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Preparedness Checklists

***28 May 2014***

Record of Changes

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| **Revision Number** | **Date Entered** | **Entered by** | **Section Revised** |
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Record of Distribution

The checklist has been distributed to the following persons and locations. Additional copies are available upon request in the front office. Each copy is numbered for accountability and updating. Updating of the checklists will be the responsibility of the Preparedness Committee.

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| --- | --- |
| *PERSON/LOCATION* | *CONTROL NUMBER* |
| Rector | 1 |
| Parish Administrator | 2 |
| Parish library | 3 |
| Ushers credenza | 4 |
| Cherry Hills Village Police | 5 |
| South Metro Fire Rescue Authority | 6 |

Table of Contents

Threat and Hazard Specific Checklists

1. Medical Emergencies and First Aid Treatment4

General Instructions4

First Aid Kits4

Medical Emergency Action Steps4

Medical Emergency Action Checklists Table of Contents6

2. Fire and Hazardous Materials Incidents25

Planning Activities25

Response Activities25

Fire Alarm Information26

3. Weather Related Hazards27

Tornado27

Winter Weather27

Thunderstorms, Lightning, and Flash Floods28

4. Human Caused Threats29

Threatening or Violent Behavior29

Inappropriate Behavior Towards Children30

Bomb Threat31

Suspicious Mail or Package32

Functional Checklists33

1. Shelter In Place 34

2. Evacuation 35

3 Lockdown 36

4. Church Security 37

Utility Outages37

Emergency Gas Shutoff38

HVAC Shutoff Procedures39

5. Recovery 40

General Information41

Vendor Resources and Contact Information42

St. Gabriel Check-Out List44

Additional Disaster Related Resources46

Locations of Important Controls and Documents47

St. Gabriel Floor Plans with Emergency Information48

St. Gabriel Assembly Areas51

Medical Emergencies and First Aid Treatment

**GENERAL INSTRUCTIONS:**

Since there are two Sunday services at St. Gabriel, two teams of three to four first responders should be trained with this Preparedness Checklist so that each service can be covered by at least one, if not more, of them. These team members should be comfortable with giving care to others, familiar with the use of the AED, current on CPR and Heimlich maneuver certification, trained in some first aid procedures (if training is available), and familiar with the church’s first aid kits. Two rooms in the church have been identified as potential treatment rooms – the All Saints meeting room on the first floor and the St. Nicolas library in the basement.

**FIRST AID KITS:**

The first aid kits (commercial and church-constructed) are in accessible places and are checked on a monthly basis. The first responder teams should determine any medications required. There are presently three first aid kits at St. Gabriel. One is at the ushers stand. One is in the kitchen next to the AED on the west wall. One is in the St. Joseph Classroom on the lower level.

**MEDICAL EMERGENCY ACTION STEPS:**

**CHECK THE SITUATION:**  Is it an emergent situation? What has happened (according to the person or the bystanders) and is the scene safe?

What is wrong? Is the ill or injured person able to tell you or does he or she appear to be unconscious? Tap an adult on the shoulder and speak loudly. “Are you OK?” If it’s a child, flick the bottom of the foot.

1. If the person is conscious, satisfy yourself that there is no serious bleeding or breathing problem. If you can get a history that aims you toward a possible diagnosis of what’s happening, consult the Medical Action Checklist included in this document to help you decide a course of action. **Any treatment on your part must be initiated by obtaining consent from the person first before doing so.** If the person can move to one of the two designated rooms for treatment, have him/her do so.
2. Note that any injury victim may experience shock marked by the following: restlessness or irritability; altered level of consciousness; nausea & vomiting; pale, ashen or grayish, cool, moist skin; or excessive thirst. If these symptoms persist, **call 911.**
3. If the person has an altered state of consciousness to unconsciousness; breathing problems; chest pain, discomfort or pressure lasting more than a few minutes; persistent abdominal pain or pressure; severe external bleeding; vomiting blood or passing blood; or severe (critical) burns: **call 911**.
4. After calling 911, care for the person. Check the neck for injury. If you feel there might be neck injury, leave the person in the position he/she is in. Then be sure he/she is breathing. If necessary, tilt the head back and lift the chin as you would for CPR if you feel there is no neck injury present. This is to ensure the airway is optimal. Check for breathing again: Is the chest moving; can you hear breathing or can you feel escaping air on your cheek? If there is no breath, give two rescue breaths and see if the chest rises. If the chest doesn’t rise, reposition the head and give two more rescue breaths. If there is still no response, begin treatment as for an unconscious choking victim. Then go to step (E).
5. Check the pulses. If they are not present, begin CPR with rescue breathing and continue until help arrives. If they are present, keep monitoring airway, breathing & circulation until help arrives.

Medical Action Checklist Table of Contents

Abdominal Pain (Children)7

Allergic Reaction7

Acute Asthma Attack7

Bites I - Human8

Bites II – Insects and Stings8

Blisters9

Broken Finger I9

Broken Finger II - Children9

Broken Hip10

Broken Teeth10

Bruises10

Burns11

Concussion12

Convulsions (Seizures) I12

Convulsions (Seizures) II - Children13

Cuts or Lacerations13

Cuts or Lacerations - Children14

Diabetes – Insulin Reaction14

Dizziness I15

Dizziness II (Benign Positional Vertigo)15

Ear Foreign Body16

Eye Injury I16

Eye Injury II (Scratched Eye/Corneal Abrasion)16

Eye Injury III - Children17

Fainting18

Finger Dislocation19

Head Injury I19

Head Injury II - Children19

Heart Attack20

Nosebleeds21

Panic Attacks21

Poisoning21

Puncture Wounds21

Splinters22

Stroke22

Pandemic Influenza Preparedness Checklist23

**ABDOMINAL PAIN (CHILDREN)**

1. Have child lie down and have family consult their pediatrician. **Call 911 only if the child is not moving or is too weak to stand.**

**ALLERGIC REACTION**

**Call 911 now if the person has had severe reactions in the past or has any of these symptoms:**

**Difficulty breathing**

**Tightness in the throat**

**Other symptoms of a severe allergic reaction like anaphylaxis**

1. Treat symptoms
2. For mild allergy symptoms, such as hay fever or hives, give, have the person take, an over-the-counter (OTC) antihistamine.
3. For stuffy nose, give, or have the person use, an OTC decongestant.
4. For itchy, watery eyes, use OTC allergy eye drops.
5. For itchy allergic rash, apply cold compresses and an OTC hydrocortisone cream.

**ACUTE ASTHMA ATTACK**

**Call 911 if the symptoms of an acute attack include difficulty talking or walking because of shortness of breath and turning blue.**

1. Follow the person’s asthma plan, if possible
2. Find out if the person has an individualized asthma action plan.
3. If so, follow its directions for giving asthma medication and seeking medical help
4. Give asthma first aid
5. Sit the person upright comfortably and loosen tight clothing
6. If the person has asthma medication, such as an inhaler, assist in using it.
7. Use an inhaler with a spacer, if possible
8. Remove cap and shake inhaler well.
9. Insert inhaler into spacer.
10. Have the person breathe out completely and put mouth tightly around spacer mouthpiece
11. Press inhaler once to deliver a puff.
12. Have the person breathe in slowly through the mouth and then hold breath for 10 seconds.
13. Use inhaler without a spacer, if necessary
14. Remove the inhaler cap and shake well.
15. Have the person breathe out all the way and seal lips tightly around the inhaler mouthpiece.
16. As the person starts to breathe in slowly, press down on the inhaler one time.
17. The person should keep breathing in as slowly and deeply as possible (about five to seven
18. Give a total of four (4) puffs, waiting about one minute between each puff.
19. Continue using the inhaler if breathing is still a problem.
20. After four puffs, wait four minutes, if the person still has trouble breathing; give another set of four puffs.
21. If there’s still little or no improvement, give four puffs every four minutes until an ambulance arrives. If the attack is severe, give up to six to eight puffs every five minutes until help arrives.
22. Monitor the person until help arrives.
23. Do not mistake drowsiness as a sign of improvement; it could mean the asthma is worsening.
24. Do not assume the person’s asthma is improving if you no longer hear wheezing.

**BITES I – HUMAN**

**Call 911 if:**

**A human bite causes serious injury.**

**The wound will not stop bleeding after 10 minutes of firm pressure.**

**Blood spurts from the wound.**

1. Stop bleeding by applying firm, direct pressure with sterile gauze or clean cloth until bleeding stops.
2. Clean and protect the wound with mild soap and water. Rinse for several minutes under running water and apply an antibiotic ointment to prevent infection.
3. **See a doctor about any human bite that is more than a superficial scratch because of possible infection; even minor bites can easily become infected.**

**BITES II – INSECT & STINGS**

**Call 911 if the person:**

**Has sudden hives, swelling in the face, difficulty breathing, dizziness, or fainting**

**Had a serious allergic reaction to an insect bite or sting before**

1. **See a doctor if the area seems to be getting larger or redder or is oozing, which are signs of infection.**
2. Remove the stinger (for honeybee stings only) by scraping the area with a finger and using tweezers to remove it. Don’t pinch the stinger with your fingers or tweezers – that can inject more venom.
3. Wash the bite or sting with mild soap and water.
4. Treat symptoms by removing tight jewelry from the area of the bite or sting, icing the area for 10 minutes on and 10 minutes off repeatedly as necessary and having the person take an over-the-counter pain medication like acetaminophen, (Tylenol) or ibuprofen (Advil, Motrin).

**BLISTERS**

**Blisters from spider bites, chicken pox, shingles, cold sores and chronic health conditions need special treatment.**

1. For a blister that has not popped.
2. Try not to pop or drain it.
3. Leave uncovered or cover loosely with a bandage.
4. Try not put pressure on the area. If the blister is in a pressure area, such as the bottom of foot, put donut-shaped moleskin on it.
5. For a blister that has popped
6. Wash the area with warm water and gentle soap. Do not use alcohol, hydrogen peroxide, or iodine.
7. Smooth down the skin flap that remains.
8. Apply antibiotic ointment.
9. Cover loosely with a sterile bandage or gauze.

**BROKEN FINGER I**

1. Immobilize the finger by taping the broken finger to an adjacent non-broken finger.
2. Control swelling by cooling the finger. Apply ice that is wrapped in a towel. Don’t apply ice directly to the skin.
3. **Get help by going to a health care provider, or Emergency Room, immediately, so the broken finger can be set. Without treatment, it may not heal properly and could lead to a permanent deformity.**
4. Treat symptoms by using an over-the-counter pain medicine, such as acetaminophen (Tylenol) or ibuprofen (Advil).

**BROKEN FINGER II – CHILDREN**

**Call 911 if:**

**The bone has broken through the skin.**

**The finger is bleeding heavily.**

**The finer is numb, white, or blue.**

1. Otherwise treat as an adult described above for Broken Finger.

**BROKEN HIP**

**Call 911**

1. Do **CPR** if the person is not breathing or you can’t find a pulse.
2. Protect the person from further injury
3. Keeps the person lying on his or her back.
4. Tie the legs together at the ankle and knee. The legs may be straight or bent.
5. Immobilize the leg
6. If you have been trained in how to apply a splint, do it.
7. Secure the leg with a stiff padding, such as a wadded-up blanket or towels, held in place with heavy objects. Padding should extend above the hip and below the knee.
8. If no materials are available, place one had behind the person’s knee and your other arm along top of the thigh so the hand is just below the pelvic area.
9. Look for signs of shock and treat for shock if the person has: Pale, clammy skin, glazed eyes, sweating, rapid and shallow breathing, dizziness or vomiting.

**BROKEN TEETH**

**Call 911 if the person has a serious injury or is unconscious.**

**A knocked-out permanent tooth is a dental emergency. Knocked-out teeth can be re-implanted with a tooth that is re-implanted within 30 minutes, which gives it the highest chance of success.**

1. Collect teeth or teeth fragments

1. Handle teeth carefully because damage may prevent re-implantation.

2. Touch only the chewing edge, the top part of the tooth. Do not touch the root of the tooth.

3. Rinse the tooth gently only if necessary. Does not scrub, scrape, or use alcohol to remove dirt.

B. Re-insert or store teeth

1. Rinse mouth with warm water.

2. If possible, re-insert permanent teeth, or for baby teeth or teeth fragments, store them in whole milk, milk-soaked gauze or the person’s cheek.

**BRUISES**

1. Reduce bruising and swelling
2. Ice area on and off for the first 24-48 hours.
3. Apply ice for about 15 minutes at a time, and always put something like a towel or washcloth between the skin and the icing agent.
4. Treat symptoms by using acetaminophen (Tylenol). Avoid aspirin or ibuprofen (Advil, Motrin), which can prolong bleeding.
5. **When to call a doctor**
6. **Bruise is accompanied by extreme pain and swelling, especially if the person is taking a blood-thinning medication.**
7. **Bruises appear on the skin for no apparent reason.**

**BURNS**

**Call 911 if:**

**Burn penetrates all layers of the skin**

**Skin is leathery or charred looking, with white, brown or black patches**

**Burn blister is larger than two inches or oozes**

**Hands, feet, face or genitals are burned**

**The person is an infant or elderly**

1. Stop burning immediately
2. Put out fire or stop the person’s contact with hot liquid, steam, or other material.
3. Help the person “stop, drop, and roll” to smother flames.
4. Remove smoldering material from the person.
5. Remove hot or burned clothing. If clothing sticks to the skin, cut or tear around it.
6. Remove constrictive clothing immediately by taking off jewelry, belts, and tight clothing as burns can swell quickly. Then do the following:
7. Cool burn by holding burned skin under cool (not cold) running water or immerse in cool water until pain subsides – use compresses if running water isn’t available.
8. Protect burn by coveting with a sterile, non-adhesive bandage or clean cloth. Do not apply butter or ointments, which can cause infection.
9. Treat pain with over-the-counter pain relievers such as ibuprofen (Advil, Motrin), acetaminophen (Tylenol), or naproxen (Aleve).
10. **When to see a doctor**
11. **You see signs of infection, like increased pain, redness, swelling, fever or oozing**.
12. **The person needs tetanus or booster shot, depending on date of last injection; tetanus booster should be given every 10 years.**
13. **Redness and pain last more than a few hours.**
14. **Pain worsens.**
15. **Second degree burns (affecting top 2 layers of the skin)**
16. Cool burn by immersing burned area in cool water for 10 or 15 minutes, using compresses if running water isn’t available. Do not apply ice, break any blisters or apply butter or ointments, which can cause infection.
17. Protect burn by covering it loosely with a sterile, nonstick bandage and secure in place with gauze or tape.
18. Prevent shock by laying the person flat, elevating the feet about 12 inches, elevating the burn area above heart level (if possible) and cover the person with a coat or blanket, unless the person has a head, neck or leg injury, or it would cause discomfort.
19. **See a doctor**

1. **Third degree burns (affecting all layers of the skin and permanent tissue damage)**
2. **Call 911**
3. Protect the burn area by covering loosely with a sterile, nonstick bandage or, for large areas, a sheet or other material that won’t leave lint in the wound and separating burned toes and fingers with dry, sterile dressings.
4. Do not soak burn in water or apply ointments or butter, which can cause infection.
5. Prevent shock by laying the person flat, elevating the fee about 12 inches, elevating the burned area above heart level (if possible) covering the person with a coat or blanket.
6. For an airway burn, do not place a pillow under the person’s head when the person is lying down (This can close the airway.).
7. Have person with a face burn sit up.
8. Check pulse and breathing to monitor for shock until emergency help arrives.

**CONCUSSION**

**Call 911 if the person:**

**Is vomiting repeatedly**

**Has an unequal pupil**

**Is confused**

**Has weakness on one side of the body**

**Passes out or is unconscious for more than 1 (one) minute**

**Is unable to wake up**

**Has a seizure**

1. Prevent swelling and further injury by having the person stop activity and rest and by applying ice wrapped in a washcloth.
2. Treat symptoms by giving over-the-counter pain medication – acetaminophen (Tylenol), aspirin or ibuprofen.
3. **Seek medical follow-up.**

**CONVULSIONS (SEIZURES) I**

**Call 911**

**Convulsions (blank stare, a period of distorted sensation during which a person is unable to respond, or uncontrolled muscular contractions) need emergency care unless you know the person has a history of seizures and be sent home.**

**Any convulsion that is a first seizure (cause unknown), or the person is a diabetic, is pregnant, or is elderly (stroke?) needs medical follow-up.**

1. Prevent choking
2. Loosen clothing around the person’s neck.
3. Roll the person on his or her side to keep his/her airway open, especially if the mouth has any contents.
4. Don’t put anything into the person’s mouth, including your fingers.
5. Make sure the airway is open.
6. Protect the person from injury
7. Move sharp objects, such as glassware or furniture, away from the person.
8. Ask bystanders to give the person room.
9. Do not restrain or hold down the person.
10. Treatment is appropriate if the person has a history of seizures, he or she may have medications to treat them. Give them according to the prescribe directions.

**CONVULSIONS (SEIZURES) II – CHILDREN**

**Call 911 if the child:**

**Has a convulsion.**

**Has trouble breathing.**

**Turns blue.**

**Hits his head before or during a convulsion.**

**Is unconscious for several minutes.**

**Might have ingested something poisonous.**

1. Even if the child has had a convulsion before and the pediatrician has told the family what to do, the pediatrician should be phoned.
2. Follow all the instructions for convulsions in an adult.

**CUTS OR LACERATIONS**

**Call 911 if:**

**A cut is bleeding severely**

**Blood is spurting out**

**Bleeding can’t be stopped after 10 minutes of firm and steady pressure**

1. **See a doctor**
2. **The cut appears to need stitches. (It is longer than ¾ inch and ¼ inch deep)**
3. **The cut is deep or over a joint.**
4. **You cannot get the cut or laceration clean or continues bleeding.**
5. **The injury is a deep puncture wound or the person has not had a recent (within the last 5 to 10 years) tetanus booster.**
6. **The cut is from a human or animal bite.**
7. Take the following steps for minor cuts.
8. Stop the bleeding by applying direct pressure on the area.
9. Clean and protect the cut by washing with warm water & soap, applying an antibiotic ointment to reduce the chance of infection and putting a sterile bandage on the area

**CUTS OR LACERATIONS – CHILDREN**

**Call 911 if:**

**The child is bleeding heavily.**

**The wound is deep.**

**The edges of the wound are gaping.**

**The wound is spurting blood.**

**You can’t stop the bleeding after 10 minutes of direct pressure.**

**An object has punctured the skin is still in the body.**

1. **Call a doctor if the cut is on the child’s face or is larger than a half inch, jagged and has dirt in it or seems infected.**
2. **Do not remove an object that has penetrated the body. Put pressure on the wound and consult a doctor.**
3. Proceed as described above in adult cuts in B for minor wounds.

**DIABETES – INSULIN REACTION**

**Call 911 if the person has:**

**A severe reaction**

**A seizure**

**A loss of consciousness**

1. **For a severe reaction while waiting for emergency help, inject glucagon if it is available and you are trained to do so.**
2. For moderate to mild symptoms raise the blood sugar by giving the person a high-sugar food such as:
3. Three to 4 glucose tablets
4. One third to ½ tube of glucose in gel form
5. One half cup orange juice
6. One third cup apple juice
7. One quarter to 1/3 cup of raisins
8. Two large or 6 small sugar cubes in water
9. Four to 6 oz. of regular soda, not diet
10. One tablespoon of molasses, honey or corn syrup
11. Five hard candies

**DIZZINESS I**

**Call 911 in the person has:**

**A change in vision or speech**

**Chest pain**

**Shortness of breath**

**Convulsions or ongoing vomiting**

**Dizziness that comes after a head injury**

**Double vision**

**Fainting or loss of consciousness**

**High fever and stiff neck**

**Inability to move an arm or leg**

**Slurred speech**

1. Treat symptoms
2. Have the person sit down or lie still.
3. If the person gets light-headed when standing up, the person stands up slowly.
4. Avoid sudden changes in position.
5. If the person is thirsty, have him or her drink fluids.
6. Avoid bright lights.
7. **See a doctor if this is the first time the person has been dizzy or the dizziness is different than before or doesn’t go away quickly.**

**DIZZINESS II (BENIGN POSITIONAL VERTIGO)**

Benign positional vertigo is caused by a problem in the inner ear. It is the most common type of dizziness and may occur when you move your head in a certain way, such as raising your head suddenly.

**Call 911 if the person has:**

**A head injury**

**Convulsions**

**Chest pain**

**Change in vision or speech**

**Fever over 101 degrees F**

**Headache**

**Very stiff neck**

**Inability to move and arm or leg**

**Loses consciousness for more than a few minutes**

1. Relieve or prevent dizziness
2. Have the person lie down and rest.
3. The person should avoid sudden changes in body position.
4. Help the person avoid abrupt head movements, especially looking up.
5. Keep the person safe
6. Help the person avoid falls.
7. The person should not drive or operate dangerous machinery.

**EAR FOREIGN BODY**

1. Remove the object if possible
2. If you can see the foreign body in the ear and remove it easily, carefully doing so using tweezers to remove the object by force.
3. Tilt the head to try to help the object fall out.
4. If it is a live insect, you can kill it far easier than removal by putting a few drops of baby oil or vegetable oil and have person gently tilt his/her head to dislodge the object. Don’t use this method if there is any pain or bleeding or if the person has tubes in the ear.
5. **See a doctor**
6. **If you can’t see the object or can’t remove it easily or if removing it will cause pain.**
7. **Pain is severe.**
8. **Pain, hearing loss or discomfort continues after the object is removed.**

**EYE INJURY I**

**Call 911 if an object such as piece of glass or metal is sticking out of the eye.**

1. For chemical exposure
2. Don’t rub eyes
3. Immediately wash out the eye with water. Use whatever is closest – water fountain, shower or faucet.
4. **Get medical help while you are flushing the eye or after 15 to 20 minutes of continuous flushing**
5. Don’t bandage the eye.
6. For a blow to the eye
7. Apply a cold compress, but don’t put pressure on the eye.
8. Take over-the-counter acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain.
9. **If there is bruising, bleeding, change in vision, or it hurts when the eye moves, see a doctor.**
10. For a foreign particle in the eye
11. Don’t rub the eye.
12. Pull the lower lid down and blink repeatedly.
13. If the particle is still there, rinse with eyewash.
14. **If rinsing doesn’t help, close the eye, bandage it lightly, and see a doctor.**

**EYE INJURY II (SCRATCHED EYE/CORNEAL ABRASION)**

1. **See a doctor if:**
2. **There is pain, change in vision, or increased sensitivity to light after a scratch or trauma to the eye.**
3. **There is a foreign object lodged in the eye or eyelid.**
4. **There is loss of vision.**
5. **Something hit the eye at high speed or with high force.**
6. Clean and protect the eye.
7. Inspect the eye for small particles that may be stuck under the eyelid and causing symptoms.
8. Flush the eye with clean water or saline solution to remove particle or to soothe the eye surface.
9. Avoid rubbing the eye.
10. **See a doctor if the person has blurred vision or eye pain, tearing, redness, or irritation even if there does not appear have anything in the eye. There may be a scratch on the surface of the eye called a corneal abrasion.**

**EYE INJURY III – CHILDREN**

**Call 911 if the child has:**

**An object such as a piece of glass or metal stuck in an eye.**

**Problems seeing.**

**Uneven pupils.**

**Very bad eye pain.**

**There is blood in an eye.**

**Feeling nausea or is vomiting after an eye injury.**

**Came into contact with chemicals.**

**Call a doctor if:**

1. **The child is younger than 1.**
2. **Has been hit in the eye with an object.**
3. **Has an irritated or red eye.**
4. **Has an eye that’s extremely sensitive to light.**
5. **Keeps blinking.**
6. **Has a painful, swollen, or red area close to the eyelid or eye.**
7. **Has cut on the eyeball or eyelid.**
8. **May need stitches.**
9. Treating a Childs’s minor eye irritation
   1. Wash your hands
   2. Keep the child from rubbing the eye.
   3. Rinse the eye
      1. Hold the child’s head over a sink, facing down and to the side, and hold the eyelid open.
      2. Gently pour water over the eye for five minutes and see whether the object is out. Repeat until the eye is clear or the object does not come out of the eye.
      3. **If the object is still in the eye, put a light bandage over it and take the child to the emergency room for treatment.**
10. **Treating an object stuck in the eye.**
    1. **Tape a paper cup over the eye & do not try to remove the object.**
    2. **Take the child to the emergency room.**
11. Treating a minor cut or scratches around the eye.
    1. Stop the bleeding by hold gauze on the wound for 10 minutes.
    2. Clean the injury and cover the eye with a cloth for protection, and wash the area with clean water for few minutes.
    3. Ask the pediatrician whether you should use antibiotic ointment if the wound is close to eye.
    4. Put a bandage on the wound.
    5. Change the bandage daily.
    6. Provide pain relief by giving the child-formula acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain, if needed.
    7. Don’t give aspirin to a child under 16 years old.
12. Treating a black eye, bruising, or swelling
    1. **Check for further injury.**
       1. **I you suspect broken bones, damage to the eye, or a head injury, take the child to the emergency room.**
       2. **If the black eye was caused by something hitting the eye, call the pediatrician.**
    2. Apply cold by putting an ice pack on the area for 20 minutes each hour to lessen swelling and repeat for four hours.
    3. Provide pain relief.
       1. Give child-formula acetaminophen (Tylenol) for pain, if needed.
       2. Don’t give aspirin to a child under 16 years old.
13. Treating chemical exposure.
    1. Wash your hands.
    2. Keep the child from rubbing the affected eye.
    3. Rinse the eye.
       1. Hold the child’s head over a sink, facing down and to the side, and hold the eyelid open.
       2. Pour water over the eye for 15 to 20 minutes.
       3. If the chemical is in both eyes, rinse them in the shower.

**FAINTING**

**Call 911 if the person:**

**Has blue lips or face**

**An irregular or slow heartbeat**

**Chest pain**

**Difficulty breathing**

**Is difficult to awaken**

**Acts confused**

1. Make the person safe.
2. Lay the person flat on his/her back.
3. Elevate the person’s legs to restore blood flow to the brain.
4. Loosen tight clothing.
5. Try to revive the person.
6. Shake the person vigorously, tap briskly, or yell.
7. **If the person doesn’t respond, call 911 immediately.**
8. Do home care for simple fainting.
9. If the person is alert, give fruit juice, especially if the person has not eaten in more than 6 hours.
10. Stay with the person until he or she is fully recovered.
11. **See a doctor**
12. **Hit his or her head when fainting.**
13. **Faints more than once in a month.**
14. **Is pregnant or has a heart condition or other serious illness.**
15. **Experiences unusual symptoms, such as chest pain, shortness of breath, confusion or blurred vision.**

**FINGER DISLOCATION**

1. Control swelling.
2. Remove any rings immediately.
3. Apply ice to the area.
4. Keep the finger elevated above the heart.
5. If the finger is bent or deformed, don’t try to straighten it. It may be broken.
6. **See a doctor for necessary follow-up and treatment.**

**HEAD INJURY I**

**Call 911 if the person has any of the following symptoms:**

**Blood or clear fluids coming from the ears or nose**

**Slurred speech**

**Unconsciousness, confusion, dizziness, or drowsiness**

**Unequal pupil size or blurred or double vision**

1. **Unless the airway is blocked, do not move the person until a medical team arrives and checks the person.**
2. **Do hands-only CPR, if necessary.**
3. **If the person is unconscious or not breathing, do ONLY chest compressions.**
4. **For an adult, start adult CPR.**
5. **For a child, start CPR for children.**
6. For mild or moderate head injuries
7. To control bleeding, apply clean dressings directly to the scalp or facial cuts.
8. To control swelling, apply ice for 20 to 30 minutes every 2 to 4 hours.
9. For headache, give over-the-counter acetaminophen. Do not use aspirin, ibuprofen or medications that can increase the risk of bleeding.

**HEAD INJURY II – CHILDREN**

**Call 911 if the child:**

**Is not breathing**

**Lost consciousness**

**Had a seizure**

**Is hard to wake up**

**Is slurring speech or acting confused**

**Wobbles when walking**

**Has weak arms or legs**

**Can’t move his/her neck as usual**

**Keeps bleeding**

1. **Call a doctor if:**
2. **You think the injury is serious or if the child:**
   1. **Is younger than 1 year old.**
   2. **Has neck pain or keeps crying.**
   3. **Needs stitches for a wide-open wound.**

### HEART ATTACK:

**Call 911 if the person has any of the following symptoms:**

**Discomfort, pressure, heaviness, or**[**pain**](http://www.webmd.com/pain-management/default.htm)**in the chest, arm, or below the breastbone**

**Discomfort radiating to the back, jaw, throat, or arm**

**Fullness, indigestion, or choking feeling (may feel like**[**heartburn**](http://www.webmd.com/heartburn-gerd/default.htm)**)**

**Sweating,**[**nausea**](http://www.webmd.com/digestive-disorders/digestive-diseases-nausea-vomiting)**, vomiting, or dizziness**

**Extreme weakness,**[**anxiety**](http://www.webmd.com/anxiety-panic/default.htm)**, or shortness of breath**

**Rapid or irregular heartbeats**

During a heart attack, symptoms last 30 minutes or longer and are not relieved by rest or [nitroglycerin](http://www.webmd.com/drugs/drug-18030-nitroglycerin+oral.aspx) under the [tongue](http://www.webmd.com/oral-health/picture-of-the-tongue).

Some people have a heart attack without having any symptoms (a "silent" myocardial infarction). A silent MI can occur in anyone, but it is more common among people with diabetes.

**Get a powdered or tablet aspirin from one of the first aid kits located in the church (kitchen or usher stand) and have the person dissolve it in their mouth before washing down with water.**

**IMMEDIATE RESPONSE ACTIONS IF THEY STOP BREATHING OR ABNORMAL HEARTBEAT OR NO HEARTBEAT:**

1. **Have someone call 911 for you.**
2. **Yell for someone to get the AED from the west wall of the kitchen.**
3. **Hands-Only CPR: Start chest compressions by pushing hard and fast on the lower half of the breastbone, at least 100 beats per minute and 2 inches deep, until the person is breathing on their own or until the AED or emergency services arrive.**
4. **Conventional CPR: Start Compressions first, then clear Airway, then deliver Breaths. Do 30 compressions followed by 2 breaths and repeat cycle until the person is breathing on their own or until AED or emergency services arrive.**

**NOSEBLEEDS**

1. Stop the bleeding
2. Have the person sit up straight and lean forward slightly. Don’t have person lie down or tilt their head back.
3. With the thumb and index finger, firmly pinch the nose just below the bone up against the face.
4. Apply pressure for 5 minutes. Time yourself with a clock.
5. If the bleeding continues after 5 minutes, repeat the process.
6. **See a doctor immediately if:**
7. **The nosebleed doesn’t stop after 10 minutes of home treatment.**
8. **The person is taking blood thinners, such as warfarin (Coumadin), Plavix or aspirin or has a bleeding problem.**
9. **Nosebleed happens after a severe head injury or a blow to the face.**

**PANIC ATTACKS**

1. Calm the person
2. Ask the person what you can do to help.
3. Reassure the person that the attack will probably pass in a few minutes.
4. Encourage the person to take slow, even breaths.
5. Do not minimize the person’s symptoms.
6. **If unable to calm the person, take him or her to see a doctor.**

**POISONING**

1. Call Poison Control @ 1-800-332-3073 or 303-739-1123 and follow their instructions.

**PUNCTURE WOUNDS**

**Call 911 if a puncture wound:**

**Bleeds excessively**

**Spurts blood**

**Does not stop bleeding after 10 minutes of firm pressure**

**Is to the chest, abdomen, or neck and there are any emergency symptoms: severe pain, fast breathing or trouble breathing, vomiting, dizziness, or unconsciousness**

**Is to the eye or in the throat. Leave object in place.**

**Keep the person calm.**

1. See a doctor if:
2. The object that caused the puncture wound cannot be easily removed.
3. The puncture wound was to the chest, abdomen, or neck, but there are no emergency symptoms
4. The wound is visibly dirty.
5. The wound is an animal or human bite.
6. The wound occurred through the bottom of a shoe – stepping on a nail, for example.
7. Remove the object that caused the puncture wound if it is small and can easily be removed.
8. Stop the bleeding by applying firm, direct pressure with sterile gauze or clean cloth until the bleeding stops.
9. Clean the wound under clean water for several minutes; then wash the area with mild soap & water and apply an antibiotic cream.
10. Use a sterile bandage to protect the puncture wound from dirt or further injury
11. Treat pain with ibuprofen (Advil, Motrin) or acetaminophen (Tylenol).

**SPLINTERS**

1. Clean area with mild soap and water.
2. If it doesn’t hurt, let the splinter work its way out over a few days.
3. If it does hurt, touch the area gently with sticky tape and pull away carefully. If unsuccessful, remove as below.
4. Remove a large splinter.
5. Clean a small needle and tweezers with alcohol.
6. If you can see the end of the splinter, grip it with tweezers and gently pull it out the entire splinter.
7. If none of the splinter is sticking out, follow the path of the splinter with the needle. Open the path with the needle, then grip the splinter with the tweezers to remove it.
8. Clean wound area again with mild soap and water. Apply a bandage and antibiotic ointment.

**STROKE**

**Call 911 if the person has: (FAST symptoms)**

**Numbness or weakness of the face\* arm\*, or legs – especially on just one side of the body**

**Slurred or unusual speech\***

**Trouble\* seeing in one or both eyes**

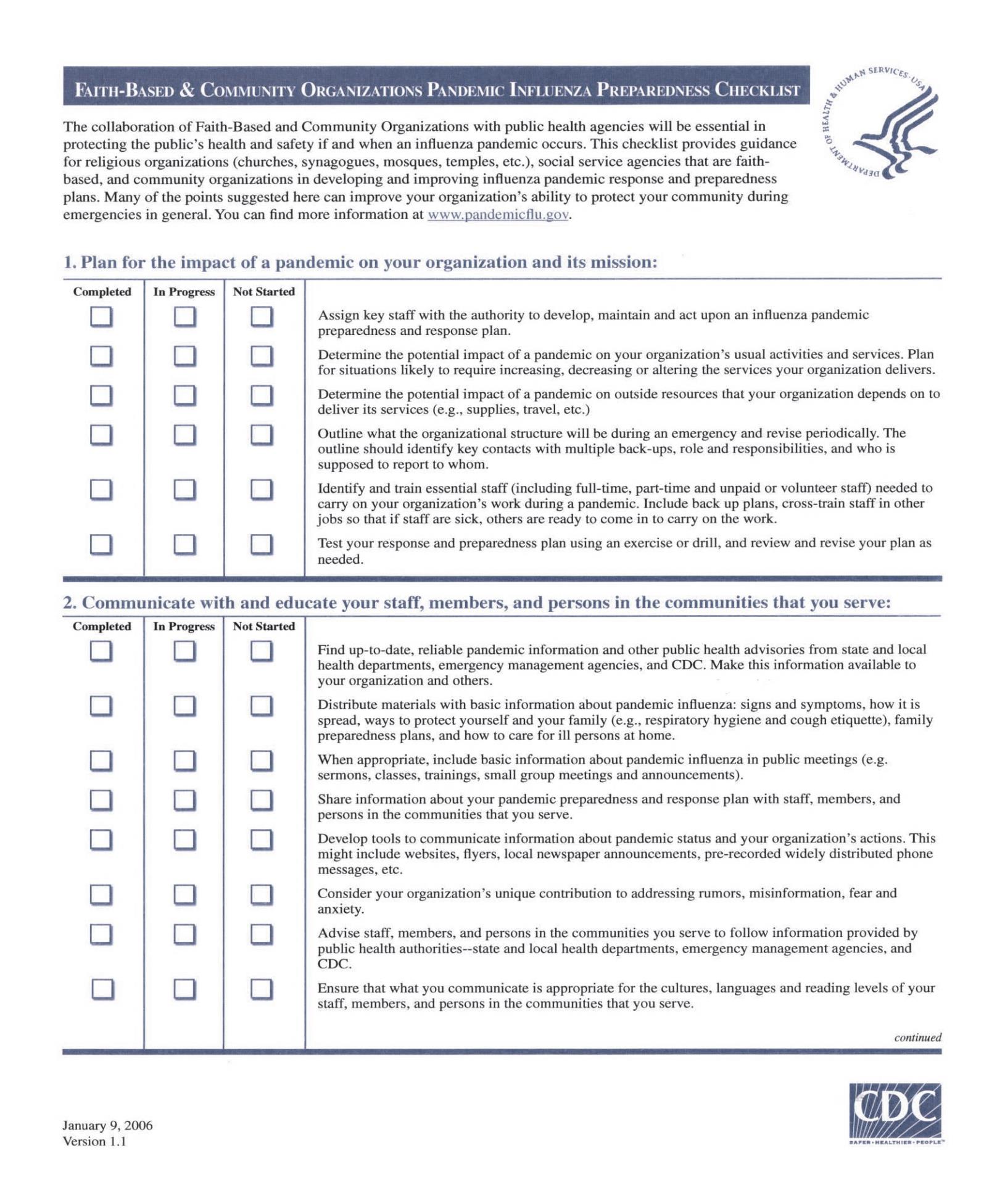
**Trouble\* walking, dizziness, or balance problems**

**Sudden confusion**

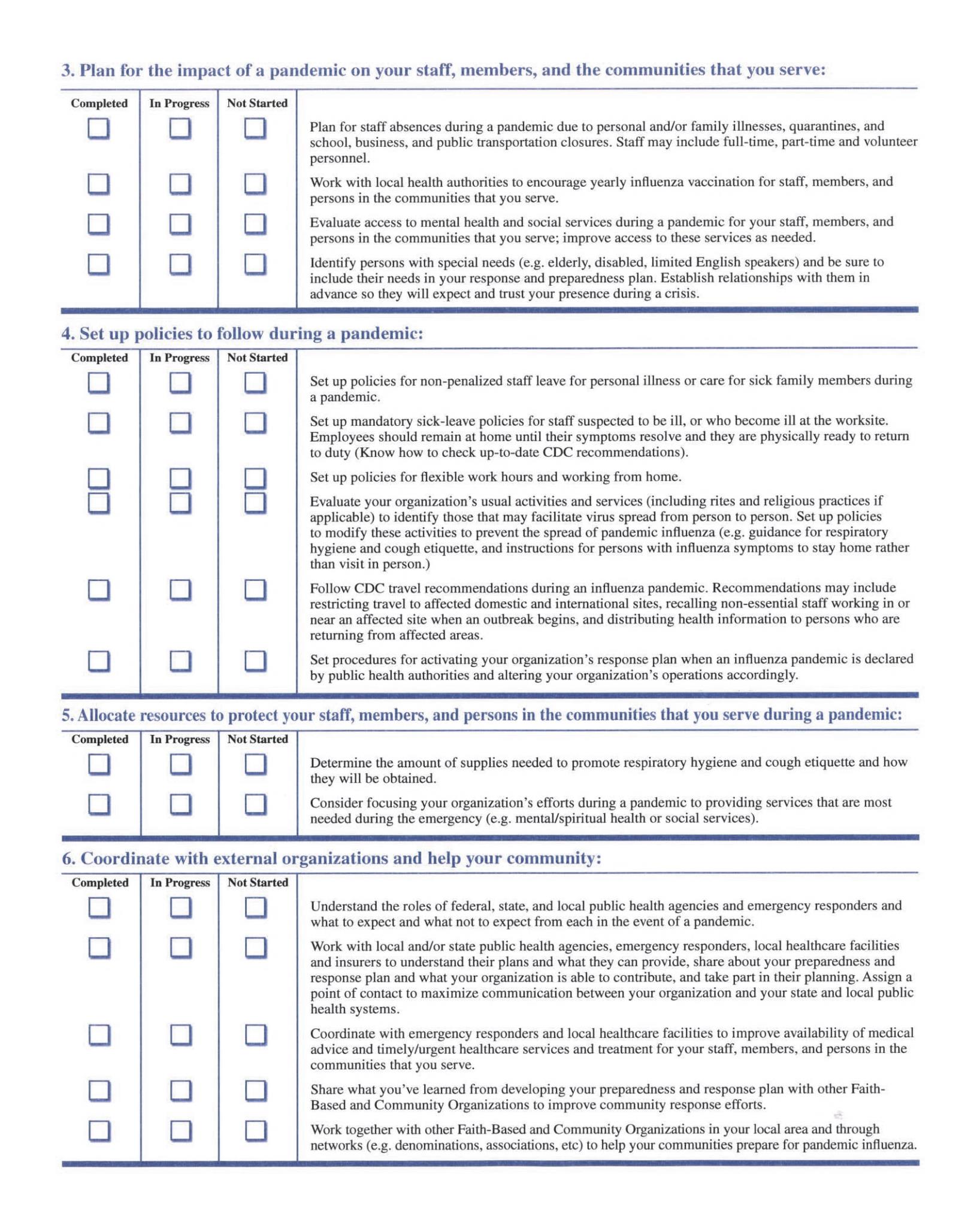
**Severe headache**

**Unconsciousness**

1. **Note time\* symptoms occurred and tell emergency personnel.**
2. **“ FAST\*” (Face, arm, speech, and trouble seeing or walking and note time)**
3. Do not give the victim anything by mouth.
4. Check the victim’s airway, breathing and circulation. If any are absent, initiate rescue breathing and **CPR** until emergency personnel arrive.

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**Pandemic Influenza:**

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Fire and Hazardous Material Incidents

**Planning activities (*before*** an emergency**)**:

* Keeping interior doors closed helps isolate fires and slows the rate of burning.
* Plan two escape routes out of each area. (See pages 48-50 for escape routes)
* Practice fire drills at least twice a year.
* Teach church members to stay low to the ground when escaping from a fire.
* Teach church members never to open doors that are hot. In a fire, feel the bottom of the door with the palm of your hand. If it is hot, do not open the door. Find another way out.
* Smoke detectors are on every level and should be tested at least once a month.
* Check electrical outlets. Do not overload outlets.
* Know the locations and how to use fire extinguisher (locations of extinguishers and alarms are included in General Information floor plans on pages 48-50).

**Response activities** (***during*** an emergency):

***If You Discover a fire***

* **Activate** the nearest fire alarm and alert others.
* **Evacuate** the building, using the stairs and closing doors behind you. **Do not use elevators**. Go to your designated evacuation assembly area.
* **Call 911.**
* Do not re-enter the building until authorized by emergency personnel.

***Using a Fire Extinguisher***

If you have been trained, you may choose to extinguish a very small contained fire with a fire extinguisher. Do this only if you can do so safely. If there is any doubt, evacuate. Fires can re-ignite, so never turn your back on a fire. If possible, have a safety observer trail the fire extinguisher user with a hand on his or her shoulder to pull them back in case of being overcome.

**P**  **PULL** safety pin from handle.  
**A**   **AIM** at base of fire.  
**S**    **SQUEEZE** the trigger handle.  
**S**    **SWEEP** from side to side at base of fire.

***When a Fire Alarm Sounds***

* **Evacuate** – Walk to the nearest exit closing doors between you and the fire.
* **Assist** persons with special needs if possible. Contact emergency services (911).
* **Notify** fire personnel if you suspect someone is trapped inside the building.
* **Gather** outside **at designated evacuation assembly area (page 51)**, and do not attempt to reenter the building until instructed to do so by fire department personnel.

***If Trapped in a Room***

* Wet and place cloth material around or under the door to prevent smoke from entering the room.
* Close as many doors as possible between you and the fire.
* Be prepared to signal to someone outside.

***If Caught in Smoke***

* Drop to hands and knees and crawl toward exit. Stay low as smoke will rise to ceiling level.
* Count the doors as you pass so you will know when you reach the exit door.

***If Forced to Advance through Flames***

* Hold your breath.
* Move quickly.
* Cover your head and hair.
* Keep your head down and your eyes closed as much as possible.

**Fire alarm information:**

There are two types of fire alarm systems at St. Gabriel. Pulling the red fire alarm pulls at any one of five exits activates a fire alarm, which directly alerts a contracted monitoring company. The other alarm system is activated anytime one of the ceiling mounted smoke detectors detects smoke, which alerts the monitoring company. The monitoring company will call St. Gabriel and then the fire department, if needed. A fire alarm annunciator located next to the north door exit on the east wall (see page 48) can inactivate the alarm, but the monitoring company must also be called if the fire department is not needed. The monitoring company contact is **Security Central at 303-721-0111**. The figure below depicts the annunciator panel:



Weather Hazards

Tornado:

Tornadoes are one of nature’s most violent and damaging hazards that can cause almost complete destruction of everything in its direct path.

**Preparedness activities** (*before* an incident):

* Pre- identify a room on the lower level with no windows (St Cecelia Choir Room).
* Make sure stairways to the lower level are kept clear at all times.
* Determine how best to communicate the need to take shelter (Intercoms on phones).
* Conduct a drill once a year at the beginning of tornado season to evaluate the plan.

**Response activities** (*during* an incident):

* Communicate the need to take shelter and identify the location of the shelter.
* Don't open or close windows; move directly and immediately to the basement hallway or place of shelter away from windows. If unable to get to the lower level, utilize hallways or small interior rooms. Do not leave the building to go to your car.
* Take the weather radio to the shelter location and listen for the outdoor sirens. St. Gabriel is situated so it is possible to hear the Denver emergency sirens.
* Watch children closely. Hugs are important in frightening situations.
* Be mindful of the dangers of flying debris and glass. Stay clear of windows.
* Be prepared for a loss of [electricity](http://inumc.org/news/detail/1294). Have flashlights readily available.
* After evacuating the sanctuary, consider continuing the worship service, providing quiet assurance in the midst of the stress of the moment; or someone could lead hymn singing until the danger has passed.
* Use landline telephones only if it is an emergency and if [cell phones](http://inumc.org/news/detail/1294) are not available.

Winter weather:

For the purposes of this checklist, winter weather includes blizzards, extreme cold, hail and ice. Blizzards can cause breakage of tree branches, downed power lines and stranded people.

**Preparedness activities** (*before* an event):

* Have a weather radio available and learn the warning terms for storms.
  + **Winter Storm Watch** - indicates that severe winter weather is likely.
  + **Winter Storm Warning** – indicates that severe winter weather conditions are definitely on the way.
  + **Winter Weather Advisory** – conditions are expected to cause significant inconveniences and may be hazardous especially to motorists.
  + **Blizzard Warning** – large amounts of falling or blowing snow and sustained winds of at least 35mph and are expected for several hours.
* Have shovels, rock salt and kitty litter available.
* Ensure water pipes are insulated.
* Have a plan for contacting congregants in the case of cancelled services (phone/text/email).

**Response activities** (*during* an event):

* Monitor a weather radio and consider canceling services and activities when conditions are hazardous.
* Clear paths from parking lot to building, being especially aware of steps and ice buildup on sidewalk.
* Consider asking congregants to remain at church until danger subsides.
* Be aware of downed power lines and tree branches on property.
* Have flashlights available in the case of lost power.

**Thunderstorms, Lightning and Flash Floods:**

**Preparedness activities** (*before* an incident):

* Have a weather radio available to monitor weather (storm kit in Choir Room).
* Learn the warning terms for thunderstorms.
  + **Thunderstorm *Watch*** – means conditions are favorable for thunderstorms to produce wind gusts to 58 mph or hail to ¾ inch or larger. Watches are issued for 4 to 6 hours at a time.
  + **Thunderstorm *Warning*** – means a severe thunderstorm has been detected. Take cover if in the area.
* Ensure computers are connected to surge protectors.
* Become CPR trained (for lightning strike victims).
* Learn the warning terms for flash floods.
  + **Flash Flood *Watch*** – means heavy rains are occurring or may occur and may cause flash flooding.
  + **Flash Flood *Warning*** – flash flooding is occurring or imminent on certain streams or designated areas.
  + **Small Stream and Urban Food *Advisory*** – minor flooding is occurring or expected. Can cause flash flooding in periods of heavy rain.

**Response activities** (*during* an incident):

* Monitor a weather radio (storm kit in Choir Room).
* Bring everyone indoors.
* Be aware that plumbing fixtures can conduct electricity.
* Avoid using corded telephones (cell phone and cordless are okay).
* Unplug computers and turn off air conditioners (power surges can cause serious damage).
* Be aware that small streams and culverts can fill very quickly during a flash flood.
* Do not attempt to drive through flooded areas. Water can rise quickly and carry a car away. TURN AROUND, DON’T DROWN!

Human Caused Threats

**Threatening or violent behavior:**

**Threatening behaviors** may include verbal or nonverbal acts of intention and can be direct or indirect. Shaking a fist or pounding on a desk are examples of nonverbal threats. Any threatening behavior should be considered potentially serious and reported.

**Violent behaviors** are physically aggressive acts which should be reported immediately, once safe to do so. These acts can include criminal activities, such as theft or an active shooter.

**If the threat is serious and immediate: Leave the situation if possible and call 911.**  
Quickly determine the most reasonable way to protect yourself. The following information is presented as options. In the moment, you will need to make a personal choice based on your assessment of the situation. Keep in mind that others are likely to follow your lead during an emergency situation.

#### ****Run****

* Have an evacuation route and plan in mind.
* Leave your belongings behind.
* Keep your hands visible to law enforcement.

#### ****Hide****

* Hide in an area out of the violent person’s view.
* Lock the doors and block entry by placing furniture against the doors.
* Turn off the lights.
* Turn off your cell phone’s ringer and set to vibrate.
* Remain silent until given the all clear by law enforcement officials (visibly check).

#### ****Fight****

* As a last resort, if neither running nor hiding is a safe option and only when your life is in imminent danger.
* Attempt to incapacitate the violent person by using items such as chairs, fire extinguishers, or heavy books.

**Call 911 when it is safe to do so**

**Information you should provide to law enforcement or 911 operator:**

* Location of the violent person.
* Number of attackers, if more than one.
* Physical description of attacker(s).
* Number and type of weapons held.
* Number of potential victims at the location.

**When law enforcement arrives:**

* Remain calm, and follow officers’ instructions.
* Immediately raise hands and keep them visible at all times.
* Avoid making quick movements toward officers such as attempting to hold on to them for safety.
* Avoid pointing, screaming and/or yelling.
* Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises.
* Keep in mind, law enforcement’s immediate objective is to find the threat. They will not tend to the injured on their way into the building.

Inappropriate behavior towards children:

**Safeguarding God's Children:**

The Diocese of Colorado has developed a set of policies for parish ministry with children and youth.  The Bishop and Standing Committee of the diocese have **mandated that every parish must adopt and implement these policies.**  St. Gabriel adopted these policies in October 2005.

As part of these policies, all adults who regularly work with children and youth are required to become certified in the course Safeguarding God's Children.  Adult volunteers are also required to have a background check.  St. Gabriel's Director of Children, Youth and Family ensures adult volunteers are properly certified, maintains Safeguarding records and performs background checks. Additional information on the requirements and a schedule of classes can be found on page 46, Additional Disaster Related Resources, or by emailing [youthstgabes@gmail.com](mailto:youthstgabes@gmail.com).

Any observed or reported occurrence of inappropriate behavior towards children should be confronted immediately and the individual adult involved should be removed from the church premises. The incident must be reported to the Rector, Senior Warden, or church staff immediately. The Rector or Senior Warden will then determine if the authorities will be notified.

Bomb threat:

Prank callers who want to create an atmosphere of anxiety and panic make most of the bomb threats. However, all such calls must be taken seriously. If you receive a threat of any kind, immediately notify authorities by calling Emergency 9-1-1. If possible, have someone do this while you continue talking to the caller. Write down the caller ID if it is available.

* Use the Bomb Threat data collection form (below)
* Call authorities; Emergency 9-1-1
* Provide all available information from data collection form
* Follow evacuation procedure as necessary
* Be aware of area and surroundings, such as items out of place
* Do not approach, touch, move, or shake items
* Do not use cell phone, two-way radio, or any wireless communication device.
* Account for all building occupants
* Wait for an “All Clear” or other instructions from officials before returning to the building

**BOMB THREAT DATA COLLECTION FORM**

Ask:

When is the bomb going to explode?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is it right now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does it look like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of bomb is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will cause it to explode? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you place the bomb? Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exact wording of threat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Caller (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number from caller ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_Race: \_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Voice:** Calm Angry Excited Slow Soft Loud Laughter Crying Well spoken Foul Irrational Normal Distinct Slurred Nasal Stutter Lisp Raspy Deep Accent Ragged

Incoherent Taped Message read by threat maker Familiar Clearing throat

Deep breathing Cracked voice Disguised

**Background sounds**: Street noise Animal noise Clear Static Music

House noise Motor Office noise Factory noise Voices PA system

Suspicious mail or package:

* Do not shake, open or empty package; place on table or floor.
* Wash hands with antibacterial product.
* Call authorities; Emergency 9-1-1.
* Follow the directions of the authorities.

**Detecting suspicious packages:**

* Misspelled words or poorly typed/written addresses, names or labels. Check to see if the company exists and if they sent a package or letter.
* Packages wrapped in string or excessive tape.
* Strange odor.
* No postage, non-canceled postage, or excessive postage.
* Handwritten notes, such as, “To Be Opened in the Privacy of,” “Confidential,” Your Lucky Day is Here,” “Prize Enclosed.”
* Restrictive markings such as confidential, personal, etc.
* Improper spelling of common names, places, or titles.
* Generic or incorrect titles. Titles with no name attached.
* Leaks, oily stains, protruding wires, discoloration, or crystallization on wrapper. Powdery substance on or in the package/envelope.
* Hand delivered or “dropped off for a friend” packages or letters.
* No return address or nonsensical return address.
* Mailed from a foreign country.
* Any letters or packages arriving before or after a phone call from an unknown person asking if the item was received.

FUNCTIONAL CHECKLISTS

This section of the St. Gabriel Preparedness Checklist includes the support functions that may be needed during an incident or emergency. A support function is an action or activity that may be performed in response to any hazards identified in the plan. As an example, the “shelter in place” checklist could be utilized for a HAZMAT accident down the street, or for weather related event. Rather than repeat the shelter in place instructions for each hazard/emergency section of the plan, we can just refer to the appropriate annex.

The Functional checklists included in this document are:

1. Shelter in Place

2. Evacuation

3. Lockdown

4. Church Security

5. Recovery

1. Shelter in Place

The purpose of this checklist is to provide guidance during a crisis or emergency that requires the occupants to stay within the building. It was determined that the choir room (St. Cecelia Room) on the lower level would serve as the best location for sheltering in place in case of a tornado warning, hazardous materials spill, or similar event.

**Planning activities (**to be completed ***before*** an emergency**)**

* Pre-select an interior room(s) with the fewest windows or vents (St. Cecelia Room).
* Room(s) should have adequate space for everyone to be able to sit down.
* Consider assembling a Shelter-in-Place kit containing the following:
  + A battery-operated/hand cranked AM/FM radio and batteries.
  + Plastic sheeting (preferably, pre-cut to size to cover any windows & doors).
  + Duct tape for sealing cracks around doors and windows.
  + Alternate lighting in the event of a power outage such as a flashlight(s) or light-sticks.
  + Towels to block the bottoms of each door in the room.
  + First-aid kit.
* Create a Shelter-in-Place announcement for occupants of the building asking them to stay and not leave.
* Conduct occasional Shelter-in-Place drills.
* Check the supplies of the Shelter-in-Place regularly.

**Response activities** (***during*** shelter-in-place emergency)

* Announce to all occupants that there is a Shelter-in-Place emergency.
* Request all occupants to stay and not leave.
* Instruct everyone outside to come inside immediately.
* Close all doors, windows and any openings to the outside.
* Direct staff and all visitors to the designated Shelter-in-Place Room(s).
* Monitor media for updates (e.g. radio, cell phones, etc.)
* Account for all building occupants.
* Remain in the room(s) until emergency officials give an ALL Clear.

***In the case of an outside chemical release***:

* Shut down HVAC system.
* Seal any doors, windows, vents with plastic sheeting and tape.
* Place wet towels at base of door(s).

A floor map that shows location for sheltering and HVAC shutoff location is included in General Information on pages 48-50.

2. Evacuation

When conditions inside the church make it unsafe to remain, it may become necessary to move people to a safe location outside the building. Evacuation of the building may be needed in situations including fire, gas leak or a structural collapse.

**Planning activities (*before*** an evacuation emergency**)**

* Pre-identify an assembly area outside the building (minimum 500 feet for a fire)
* Consider alternate assembly sites in case of inclement weather
* Identify multiple evacuation routes
* Determine how you will communicate the need to evacuate
* Establish a system for accounting for all occupants
* Conduct regular drills

**Response activities** (***during*** an evacuation emergency)

* Determine the need to evacuate
* Communicate the need to evacuate
* Call 9-1-1 immediately when an evacuation occurs
* Exit the building and go to the predetermined assembly area
* Stay with children at all times
* Account for all occupants
* Check for injuries
* Report any missing people to arriving first responders

The evacuation routes and the location of assembly areas are included in General Information on pages 48-51.

3. Lockdown

The purpose of this checklist is to provide guidance during a crisis or emergency involving a hostile person that requires the occupants to stay within the building.

**Planning activities (**to be completed ***before*** an incident**)**

* Create a Lockdown announcement for occupants of the building informing them of possible impending danger using a preplanned code that is easily understood.
* Conduct occasional lockdown drills.

**Response activities** (***during*** an incident requiring Lockdown)

* **Lock and barricade** the room you are in at the time of the threatening activity.
* Stay out of bathrooms as they don’t normally have locks or barricade materials.
* Stay away from windows and doors.
* Call 9-1-1. Do not hang up.
* Turn off lights and computer monitors.
* Stay calm and quiet**.**
* **DO NOT** stay in the open hall and **DO NOT** sound the fire alarm.  A fire alarm would signal the occupants in the rooms to evacuate the building and thus place them in potential harm as they attempted to exit.
* No person is to enter or exit the locked room except a police/fire officer. Be aware that an intruder may say he is a police officer to gain entry to the room. Visually check, if possible, before unlocking door or removing barricade.
* Remain in secure room and wait for “ALL CLEAR” instructions from Emergency Responders.
* Once the police arrive, obey all commands. This may involve being made to put your hands in the air.  This is done for safety reasons and once the police evaluate circumstances, they will give you further directions to follow.

# *4. Church Security - Emergency Procedures*

Building security:

To protect the church from fire, entry of unauthorized persons, etc., please use the St. Gabriel Church Check-Out checklist provided in General Information on page 44 to secure the building after hours.

Utility outages:

A power outage can occur any time of the year. During winter storms, a power outage may be caused by heavy and blowing snow, or a traffic accident involving a power pole. Summer time heat can put a demand on the electrical grid causing an outage.

**Preparedness activities** (*before* an incident)

* Know the phone numbers for the local gas and electric providers (page 42).
* Have a plan for using a neighboring facility in the case of prolonged outages.
* Keep a Flashlight handy (Do not use candles during a power outage due to the risk of fire).
* Have a battery-powered or hand-crank radio NOAA Weather Radio, if possible.
* Extra batteries.

**Response activities** (*during* an incident)

* Call 9-1-1 for emergencies such as downed power lines or a natural gas leak.
* Be aware of eating food from a refrigerator that had lost power. An unopened refrigerator will keep foods cold for about 4 hours.
* Consider that drinking water may be under a “boil” order.
* Turn off and unplug all unnecessary electrical equipment, including sensitive electronics.
* Turn off or disconnect any appliances (like stoves), equipment or electronics you were using when the power went out. When power comes back on, surges or spikes can damage equipment.
* Leave one light turned on so you’ll know when the power comes back on.

Emergency gas shut off:

Natural gas leaks and explosions are responsible for a significant number of fires following disasters. It is vital that there are members of the congregation who are familiar with how to safely shut off natural gas.

**Preparedness activities** (*before* an incident)

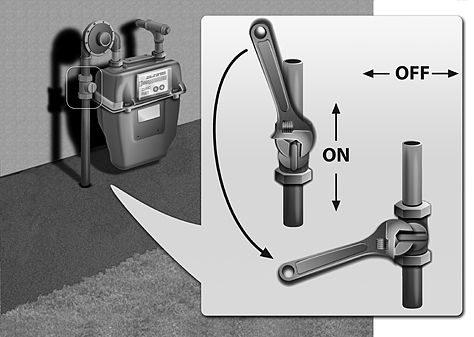
* Know the phone numbers for the local natural gas providers (located on page 42).
* Take pictures of the appropriate valves, switches and equipment to help the user locate and perform necessary actions (see below).
* If showing others the procedure, **be sure not to actually turn off the gas**.

**Response activities** (*during* an incident)

* If you smell gas or hear a blowing or hissing noise, open a window and get everyone out quickly. Turn off the gas, using the outside main valve if you can, (see diagram below) and call the gas company from a different location.

**Caution**: **Gas should only be turned back on by a qualified professional**. NEVER attempt to turn the gas back on yourself.

Specific training sessions will include location of the church gas main and gas shutoff procedures. An example of how to shutoff a gas main is included below. A non-sparking tool should be used to accomplish this. Tools are located in a labeled drawer in the kitchen on the west side.

HVAC shut off procedures:

There are three HVAC (Heating, Ventilation, and Air Conditioning) systems located in the church. Two are located in the lower level of the church and one is located next to the bathrooms at the northwest entrance to the sanctuary (Narthex). The exact locations are included in General Information on pages 48-50. Positioning the electrical switch for each HVAC module to the off position can shut down the systems.

**Preparedness activities** (*before* an incident)

* Know the phone numbers for the local electric providers (can be found in General Information on page 42).
* Review locations of the appropriate valves, switches and equipment to help locate and perform necessary actions.

**Response activities** (*during* an incident)

* DO NOT take any unnecessary risks when shutting down utilities or mechanical equipment.
* DO NOT stand in water when shutting down utilities or mechanical equipment.

Amap showing the location of utilities equipment can be found in General Information on pages 48-50.

5. Recovery

Recovery from a disaster or emergency involves actions and the implementation of programs, needed to help individuals and the church return to normal. Recovery programs are designed to assist victims and their families, restore the church to sustain growth and confidence, rebuild destroyed property, and reconstitute church operations and services. Recovery actions often extend long after the incident itself. Recovery programs should include mitigation components designed to avoid damage from future incidents. Typical recovery actions may include:

* Securing temporary facilities for the operations and services of the church
* Crisis counseling and mental health services for those affected by the incident

**Children and Disaster Recovery:**

Disasters can leave children feeling frightened, confused, and insecure. Whether a child has personally experienced trauma, has merely seen the event on television, or has heard it discussed by adults, it is important for parents and teachers to be informed and ready to help if reactions to stress begin to occur. Children may respond to disaster by demonstrating fears, sadness, or behavioral problems. For many children, reactions to disasters are brief and represent normal reactions to "abnormal events." A smaller number of children can be at risk for more enduring psychological distress.

A child’s method for coping with disaster or emergencies is often tied to the way parents cope. They can detect adults’ fears and sadness. Parents and adults can make disasters less traumatic for children by taking steps to manage their own feelings and plans for coping. One way to establish a sense of control and to build confidence in children before a disaster is to engage and involve them in preparing a family disaster plan. After a disaster, children can contribute to a family recovery plan.

**Helpful information for use after an emergency:**

After an incident occurs, there might be a need for counseling for those who were affected by the emergency or a need for some other kind of assistance to help those recover from the consequences of an emergency. St. Gabriel has several qualified counselors who can provide that service almost immediately. Additional resources can be found in General Information on page 46.

***General Information***

The following information is included in these pages:

Page 42: Vendor Resources and contact information as of February 2014

Page 44: St. Gabriel Check-Out List for securing the building

Page 46: Additional Disaster Related Resources

Page 47: Locations of important controls and documents

Pages 48-50: Floor plans showing locations of utilities, safety supplies and equipment, storm shelter rooms, and evacuation routes

Page 51: St. Gabriel Assembly Areas

Vendor Resources – as of February 2014

A/C Heating: AMI Mechanical Systems 303.280.0848

Customer ID: 212 St. Gabriel has a service contract.

Appliance Repair:

Best Service Company 303.733.5000

Plumbers: Bill Smith Plumbing & Heating 303.781.7856

Location #19377

A Perfect Plumber 720.375.3900

(Gas Shutoff service)

Outside:

Sprinkler repair – Ingraham’s Lawn Care 303.778.0534

Acct # 2167 – Randy Ingraham, owner

Russell or Jorge – sprinklers

Snow removal – Ingraham’s Lawn Care 303.778.0584

Acct. #2167 – St. Gabriel has a yearly contract with them

Weed Control, Fertilizing, Aerating

Wayne’s Ground Effects Wayne 303.777.5757

Lawn Mowing, Trimming, Hauling

Tony Nguyen 720.998.4390

Fountain Maintenance (spring and fall)

Singing Hills Landscape 303-343-4100

Trash Removal

Waste Management 303.797.1600

Handy Man/General

Reich Constructing – Randy 720.981.26.2

Fire Alarm & Extinguishers

Sentry Fire & Safety Inc. 303.294.0708

Acct. #S16190 (location of extinguishers are in General Information pages 48-50)

Fire Alarm System Monitoring

Security Central 303.721.0111

Acct # 1003585

Electrical

McBride Lighting 303.778.8787

Noble Place Electric 720.283.2922

Parking Lot

Coatings, Inc. 303.423.4303

Rose Paving Co., Ken Strock 303.646.7798

Sound System

Listen Up (Dave Arnold)

Roofing

B & L Roofing, Inc. 303.985.8536

Elevator:

Precision Elevator Service 303.933.0100

Contract for quarterly maintenance

Locksmith

Key-Rite Security 303.759.5013

2120 S Grape St.

Letter on file to reproduce keys

**Office and Misc.**

Copier:

Lewan & Associates 303.759.9633

Acct #55002 (Machine ID # W3801)

Computer

Onsite Consulting 720.482.8383

Scott Henke

Website

Rayfield Creative 720.261.4391

Cindy Rayfield

Bathroom/Building Cleaning

Cheryl & Nick Campbell 303.360.5722

Janitorial/Kitchen Supplies

Church Partner 303.794.4606

Acct. #0106157

Insurance Policies

Church Insurance Agency Corp. – all policies are in the insurance binder in the office bookcase.

St. Gabriel The Archangel Episcopal Church Check-Out List

**1. All exterior doors locked upstairs and downstairs**

West doors leading into church \_\_\_\_\_

North doors leading into parish hall \_\_\_\_\_

Northeast door next to nursery \_\_\_\_\_

South door at bottom of stairwell off parish hall \_\_\_\_\_

East door at bottom of stairwell off kitchen \_\_\_\_\_

**2. All lights are turned off and all interior doors closed upstairs and downstairs**

**Upstairs:**

Sanctuary (sanctuary candle remains lit) \_\_\_\_\_

Nave (votive candles remain lit) \_\_\_\_\_

Choir loft \_\_\_\_\_

Men's & Women's bathrooms in narthex \_\_\_\_\_

Narthex \_\_\_\_\_

Gallery \_\_\_\_\_

Sacristy \_\_\_\_\_

Parish Hall (ensure slides pushed all the way down--should "click") \_\_\_\_\_

Main Entry Hall (note: **do not** turn off light switch closest to the

exterior doors on the double panel...that is for the exterior lights) \_\_\_\_\_

Kitchen \_\_\_\_\_

All Saints Room \_\_\_\_\_

Lady Julian Chapel \_\_\_\_\_

Nursery \_\_\_\_\_

Nursery Bathroom \_\_\_\_\_

Main floor back hallway \_\_\_\_\_

**Downstairs:**

St. Teresa of Avila Room \_\_\_\_\_

St. Anne (Artist's Studio) \_\_\_\_\_

St. Francis (Youth Room) \_\_\_\_\_

St. Joseph Room (Pre School/Kindergarten Godly Play Room) \_\_\_\_\_

Mother Mary of Jesus (Storage Room) \_\_\_\_\_

St. Nicolas (Library Room) \_\_\_\_\_

St. Cecelia (Choir Rehearsal Room) \_\_\_\_\_

St. George Room (Elementary Godly Play Room) \_\_\_\_\_

Bathroom in St. George Room \_\_\_\_\_

Downstairs office \_\_\_\_\_

Storage room next to downstairs office \_\_\_\_\_

**3. Water in all sinks turned off**

**Upstairs**:

Men's & Women's bathrooms in narthex \_\_\_\_\_

Sacristy sink \_\_\_\_\_

Men's & Women's bathrooms in parish hall entry hallway \_\_\_\_\_

Nursery bathroom sink \_\_\_\_\_

Kitchen sink \_\_\_\_\_

D**ownstairs**:

Bathroom sink in St. George Room \_\_\_\_\_

Kitchenette sink in St. George Room \_\_\_\_\_

Men's & Women's bathroom sinks \_\_\_\_\_

**4. Kitchen**

Oven & stove are turned off **\_\_\_\_\_**

Trash created by event disposed in outside dumpster in trash bags \_\_\_\_\_

Dishes, glasses, cups, utensils, etc. used by event cleaned and replaced into

marked storage locations (do not leave dishes in dishwashers) \_\_\_\_\_

Food/beverages leftover from event removed (**do not** leave food unless you

have made prior arrangements with the parish administrator) \_\_\_\_\_

Counters wiped clean \_\_\_\_\_

Spills on floor from event mopped/cleaned up \_\_\_\_\_

**5. Thermostats**

Thermostats restored to original settings

**6. Audio Visual Equipment** is turned off and as appropriate, restored to original

location in church \_\_\_\_\_

**7. Parish Hall**

Furniture taken out of storage returned to storage \_\_\_\_\_

Parish Hall furniture restored to original arrangement \_\_\_\_\_

Carpet vacuumed \_\_\_\_\_

Tablecloths used and returned clean \_\_\_\_\_

*(Please note here how many tablecloths, sizes & colors taken for cleaning and*

*write down the date of return to the parish office):*

Additional Disaster Related Resources

Colorado Chapter of the **American Red Cross** can provide counseling services as well as assist in on site aid. The phone number for the Mile High Chapter of the Red Cross is 303-722-7474. Their website is: <http://www.redcross.org/find-help/disaster-recovery>.

***Safeguarding Gods Children***. A copy of the policies, titled Episcopal Diocese of Colorado Policies for Parish Ministries with Children and Youth, can be found on the diocesan website at: [http://www.dioco.org/policies.html](http://www.dioco.org/policies.html" \t "_blank" \o "http://www.dioco.org/policies.html CTRL + Click to follow link). A bound copy is also available in the St. Gabriel administrative office. This class, which is good for four years, is regularly scheduled throughout the Denver area and also may be taken on-line.  A listing of classes can be found at [http://www.dioco.org/safe-church.html](http://www.dioco.org/safe-church.html" \t "_blank" \o "http://www.dioco.org/safe-church.html CTRL + Click to follow link).

Location of Important Controls and Plans

* Fire alarm annunciator located at north exit door on the east wall.
* Fire alarm panel, circuit breaker/phone panels/outside light timer all located in the choir room, east door.
* Elevator control room is in choir room with a lock box.
* Sprinkler control under stairwell on southeast side of building and in a box near the entrance.
* Small tool box in a marked kitchen drawer.
* First Aid kits on top of microwave in the kitchen, at ushers’ stand, and in the St. Joseph classroom.
* Master keys may be requested from the Parish Administrator.
* Misc. building plans and specs: in closet across from counters office.
* Columbarium plans and plot assignments are in the safe in the counter’s office on the lower level.

St. Gabriel Floor Plans with Emergency Information (pages 48-50)

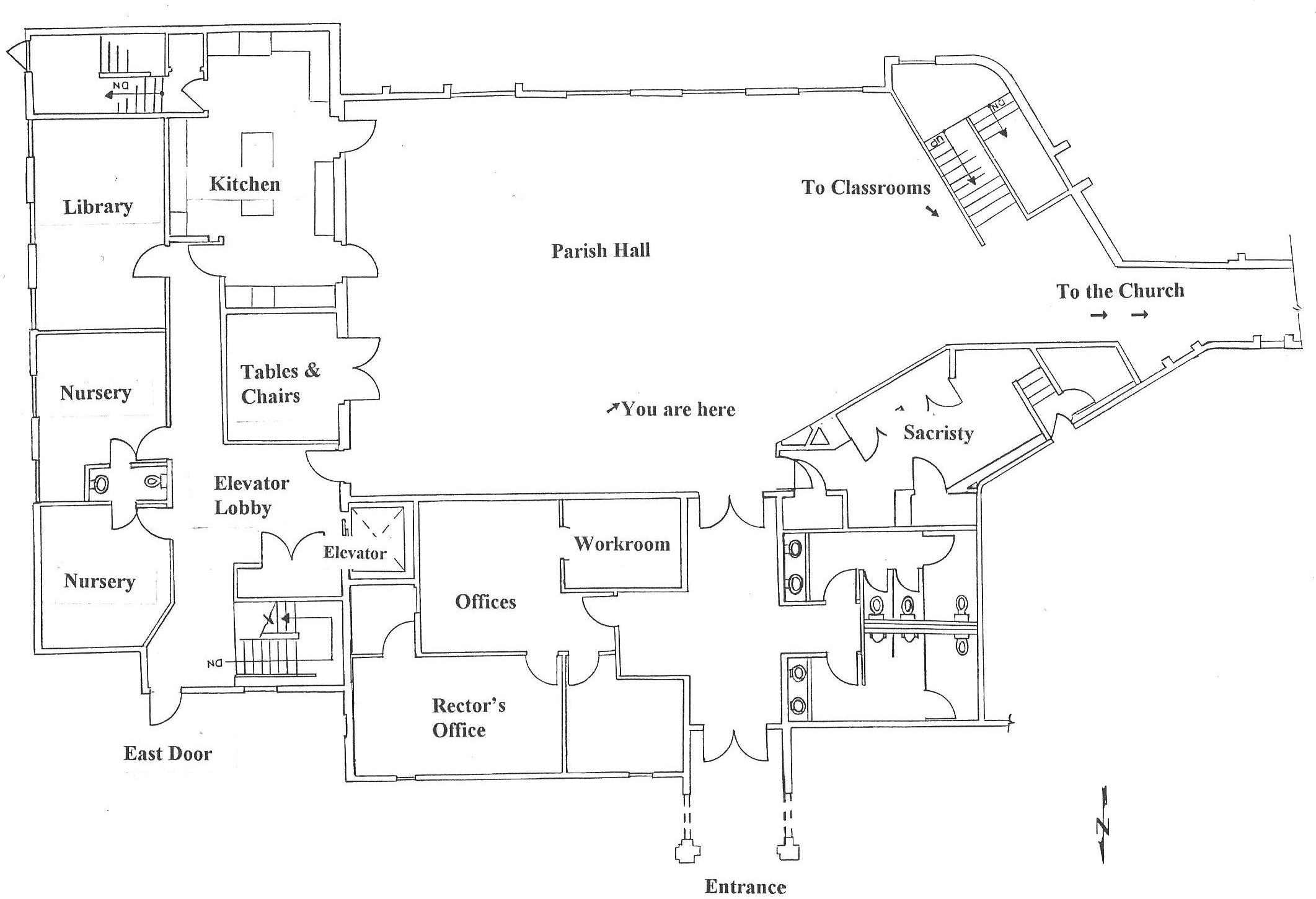
These maps contain the locations of utility controls, emergency equipment and supplies, evacuation routes, and storm shelters.

* Main Floor Level map (Parish Hall, Church Administrative Office, Kitchen, and classrooms)
* Lower Level map (Choir Room and classrooms)
* Sanctuary Level map (Narthex, Sanctuary, Sacristy, and Choir Loft)

Assembly Areas (page 51)

This map contains the location of three assembly areas to be used after an evacuation from St. Gabriel due to an emergency. If these assembly areas are not considered safe because of close proximity to St. Gabriel or inclement weather, the incident commander will designate another assembly area that will be used for this purpose. The location of this assembly area will be communicated as soon as possible after the decision to evacuate has been made.

* The North Assembly Areas are located in the playground area north of the parking lot and the empty field used for overflow parking west of the playground. These are the primary assembly areas to be used in most cases.
* The South Assembly Area is located on the paved driveway south of St. Gabriel as far west as possible. This area will be used if the north areas are unusable or unsafe for evacuation.



**EXIT ℗**

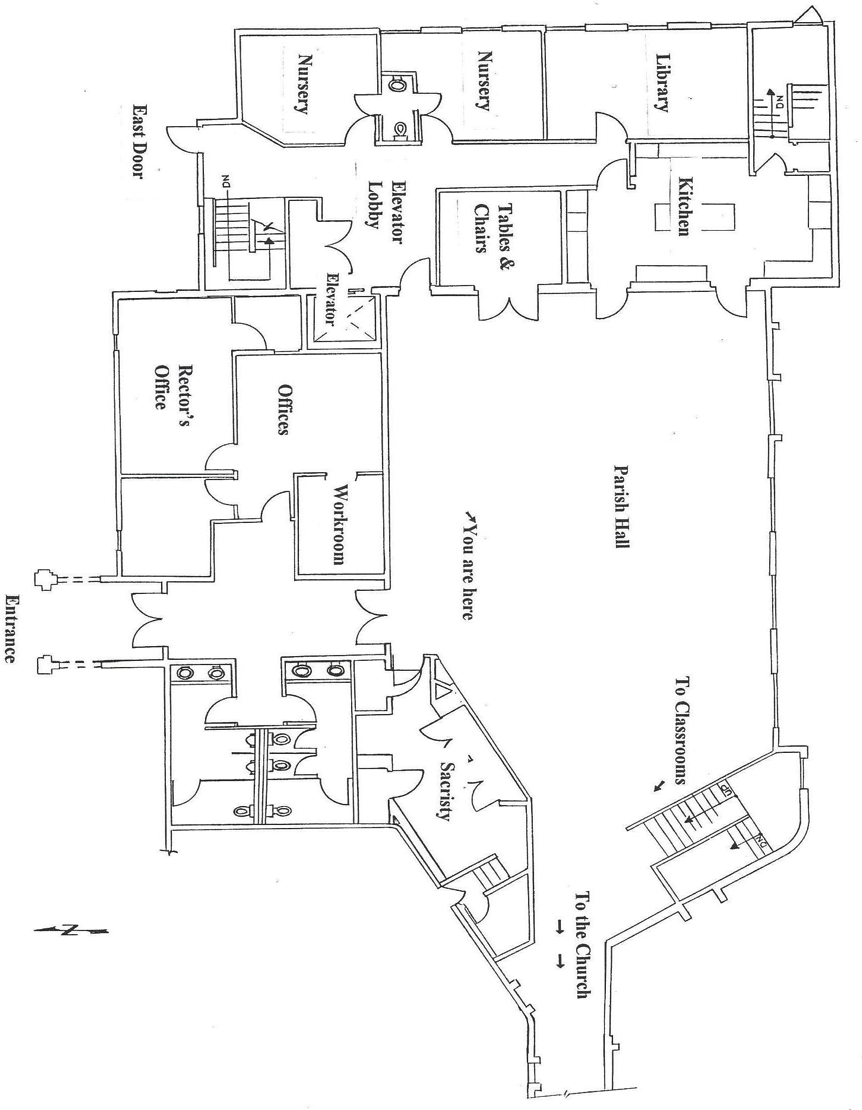
**St. Gabriel**

**Main Level**

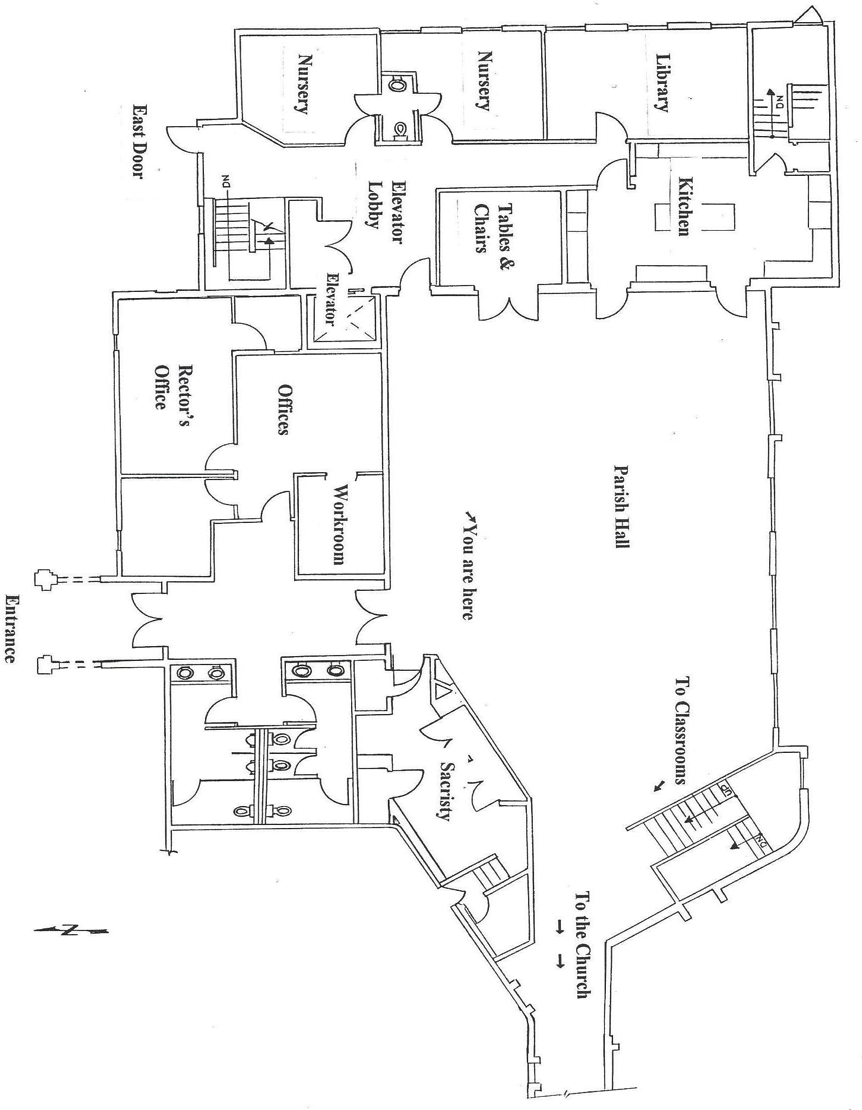
**Lady Julian Chapel**

**All Saints Room**

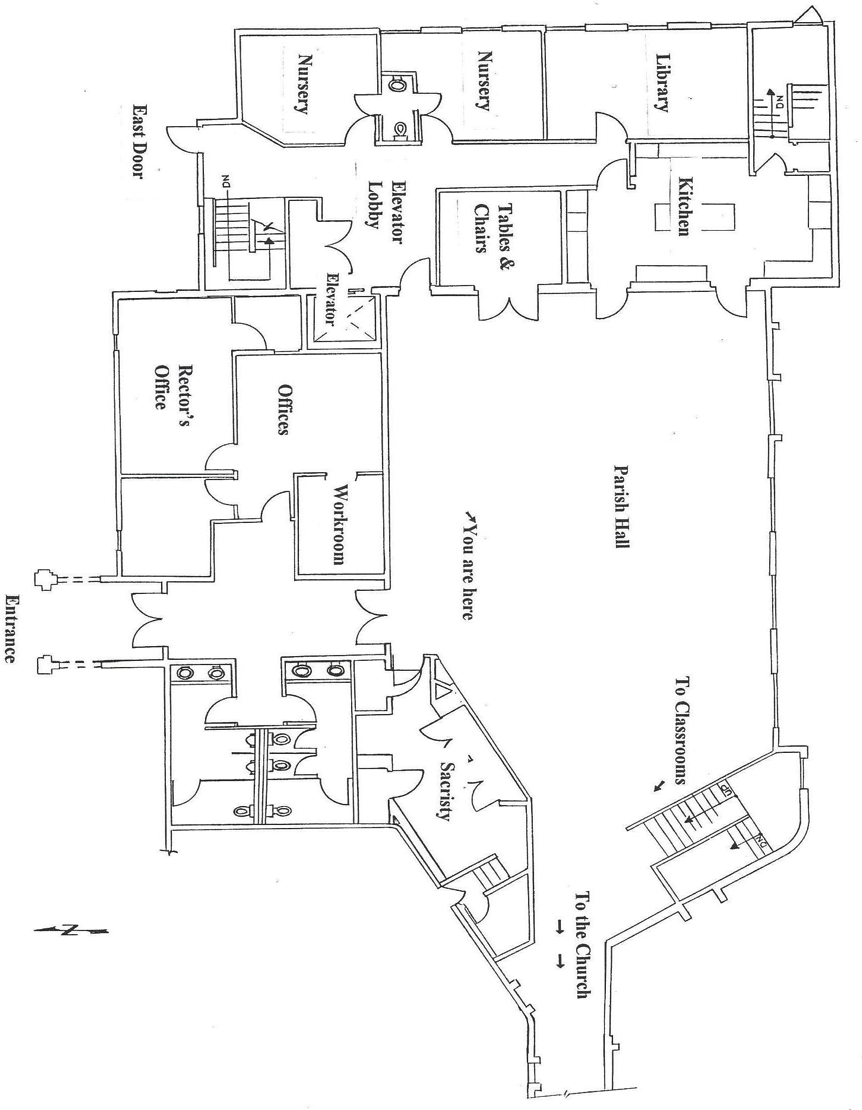
**EXIT℗**

**℗**

**Fire Alarm Annunciator Annun**

**℗**

**EXIT℗**

**℗**

**EXIT℗**

**EXIT ℗**

First Aid Kit

Fire extinguisher

AED

EXIT Door

Fire Pull Alarm **℗**

Evacuation Routes

**EXIT**

 Fire Extinguisher

 AED

 First Aid Kit

 Fire Alarm Pull

 Fire Extinguisher

 AED

 First Aid Kit

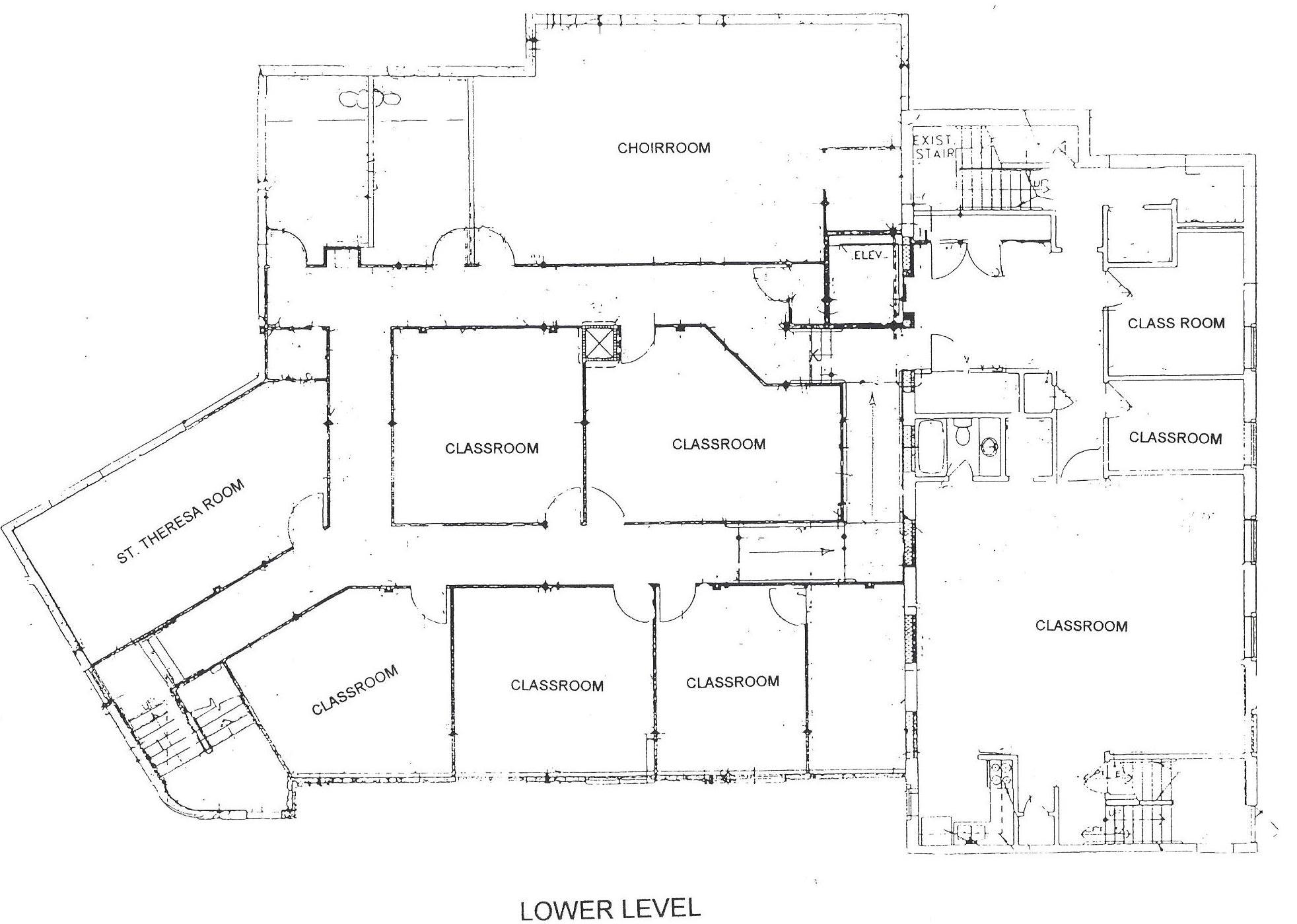
 Fire Alarm Pull

 Fire Extinguisher

 AED

 First Aid Kit

 Fire Alarm Pull



**Storm Shelter**

Counter’s Office

**North**

St. Cecelia

Choir Room

**Fire Alarm Panel &**

**Breaker Panels**

**Sprinkler Control**

St. George

Classroom

**℗**

**EXIT ℗**

Storage

**HVAC**

**HVAC**

Women

Men

St. Nicolas

Library

St. Francis

Classroom

St. Teresa Classroom

St. Anne Classroom

St. Joseph Classroom

Mary

Classroom

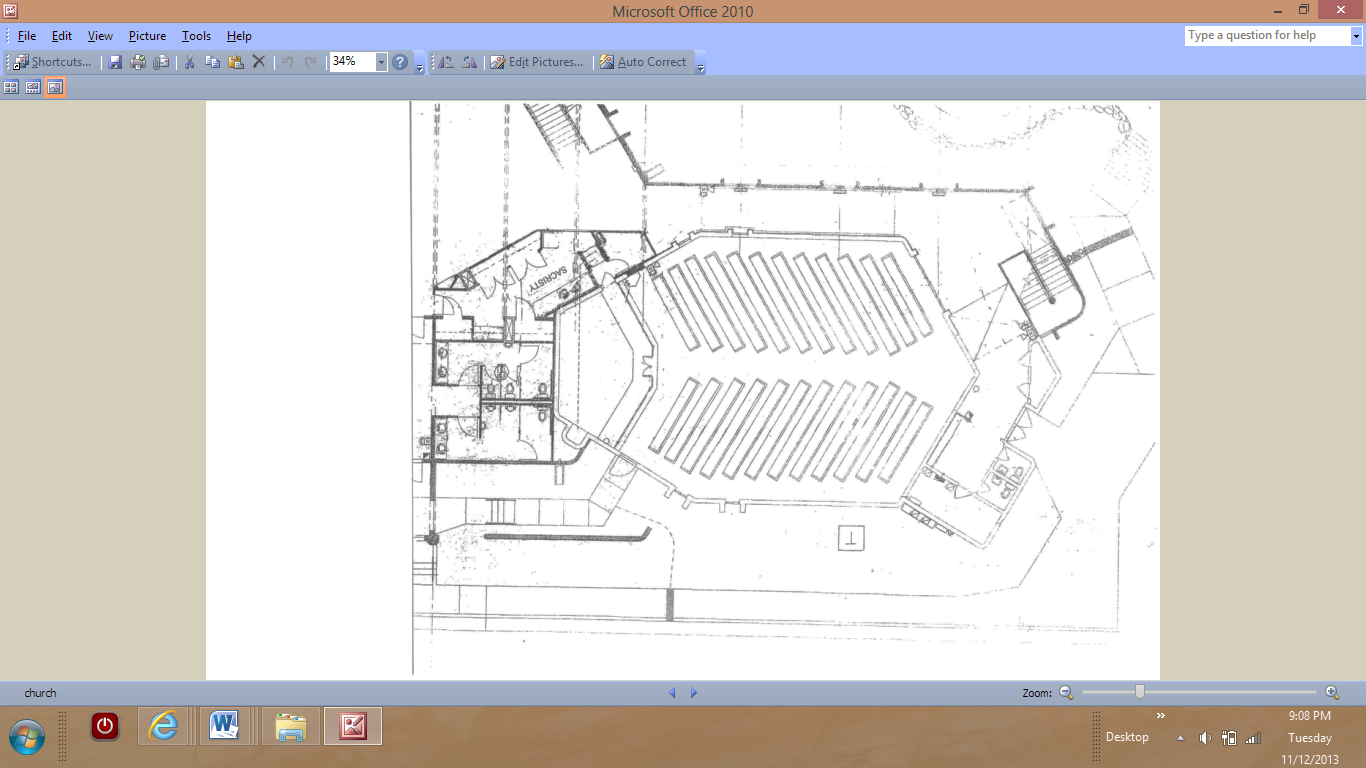
**St. Gabriel Lower Level**

**EXIT**

**EXIT ℗**

HVAC

MW



**EXIT**

**EXIT**

**HVAC**

**To the Parish Hall**

**North**

**EXIT ℗**

**℗**

Choir Loft

**St. Gabriel Sanctuary Level**

**STORM**

**SHELTER**

= Fire extinguisher

**CB** = Circuit breaker

**MW** = Main water shutoff

Assembly Areas

****

**Assembly Area**

**North**

**Assembly**

**Area**

**Assembly**

**Area**

St. Gabriel Episcopal Church