Unless there is certainty that the situation is not a medical crisis, the 911 call will be made. The task of making the 911 call will normally be assigned to a bystander who will report back to the lead responder when the call has been made.
- iv) If the Hospitality Coordinator hands off or assigns lead responsibility, he/she will stand by to assist in any way possible. This may include moving bystanders or making the 911 call at the request of the lead responder.

2.3 Management of a crisis when qualified responders are NOT available:

The Hospitality Coordinator will be the lead responder. He/she will order one person to call 911 and report to him/her when the call has been made. Then the Hospitality Coordinator will assist the person in crisis as follows:

- i) use common sense;
- ii) offer reassurance and support to the person in crisis;
- iii) arrange for the immediate area to be cleared in order to provide comfort to the person in crisis and to facilitate his/her removal when possible.
- iv) if possible, solicit basic information from the person in crisis, including known medical conditions, medications, symptoms (chest pain, shortness of breath, dizziness);
- v) if there may be relatives or friends of the person in crisis in the building but not present with him/her, direct a bystander to find and bring them (they may be able to provide information the person in crisis is not able to give);
- vi) when paramedics arrive, hand over responsibility to them and provide a concise accounting of the incident including all information available.

2.4 Resolution:

The Hospitality Coordinator will complete a Serious Occurrence Report including documentation of any decision to refuse medical treatment or to be transported to the hospital. (Report forms are available in the Church Office.)

3.0 First Aid Supplies

3.1 Eastminster United Church will provide and maintain First Aid kits which will be mounted in the Hospitality Cabinet (outside the Church Office), the main kitchen, the main floor kitchenette and the fourth level kitchenette.

3.2 Responsibility for maintenance of the First Aid Kits shall rest with the Standing Committee on Congregational Life. This responsibility may be delegated to a volunteer or staff member who shall be accountable for this responsibility to the Committee.

4.0 Portable Defibrillator

- 4.1 Eastminster United Church will provide and maintain a working portable defibrillator which will be mounted in the main hallway of the church building.
- 4.2 Responsibility for maintenance of the portable defibrillator shall rest with the Standing Committee on Congregational Life. This responsibility may be delegated to a volunteer or staff member who shall be accountable for this responsibility to the Committee.
- 4.3 Members of the staff team, Hospitality Coordinators and members of all Standing Committees shall view the training video for the portable defibrillator annually.
- 4.4 The master copy of the training video for the portable defibrillator will be filed with the Administrator. Copies will distributed on request.