



## 10 TIPS TO BOOST EMERGENCY RESPONSE



**Create a Safer Ministry:**

Begin with \$25  
and a trip to the store

## **ARE YOU PREPARED?**

**You're sitting in Sunday morning service, engaged in worship. Suddenly, a woman two rows ahead of you collapses to the floor. What happens next?**

Emergencies occur anywhere, anytime. From heart attacks to opioid overdoses, are you ready to help? Is your ministry prepared for the potential liability that comes with responding to medical situations?

It can be difficult to know where to begin. Whether your ministry is ready to start forming a team or already leading seasoned volunteers, the following resources explore new ways to help your team improve its effectiveness while reducing liability.

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## 10 ITEMS FOR \$25 = BETTER EMERGENCY PREPAREDNESS

A standard first-aid kit typically contains supplies that are perfect for minor cuts and abrasions. With a few more items, however, you can turn your first-aid kit into an all-purpose emergency kit. On a tight budget? All together, these 10 items only cost \$25.\*

**Note: In an emergency, there's no substitute for calling 911** (or your city/county equivalent). But until emergency services arrive, you and others may need to rely on what's available.

1. **Bottle of low-dose aspirin** (\$3.49). Only administer aspirin when directed to by an emergency operator or medical professional—some people can have an allergic reaction to the medication, which will make matters worse. Do not administer aspirin for a stroke.
2. **Latex rubber tubing** (\$1.50). Can be used as a tourniquet to slow blood loss from a wound. Most home improvement stores sell tubing by the foot. You'll need at least a three-foot piece for your kit.
3. **Bottled water** (\$0.50). Use bottled water to clean a wound, cool the skin of someone suffering heat stroke, or treat mild dehydration. **Note:** Severe dehydration can lead to death and needs immediate medical treatment. Review the symptoms of dehydration [here](#).
4. **Baking Soda** (\$0.50). If an extinguisher is unavailable, baking soda quickly can douse flames from grease or electrical fires. Toss the soda onto the fire, taking care to stand as far back as possible. To alleviate pain from insect bites, mix baking soda with water to create a paste.
5. **Plastic wrap** (\$2.50). In an emergency, plastic wrap (like the kind used to cover food) can help keep a burned area of skin clean until medical help arrives. First, use cool (not cold) water to bring down the temperature of the burn—never put ice or butter on a burn.<sup>1</sup> Gently lay the plastic on top of the wound. This technique should only be used for thermal burns from a flame, hot steam, or hot objects.
6. **Hard candy, honey stick, or packet of sugar** (\$0.25). Give to someone suffering from low blood sugar, but only if the person is conscious. Otherwise, it could be a choking hazard. Click [here](#) to learn the signs of a person suffering from low blood sugar.
7. **Air horn** (\$6.99) Air horns are not just for sporting events. In an emergency, the loud sound can disrupt an attacker, warn others to implement emergency procedures, or signal distress. Inexpensive versions are good for single use, while more expensive versions are refillable.
8. **Glow sticks** (\$3.27). Glow sticks can be used during a power outage when emergency lighting or flashlights are not available. A stick also is an effective way to signal your location to emergency responders.
9. **Duct tape** (\$2.97). Books have been written about duct tape's many uses, especially in emergency and survival situations. It is an essential component of your kit.
10. **Whistle** (\$2.99). A whistle can signal your location to emergency responders or quickly alert others to an emergency situation.

### Willing to splurge a bit?

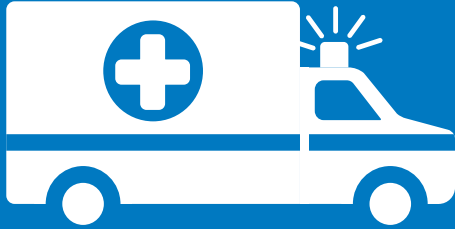
11. **Gas / water shut-off tool** (\$11.52). Store this tool at every gas or water valve location. It acts as a universal key and supplies the leverage needed to turn off a gas or water main. Look for a version of this tool that can pry open a meter cover, too. **Note:** If you suspect a gas leak, close the valve and leave the building immediately. If you're experiencing a power outage, do not use an open flame, such as a candle or lighter, to illuminate the area.

\*Prices based on generic versions and best value. Prices in your area or online may vary.

<sup>1</sup>Hudspith, Judith. "First aid and treatment of minor burns." U.S. National Institutes of Health's National Library of Medicine, June 19, 2004, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC428524>

# CHURCH EMERGENCIES HOW MUCH TIME DO YOU HAVE?

Each year, millions of people suffer life-threatening medical events like choking, heart attack, or stroke. There are also thousands of violent encounters at churches. Many crises can become critical within seconds.



## EMERGENCY STATS

Medical emergencies and church violence happen quickly and often without warning. Developing safety and security teams and putting plans in place can help your church prepare and reduce risk.



**795,000**

STROKES  
ANNUALLY



**790,000**

HEART ATTACKS  
ANNUALLY



**32,445**

PRESCRIPTION  
OPIOIDS OVERDOSE  
DEATHS IN 2016



**2,471**

VIOLENT  
CRIMES  
ANNUALLY

## EMS RESPONSE TIME

If someone in your church has a medical emergency, you must act quickly. Having a medical response team with individuals trained in CPR/AED and basic first aid can help save lives.



**7-30**  
MINUTES  
**AVERAGE EMS  
RESPONSE TIME**  
AFTER 911 IS CALLED



**DEATH OR  
DISABILITY**  
CAN OCCUR  
WITHIN MINUTES

## POLICE RESPONSE TIME

Having safety and security plans that encompass Monday through Saturday are just as important as having a plan for Sunday. Violent encounters at church can happen any day of the week. Planning ahead helps protect pastors and staff.



## YOU'RE THE HELP UNTIL HELP ARRIVES

### How the Simplest Actions Can Save Lives

In an emergency, immediate action is often needed to save lives. But fear can leave our feet frozen to the floor. Hearts pounding and minds racing, we stare at the scene before us in stunned disbelief, unable to respond. Designed to protect us, our instinctive “freeze” response can immobilize us when others need our help the most.

People hesitate to act when they don't know what to do or are afraid they may make a situation worse. Training can help people overcome this tendency. Learning a few simple actions to take in a medical crisis can help bystanders give life-saving assistance while waiting for professional help. On average, it takes seven minutes for an ambulance to arrive. In rural parts of the country, it can take up to 30 minutes.\*

FEMA offers a free program that shows people how they can take action while waiting for professionals to reach the scene.

“You Are the Help Until Help Arrives” encourages people to take these five steps:

1. Call 911 and provide your specific location
2. Protect the injured from harm
3. Stop bleeding
4. Position the injured so they can breathe
5. Provide comfort

The web-based program includes three training tools:

- An interactive video
- A 25-minute course explaining how people can help someone with life-threatening injuries
- Materials for a hands-on, instructor-led course that can be used to train others at your church, ministry, or school



### Share This

Visit [www.ready.gov/untillhelparrives](http://www.ready.gov/untillhelparrives) to learn more about these five simple steps, and share this critical information with others in your ministry and community.

\* “Rural Patients Wait Longer for EMS,” American College of Emergency Physicians. July 19, 2017.  
<http://newsroom.acep.org/2017-07-19-Rural-Patients-Wait-Longest-for-EMS>

## “WE’VE GOT A GUY”

Leadership may object to forming a medical response team. Your church may be small or located in a rural or low-crime area. Or your leadership’s mindset is that nothing bad could happen in such a tight-knit community. You may even dismiss a response team as unnecessary because church leaders say, “we’ve got a guy or gal”—someone who can handle anything that happens. A doctor. An EMT. A nurse.

Here’s the problem: one person cannot be everywhere, all the time. Does your “go to” person have the skills to cover all possible situations?

### Role-play scenario: A heart attack

Role playing a medical emergency highlights gaps and vulnerabilities in your current medical response efforts. Read the following scenario and work out a response using your current plan.

*During the sermon one Sunday morning, a man sitting near the front of the church abruptly slumps forward in his seat. The people sitting near the 60-year-old quickly lay him on the floor and loosen his shirt collar. “We need a doctor,” they call out. Others start looking for Dr. Collins, a longtime member of the church, but another member informs the group that the doctor is on vacation. A congregant calls 911 on her cell phone. No one else knows how best to help.*

### Test your plan: Did you consider...?

- Would staff or volunteers recognize the signs and symptoms of a heart attack or stroke?
- Do volunteers know how to quickly act to minimize long-term damage from a stroke?
- Do any staff or volunteers know how to perform CPR? Do they have access to an automated external defibrillator (AED) and know how to use it?
- Who would direct paramedics to the proper entrance?

### Test your plan: One way to respond

- **Beginner Team:** Two people trained in CPR begin chest compressions while an usher calls 911. The pastor asks everyone to pray while waiting for an ambulance to arrive. An usher goes outside to flag the ambulance to the door nearest to the patient. Another usher recruits a few people to help keep onlookers away from the scene.
- **Intermediate Team:** Two people trained in CPR begin chest compressions while an usher calls 911. He calmly gives the dispatcher clear information regarding church address, nature of emergency, and where paramedics should enter. Medical team responders quickly retrieve the medical bag and AED. Additional ushers stationed in the parking lot direct paramedics to the closest entrance. Meanwhile, medical team members use the AED and revive the man before paramedics arrive.
- **Advanced Team:** The person nearest the victim flags down an usher, per emergency plan protocol communicated to all churchgoers. The usher uses his two-way radio to call medical responders to the area. He then calls 911 and calmly gives the dispatcher clear information regarding church address, nature of emergency, and entrance number for paramedics. Two people trained in CPR begin chest compressions while waiting for the medical team to arrive. The pastor calmly asks the congregation to move away from the scene and pray while responders attend to the man. Safety team members immediately move to the parking lot and entrances to assist paramedics once they arrive, saving precious time. Meanwhile, the medical responders arrive with an AED and revive the man before paramedics arrive.



### Review Your Buildings and Grounds

[This checklist helps you identify issues in and around your ministry’s property.](#)

## OPIOIDS AND THE CHURCH

Think the opioid epidemic doesn't affect anyone in the church? Think again. Prescription opioid use and abuse is prevalent, with up to 29 percent of patients misusing prescribed opioids.<sup>1</sup>

Further, in 2016:

- Approximately 1-in-5 Americans filled or refilled at least one opioid prescription.<sup>2</sup>
- One study indicated that 32,445 people died from overdoses involving prescription opioids—that equals about 47 people every day.<sup>3</sup>

With so many people taking prescription opioids, there is increased potential for addiction and overdose. With planning and training, churches can be prepared to respond to an overdose during Sunday services or during a mid-week study.

### First: Recognize the signs<sup>4</sup>

During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death. It's important to act fast. Signs include:

- Small, constricted "pinpoint pupils."
- Falling asleep or loss of consciousness.
- Slow, shallow breathing.
- Choking or gurgling sounds.
- Limp body.
- Pale, blue, or cold skin.

### Second: How to respond<sup>3</sup>

It may be hard to tell if a person is experiencing an overdose. If you aren't sure, it's best to treat it like an overdose—you could save a life.

1. Call 911 immediately.
2. Administer naloxone (Narcan®), if available.
3. Try to keep the person awake and breathing.
4. Lay the person on their side to prevent choking on vomit.
5. Keep watch until emergency workers arrive.



### Need More Information?

[Click here](#) for more information about naloxone. [Click here](#) for more information about your state's laws about purchasing naloxone.

<sup>1</sup> Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN. Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*. 2015;156(4):569-576. doi:10.1097/01.j.pain.0000460357.01998.f1.

<sup>2</sup> Centers for Disease Control and Prevention. Annual Surveillance Report of Drug-Related Risks and Outcomes — United States, 2017. Published August 31, 2017. Accessed May 10, 2018 from <https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf>

<sup>3</sup> Centers for Disease Control and Prevention. Opioid Data Analysis. Accessed May 10, 2018 from <https://www.cdc.gov/drugoverdose/data/analysis.html>

<sup>4</sup> Centers for Disease Control and Prevention. "Preventing an opioid overdose – tip card." Accessed May 10, 2018 from <https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf>

<sup>5</sup> National Institute on Drug Abuse. Naloxone for Opioid Overdose: Life Saving Science. Accessed May 10, 2018 from <https://www.drugabuse.gov/publications/naloxone-opioid-overdose-life-saving-science/naloxone-opioid-overdose-life-saving-science>

Narcan® is a registered trademark of ADAPT Pharma Operations Limited.

### REVERSING OVERDOSE

According to the National Institutes of Health (NIH), friends, family, and other bystanders can save lives with naloxone.<sup>5</sup> To help prepare for a potential overdose, your church medical response team could consider keeping naloxone, a medication that can quickly reverse opioid overdose. Check your state's laws, but churches may be able to purchase naloxone through what's known as a direct purchase program, without needing a prescription. Naloxone (Narcan®) can be purchased as a prepackaged nasal spray.

According to an NIH website, from 1996 to 2014, at least 26,500 opioid overdoses in the U.S. were reversed by laypersons using naloxone.<sup>4</sup>

## LEARN THE SIGNS: HEART ATTACK AND STROKE

### Heart attack

While some heart attacks are sudden and intense, most are not. The fact is, heart attacks usually don't strike without warning—for many, symptoms start slowly and may be hard to recognize. People tend to dismiss early signs of a heart attack as simply fatigue, over-exertion, old-age, or indigestion.

**CALL 911**, even if you're unsure. For both heart attacks and strokes, minutes matter.

Symptoms vary, but these are the most common warning signs<sup>1</sup>:

- Chest discomfort that ranges from a feeling of fullness and pressure to pain
- Pain in the center of the chest that lasts more than a few minutes
- Pain or discomfort in arms, back, neck, jaw, or abdomen
- Shortness of breath
- Cold sweat, nausea, or lightheadedness

**It's different for women.** Women can experience symptoms differently than men. Women may chalk up their symptoms—like dizziness, back pain, or shortness of breath without chest pain—to the flu or acid reflux.

### Stroke

Strokes can be caused either by a blood clot or a blood vessel rupture that obstructs the flow of blood to the brain. Quick action and treatment can save lives and minimize long-term effects from a stroke. Use the letters in FAST to spot stroke symptoms<sup>2</sup>.

**F — Face drooping:** One side of the face is numb or drooping. Can the person smile evenly?

**A — Arm weakness:** One arm is weak or numb. Can the person raise both arms? Does one arm drift?

**S — Speech difficulty:** Speech is slurred. Can the person repeat a simple sentence?

**T — Time to call 911:** Even if the symptoms go away, make the call. Quick medical help is crucial.

Be sure to note the time when symptoms first appear; it will be important to emergency responders.

**Look for "sudden symptoms."** Sometimes other symptoms appear, separately, or in combination with FAST signs. Other symptoms include sudden leg numbness or weakness, sudden confusion or trouble seeing, sudden trouble walking or coordination, and a sudden severe headache.

**Know who's at increased risk.** The risk of a stroke increases for diabetics, people with high blood pressure, smokers, women who are pregnant, and certain ethnic groups.



### Post Common Warning Signs

From the American Heart Association and the American Stroke Association: download an [easy-to-read infographic](#) and a [F.A.S.T. infographic](#) to post throughout your ministry.

<sup>1</sup>"Warning Signs of a Heart Attack." American Heart Association, [www.heart.org](http://www.heart.org). Updated January 11, 2018.

<sup>2</sup>"Four Letters: F-A-S-T." American Stroke Association, [www.strokeassociation.org](http://www.strokeassociation.org). Accessed May 14, 2018.



## SAVE LIVES, AVOID LIABILITY: KNOW THE LAW

Acting on a medical emergency in your ministry means more than counting on your response team to save the day. When someone in your congregation responds to a medical emergency, few people are thinking about the liability issues the ministry could face. To minimize liability and protect your ministry, it's vital to know your state's laws.

### Good Samaritan laws

An important step toward minimizing liability includes understanding Good Samaritan laws. Most Good Samaritan laws offer liability protection only when the person providing medical assistance does so in good faith and without any expectation of receiving compensation for their assistance. [States differ](#) in how they treat a good Samaritan and protection varies from state to state.

Consider discussing with a local attorney these questions:

- 1. What situations are covered?** Some laws take effect only when the person needing assistance is in “imminent peril” or danger—meaning death is highly probable and the person is in certain, immediate, and impending danger.
- 2. Who's protected by the law?** Off-duty medical personnel [may not be protected](#). Members of an organized medical response team may not be covered, either.
- 3. Does compensation make a difference?** Often, volunteers are given more protection than paid medical responders. For example, a paid athletic trainer for a church's basketball team may not have the same coverage under Good Samaritan laws as a volunteer coach.
- 4. Does the law require people to assist?** Some states do require people to assist, but most states encourage good Samaritans by limiting liability. Find out the specifics in your state.

### Other liability issues

**Who's covered.** Ask your medical personnel if volunteer activities are covered with their medical malpractice insurance. Your insurance agent can check if your safety team or medical professional volunteers are covered in the ministry's liability policy.

**Use of life-saving equipment.** All states have laws limiting liability for those using Automated External Defibrillators (AEDs). However, potential liability risks arise if ministries fail to maintain AEDs, so you should follow a regular maintenance schedule. Consider leasing an AED from a vendor who will perform regular maintenance.

**Take a second look at your medication policy.** Storing and distributing medication on behalf of others is prohibited by law in some states. For those states where the practice is permitted, handling medication may expose the ministry to increased liability. Exposure extends to dispensing over-the-counter medications like ibuprofen, acetaminophen, and aspirin. Medications like these may pose risks to people with certain health issues or an allergy, and may even cause serious interactions with prescription medication, food, or alcohol.

Once you understand the laws in your area, work with a local attorney to adjust your ministry's medical response plan. Your insurance agent can review your policy to help ensure coverage or expose coverage gaps related to your medical response team.



### Do You Have an Injury-reporting Procedure?

[This article](#) walks you through the steps of reporting an injury.

## CREATING A PLAN FOR MEDICAL EMERGENCIES

### How Would Your Ministry Respond?

With the help of professional medical responders, ministry leaders should create a written medical response plan. This plan should outline the policies and procedures that will guide the church's medical response team. Before you start, [use this checklist](#), then consider the following points that should be addressed in your plan.

- **Team Leader.** Leadership is the key to the success of any team. To succeed, your church's medical team leader will need both support and direction from ministry leadership.
- **A contact person.** Assign someone to handle administrative tasks, such as recruiting and scheduling personnel, arranging training sessions, and collecting and reporting incident reports.
- **Recruit.** Look for people with strong people skills, good judgment, and integrity. Ask any doctors, nurses, or paramedics in your church to be part of the team and to help direct the planning process. If you don't have anyone at your church with advanced training, ask your local fire or EMS provider for assistance.
- **Response.** Outline how you will respond to specific events. For example, how will your team respond to a heart attack? What will medical responders be allowed to handle? Details like these supply a written roadmap of how your team will respond.
- **Training.** Detail the specific training individuals need before they can serve on the medical response team. At a minimum, all medical responders should be certified to perform CPR, use automated external defibrillators (AEDs), handle adult/child/infant choking, administer basic first aid (controlling bleeding, using an EpiPen® and stabilizing minor trauma, like a broken bone), and know how to spot the signs of heart attack or stroke. Medical professionals should keep their certifications current.
- **Communication.** Make sure your plan covers how to summon team members in an emergency. For example, some churches have medical responders sit in the back pew of the sanctuary, next to the middle aisle. Some churches provide paging devices that can alert team members to emergencies. If your church safety and security team uses two-way radios, the medical team should also have one for faster response.
- **Coordination.** Discuss how ushers/greeters can support the team. For example, someone responsible for monitoring the parking lot during a service can quickly summon medical assistance and direct medical responders to where they are needed on your property.
- **Reinforcements.** Provide general guidelines for when to call 911.
- **Equipment.** Plan to regularly inspect first-aid kits and AEDs. Assign and train someone to take care of this task to help ensure that equipment is in working order when you need it.
- **Incident follow-up.** Instruct team members to complete a written report every time the medical team responds to an incident. See a sample ["Notice of Injury"](#) form.
- **Review.** Have your plan reviewed by first responders and medical professionals such as police, fire, EMS, nurses, or physicians. Additionally, Brotherhood Mutual's [Legal Assist](#) service can review your plan for free. To ensure that the medical response plan follows all applicable laws, have it reviewed and approved by a locally licensed attorney before putting it into practice.



#### Need a Resource?

For more information about responding to children with special medical needs, [click here](#).

## TRAIN AND EQUIP YOUR TEAM

### Train your team

Once you've developed your team, it's time to provide comprehensive, ongoing training to every member of your medical response team.

Team members should be trained in CPR, AED, and basic first aid, which includes such skills as applying a tourniquet, stabilizing broken bones, and using an EpiPen.<sup>®</sup> Churches should also consider stocking and training to use naloxone, an opioid overdose treatment. Certified training organizations, such as the American Red Cross, the American Heart Association, the National Safety Council, local hospitals, or local emergency services provide specialized training.

Additionally, train team members to follow the ministry's policies and procedures every time they are summoned. Re-train team members at least annually, using your written plan. It's important to test your plan. Use role-play scenarios and observe how the team responds. Assess what worked and what needs improvement, then adjust your plan.

### Equip your team

The right equipment helps the medical team provide adequate care. At the very least, your team should have a basic first-aid kit. If your ministry doesn't have a member who is trained in medical response, consider asking a local fire department, ambulance service, or emergency room for a list of items to include in a basic first-aid kit.

#### First-aid kit

- Nitrile exam gloves
- Various bandages, compresses, and gauze
- Medical tape
- Wound closure strips
- Tourniquets
- Antiseptic wipes
- Antibiotic ointment
- Burn cream
- Insect sting (hydrocortisone) cream
- Thermometer
- Cold compresses
- Trauma shears
- Small flashlight
- Tweezers
- Space blanket
- Face shield or one-way breather mask for CPR

### Simplify communication with two-way radios

Immediate, two-way communication between the medical team and church staff or security members can be useful, especially at larger churches, where team members may be more spread out.

#### ADVANCED FIRST-AID KIT/ TRAUMA KIT

For those in your church with advanced training, consider having an advanced first-aid/trauma kit. In addition to the items found in the basic kit, this kit would include:

- Automated External Defibrillator (AED)
- Blood pressure cuff/stethoscope
- Additional tourniquets
- Chewable aspirin
- Naloxone (Narcan<sup>®</sup>) nasal spray (opioid overdose treatment)
- Chest seals
- Combat gauze (includes clotting agent to stop severe blood loss)



### Prepare for Worst-case Scenarios

Download "[The Big Book of Risk Management Checklists](#)" from Brotherhood Mutual.

Narcan<sup>®</sup> is a registered trademark of ADAPT Pharma Operations Limited.

## AFTER EVERY INJURY, THERE WILL BE PAPERWORK

### Why Documentation and Reporting are Vital Parts of Your Medical Response Plan

Every day, people get hurt during ministry activities. Volunteers fall from ladders, trip over tools, and slip on wet floors. Heart attacks strike. Toddlers bite. And vehicles carrying people crash. If your ministry documents every injury, no matter how minor, it improves its ability to demonstrate how it responded to the emergency. Not only that, but reviewing injury reports over time can show where your ministry could benefit from safety improvements.

### What documentation is needed?

After you've taken care of a person's immediate medical needs, gather the following information:

- **Who was injured?** Include name, age, address, and contact information (email and phone).
- **Who witnessed the injury?** Include names, addresses, and contact information (email and phone).
- **What is the extent of the injury?** Provide a detailed description.
- **What is the relationship between the injured person and your organization?** Is the person an employee, volunteer, visitor, student, camper, etc.?
- **Where did the injury occur?** Be as detailed as possible.
- **How did the injury occur?** Be as detailed as possible.
- **How was the injury treated?** Describe how your ministry responded, as well as where the injured party was taken for additional medical treatment.
- **Does the injured person have health insurance?** If so, get the insurance carrier's name.

### How soon should we document an injury?

It is important to document information as soon as possible after an incident. This helps preserve facts about a situation while they are still fresh. Recording physical symptoms immediately after being alerted to an injury or illness may help responding medical personnel determine treatment. Documenting signs of possible neglect or abuse may help authorities investigate what happened.

Keeping detailed records can help your ministry file an insurance claim promptly, as well as defend itself against lawsuits that could be filed years after the incident occurred. This practice can also help your ministry comply with mandatory reporting laws. For instance, if your ministry suspects child abuse or neglect, it's important to report this information immediately to state or local law enforcement officials. Inform your attorney and insurance carrier, as well. They may be able to assist with subsequent media or police inquiries.

### What types of injuries should we document?

From large to small, it's a good practice to document them all. Minor injuries can sometimes develop into more serious ones that require treatment. Workers' compensation claims may be flagged as fraudulent if there's no record of an employee's injury. Finally, the information you gather may help you identify changes your ministry can make to improve the safety of its activities, equipment, or policies.



### Need a Form?

Visit [BrotherhoodMutual.com](https://www.brotherhoodmutual.com) today to download a [sample Notice of Injury form](#).

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