

# THE CHURCH GUARDIAN

A MONTHLY NEWSLETTER FROM SHEEPDOG CHURCH SECURITY



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## TOP NEWS STORY

### **Pastor Holds Church Services Despite Restrictions**

A pastor says he will continue to hold services inside his church even though he faces threats of a fine or imprisonment for doing so. The pastor has violated the governor's statewide order four times by having more than 10 people gather inside the church. The pastor is frustrated that some businesses are able to stay open while churches are expected to stay closed. "Casey said everyone at the service had their temperature taken beforehand and that they were required to wear masks, gloves and be at least 6 feet apart, unless it was a family attending the service together. Anyone who violated those rules would be escorted out of the church." The pastor already faces a \$300 dollar fine and the possibility of another \$500 fine. [Click the link to read more]

Source: [CLICK HERE](#)

# TRAINING SPOTLIGHT

## Complete Church Security Training System

To ensure you have everything you need to give your team the most comprehensive training in safety and security, we offer the Complete Church Security Training System.

This **downloadable bundle** contains a fully customizable Powerpoint® Presentations, Microsoft Office® files and PDF files.

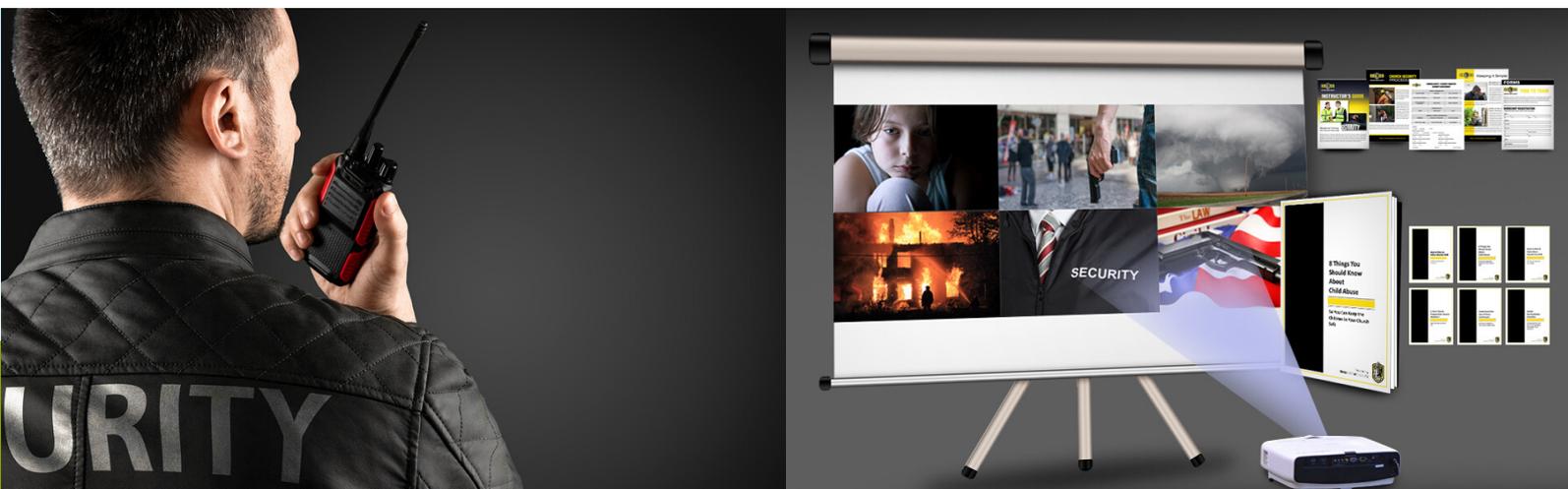
**Slide Presentations:** The Complete System includes unlocked, customizable slides from All Seven of our industry leading Training Bundles. So you can add, delete and modify the slides to fit your church's unique size, setting and policies. The Complete System has the following Training Bundles:

- Active Shooter Neutralization and Lock Down Drills
- Arson Prevention and Fire Drills for Churches
- Church Safety/Security Volunteer Academy
- Dealing with Disruptive Persons Using Verbal De-escalation
- Protecting Children from Sexual Abuse in the Church
- Severe Weather and Natural Disasters
- Protecting Yourself and the Church with Use of Force Laws

**Instructor Guides:** The guides have slide by slide instructions to help you teach the material to your Safety Team.

**Streaming Videos:** In addition to the downloadable files, you get online access to our course videos for one year. They are great way to prepare yourself to teach the material and they can even be used in a classroom setting.

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**”TO ENSURE YOU HAVE EVERYTHING YOU NEED TO GIVE YOUR TEAM THE MOST COMPREHENSIVE TRAINING IN SAFETY AND SECURITY”**

# WEEKLY TEAM BRIEFING

## The Healthy Church

When you build a new house, make a parapet around your roof so that you may not bring the guilt of bloodshed on your house if someone falls from the roof (Deuteronomy 22:8).

He heals the brokenhearted and binds up their wounds (Psalm 147:3).

The articles for May cover the topic of the healthy church in a holistic way. It is ironic that they were written while the average congregation could not gather together in one place because of a health issue, the COVID-19 Pandemic. They were posted as our nation began to restart normal activities.

The series begins with making the church a safe and healthy place. The goal is to prevent or minimize injuries and illnesses which may be caused or triggered by conditions in the church. This calls for housekeeping and sanitation as well as general maintenance. A closer assessment may reveal design issues and hidden problems which need to be addressed.

There are other areas which may need attention. Making our church safer and more healthful is good stewardship and shows love toward those who come there.

The next article discusses responding to medical emergencies which are classified as illnesses. This includes heart attacks, strokes, epileptic seizures, and choking. It may include food poisoning, anaphylaxis, heat stress, and cold stress.

The third article concerns responding to injuries, ranging from minor cuts, scrapes, and bruises to life-threatening trauma. Common injuries are falls, small cuts and minor burns. Major injuries include a broken leg, probable spinal injury, concussion, 3rd degree burn, severe cuts, and gunshot wounds.

Do we know how to handle medical emergencies and injuries? Can we do CPR or stop the bleeding? Can we avoid making a spinal injury worse? The subject of the last article is being trained and equipped to respond. All Safety Team members and several other people in the church should be trained in First Aid, CPR, and the use of an AED. Then, do we have the equipment and supplies needed to do the job?

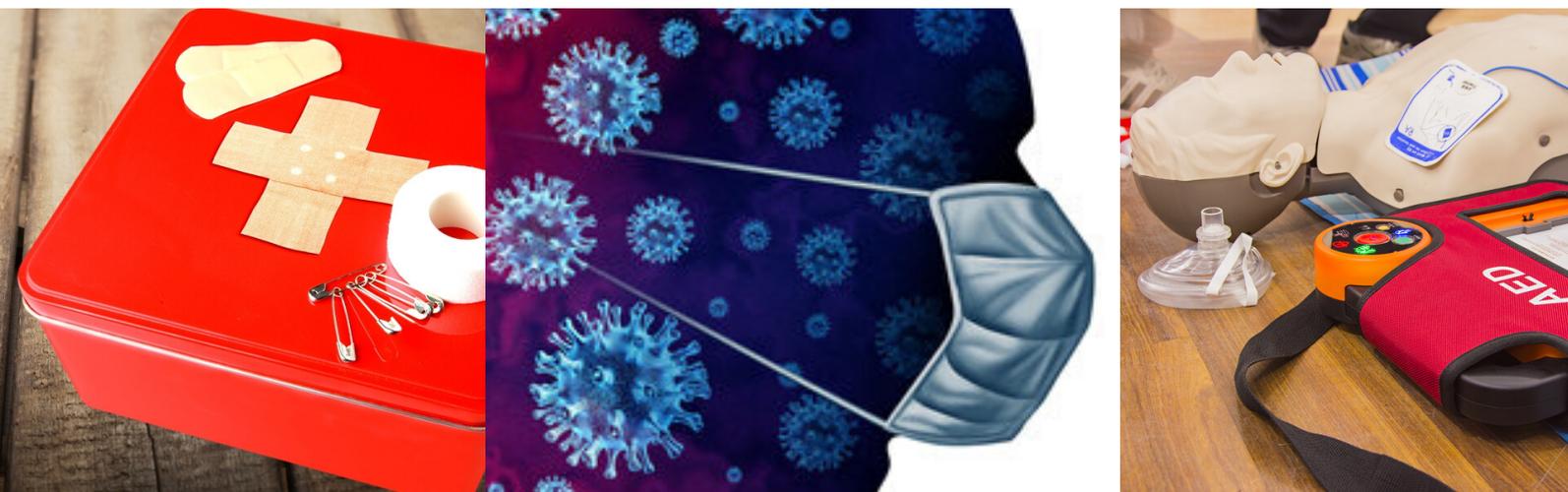
### Action Points

#### Safety Team Members

- Seek training in First Aid, CPR, and AED use. Get certified. Keep your certifications up-to-date.

#### Church Safety Directors

- Find First Aid, CPR, and AED training for Safety Team members and others in the church.
- Conduct a Safety & Health Assessment of the church and its property (including vehicles).
- Equip the church to respond to injuries and medical emergencies. Replenish supplies as needed.



# Proactive Response

## Make the Church a Safe and Healthful Place

BY WESLEY VAUGHN

### In the News

Scott Depot, West Virginia, December 28, 2017 - A woman attending an evening event at a church was directed to park in the grass. On her way in from the car she slipped and fell, injuring her knee, and was taken by ambulance to the hospital. She has now filed a lawsuit against the church, claiming that grass, mud, debris, and moisture picked up by her shoes caused her to slip and fall. The suit alleges the church failed "to maintain the premises in a reasonably safe condition." The area where she parked was unlit.[1]

Tarpon Springs, Florida, February 2, 2017 - A worker who was part of a contractor's crew repairing the roof of a church tried to get on the ladder



to go down. He missed and fell 20 feet to his death. He had unsnapped his safety line.[2]

Monroe, Washington, 2018-19 - Teachers at a public school in Monroe took samples from carpet beneath leaking fluorescent light fixtures and from classroom air filters in for testing. The tests were positive for PCB oil, which leaked from the outdated light ballasts. Besides being cancer-causing, the PCB was also causing more immediate health issues.[3] This is not only a problem in older schools, but also in older church buildings.

Forest, Virginia, April 2001 - Following reported illnesses and other health issues, toxic mold, including *Stachybotrys*, was found throughout a local high school. The school was closed for the remainder of the school year.[4] Cleaning and repairs included a new roof, replacement of sheetrock, and a new HVAC system.[5] Leaks were blamed for creating conditions for the mold, and shown in a 1982

*The Bible mentions ways buildings and walkways can be made safer and more healthful:*

*Build a protective wall (or rail) to keep people from falling off a roof (or porch or balcony).*

WHEN YOU BUILD A NEW HOUSE, MAKE A PARAPET AROUND YOUR ROOF SO THAT YOU MAY NOT BRING THE GUILT OF BLOODSHED ON YOUR HOUSE IF SOMEONE FALLS FROM THE ROOF (DEUTERONOMY 22:8).

*Remove mold from a house.*

HE IS TO EXAMINE THE MOLD ON THE WALLS ... IF THE MOLD HAS SPREAD ON THE WALLS, HE IS TO ORDER THAT THE CONTAMINATED STONES BE TORN OUT ... HAVE ALL THE INSIDE WALLS OF THE HOUSE SCRAPED AND THE MATERIAL THAT IS SCRAPED OFF ... THROWN INTO AN UNCLEAR PLACE OUTSIDE THE TOWN (EXCERPTS FROM LEVITICUS 14:33-45 (NIV) - TREATING MOLD IN A HOUSE).

*Make paths even for pedestrian safety.*

"MAKE LEVEL PATHS FOR YOUR FEET," SO THAT THE LAME MAY NOT BE DISABLED, BUT RATHER HEALED (HEBREWS 12:13 QUOTING PROVERBS 4:26).

*Keep walking routes clear for the visually-impaired.*

"DO NOT ... PUT A STUMBLING BLOCK IN FRONT OF THE BLIND" (LEVITICUS 19:14).

PROACTIVE RESPONSE CONTINUED...

newspaper photo (when the school building was only ten years old).[6]

Sarasota, Florida, 2005 - Despite a fungus exemption in the insurance policy, a church in Sarasota sued their insurance company for not covering losses due to mold damage. An appeals court ruled that not only did the fungus exemption hold, but the mold damage was not from normal aging of the wood. It was the result of poor design, faulty construction, and inadequate maintenance. The Appeals Court ruled in favor of the insurance company.[7][8]

Seattle, Washington, February 12, 2020 - A baby girl who was not quite 6-months old died from an Aspergillus mold infection. The infant had been transferred from another hospital for emergency lung surgery. The infection was from air in the operating room. Fungus has been a persistent problem at this hospital. The parents are joining a class action lawsuit.[9]

### **Preventing Illness and Injury**

Benjamin Franklin used the proverb, "An Ounce of Prevention is worth a Pound of Cure," in urging Philadelphians to avoid fighting fires by preventing them. This saying has been used (and is being used) in almost every area of life. It is true for churches. Taking measures to prevent injuries and illnesses - or at least make them less likely - is preferable to being injured, getting ill, or facing insurance claims and lawsuits.

#### **How can we prevent injuries and illnesses?**

Not all injuries and illnesses are preventable by us, but many are. This is done by removing the causes. Lawsuits result when affected persons claim that the illness or injury was preventable and the company or institution did not do what should be done to remove or prevent the cause.

#### **Preventing Injury in the Church**

Right off the bat, most readers can name a few ways to prevent some common injuries. Most church-related injuries are from slipping and tripping. Cuts are also common.

Good housekeeping goes a long way - keeping floors uncluttered, clearing dropped items from hallways, mopping up fluids, etc. Sweep outdoor foot traffic areas of leaves, debris, snow, or anything that is spilled and can be a walking hazard. Clean up any broken glass or other cutting hazards.

Maintenance includes repairing, removing, or replacing torn carpet, repairing damaged flooring, repairing stairs, porch railings, etc., fixing leaks which drip onto the floor. If a storm-damage leak develops while people are in the church, catch it in a bucket and route traffic around it. Fix the leak as soon as possible. Fix broken windows.

Other injuries are from falling objects, collapsing floors or stairs, breaking or tipping chairs or pews, etc. If ceiling tiles are damaged, replace them. Secure bookcases and cabinets. Attach pews to the floor. Remove unsafe chairs, tables, etc.

Ensure that doors are in good working order. Work to prevent fires, gas leaks, etc. (see the October articles).

Churches are not subject to federal and state OSHA regulations except where paid employees are concerned. However, OSHA guidelines for safety in the workplace can be applied to making the church a safer place for those working and attending there. There are information resources available. "Is Your Facility Safe?" tells how OSHA standards can be applied in churches.[10]

#### **Preventing Illness in the Church**

Some illnesses can be caused by a building or its contents. An article for March, "Human Error,"[11] included spills of toxic substances. Accidental spills of some materials can release harmful substances. These include solvents and common industrial, institutional, and household cleaners. This also includes

## PROACTIVE RESPONSE CONTINUED...

gasoline and kerosene in enclosed spaces. When volatile liquids are not properly stored, they can release noxious fumes. Do what's necessary to prevent spills in your church. You do not want anyone made ill by a spill.

Older church buildings may have other health hazards. Among these are asbestos insulation and PCBs.[3] Asbestos in walls can be sealed off, but if repairs or remodeling requires cutting or drilling into those walls, asbestos dust can be released.[12] Old fluorescent ballasts, transformers, and other electrical equipment may have PCB as a coolant. Leaks from these will expose occupants to this toxic fluid. Lead and mercury are also potential health hazards in older structures and equipment.

Mold is another health hazard. We may associate it with old buildings, known for their mustiness. However, a building does not necessarily have mold because it is old, and newer buildings can have problems with mold. The high school in Forest was opened in 1972. It was only ten-years-old when several rooms were flooded with leaks during a storm.[5] Even after repairs there were still leaks, and the HVAC system was unable to control moisture.[6] This created conditions right for mold, wrong for occupants. Over the next 19 years, this became a health crisis.[4]

There are many churches with toxic mold, but we do not often see them in the news. There are church members who are ill, but do not realize that the church building is making them sick. Some get a diagnosis, then tell the church leadership. Sometimes the condition is remedied; sometimes it is not.

Mold mitigation can be expensive. Preventing mold is cheaper. When building a new facility, adding on, or remodeling, include anti-fungal design. On an existing building, check for and fix leaks. Have the attic checked for leaks - do it after a big rainstorm. That way a leak can be found and fixed before it becomes a big problem.

Cleanliness is a must for preventing illnesses in the church. Ideally, it should be cleaned thoroughly after Sunday or Sabbath services and after mid-week meetings. If it can be managed, there should be a wipe-down of bathroom fixtures, doorknobs, the nursery, and care areas for young children before the next service or class. Sanitization of commonly touched surfaces kills microbes which may be passed on to the next users. In the Old Testament Law, the "Lord Who Heals" gave his people instructions about cleanliness. He would keep them well if they did their part.

### **Conclusion**

"An ounce of prevention is worth a pound of cure." We should do what we can to prevent injuries and illnesses in our churches.

### **There Is More**

This series - The Healthy Church - has four articles on responding to injuries and medical emergencies. The other three articles are "Have a Heart" (Responding to Heart Attacks, Strokes, Choking, and Seizures), "Help the Hurting" (Responding to Injuries), and "Make Yourself Ready" (Equip and Train for Medical Response).

See link for references: <https://sheepdogchurchsecurity.net/articles/proactive-response/>

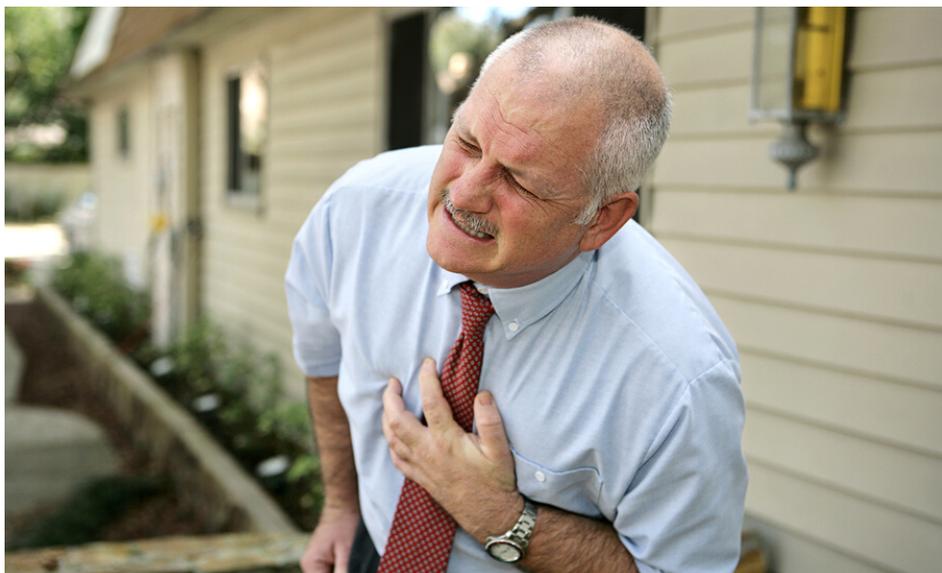
# Have a Heart

## Responding to Heart Attacks, Strokes, Choking, and Seizures

BY WESLEY VAUGHN

### In the News

Wrentham, Massachusetts, November 24, 2019 - A 75-year-old parishioner had a heart attack during a Sunday morning service. A nurse sitting behind him immediately began CPR. Other nurses in attendance assisted. When a police officer arrived he took over and was relieved by medics when they came. The man, taken to a hospital, survived.[1]  
Ashland, Kentucky, August 12, 2018 - The pastor of a church collapsed from a heart attack while preaching and was clinically dead. However, an Automated External Defibrillator recently installed by the church was used to revive him.[2][3]



Chattanooga, Tennessee, November 19, 2017 - A woman on the platform giving her testimony in a service suffered a cerebral hemorrhage. She was caught by a woman standing next to her when she dropped the microphone. She was taken to the hospital where emergency brain surgery was performed. She survived this and a subsequent surgery. Quick medical treatment saved her life.[4]

Sydney, Australia, August 18, 2019 - Not long after the Sunday morning worship service had ended, one of the worship leaders suffered a brain aneurysm. She was hospitalized and received a 9-hour surgery. She left the hospital near the end of September and is now fully recovered. [5]

Near Athens, Georgia, December 2018 - A person arriving at a church for a Christmas program met a friend leaving the previous performance. This friend advised him to put on his sunglasses. Why? This person has epilepsy, and the flashing lights might trigger a seizure unless filtered

*Then in the morning,  
when Nabal was sober,  
his wife told him all  
these things, and his  
heart failed him and he  
became like a stone.*

1 SAMUEL 25:37

*As soon as he mentioned  
the ark of God, Eli fell  
over backward from his  
seat by the side of the  
gate ... and his neck was  
broken and he died, for  
the man was old and  
heavy.*

1 SAMUEL 4:18

*So his fame spread  
throughout all Syria,  
and they brought him all  
the sick, those afflicted  
with various diseases  
and pains, those  
oppressed by demons,  
those having seizures,  
and paralytics, and he  
healed them.*

MATTHEW 4:24



HAVE A HEART CONTINUED...

out. An article he wrote tells how several stimuli in contemporary worship services can trigger epileptic seizures and make epileptics feel unwelcome.[6]

## **Responding to Medical Conditions**

There are several sayings which begin with, "You can't stop the rain, but ..." What follows is a reasonable way of preparing for and responding to the rain. The same thing may be said for medical emergencies, such as heart attacks, strokes, and seizures. We could also include choking. These things happen, and we need to be ready to respond.

### **Heart Attacks**

In 1 Samuel 25:37, Nabal apparently had a heart attack. The preceding verse says he had been feasting and was very drunk. If this was a habitual pattern, it could have led to hardened arteries and a thrombosis.

Heart attacks are very common in our society. They used to be almost always fatal, but now many heart attack sufferers survive and go on to live normal lives (often a reformed normal with better lifestyle habits and perhaps a pacemaker).

When someone attending church has a heart attack, those who are there can make the difference by being the first responders. An untrained person may be able to initiate chest compressions going by what they have seen and read. Even better is when someone there has been trained in cardiopulmonary resuscitation (CPR).

In some cases, an automated external defibrillator (AED) is needed to stop and restart a heart beating too rapidly to efficiently deliver blood. It would be an advantage for your church to have one and to have people trained in its use.

It is important to know the signs of a heart attack. It can begin with the person feeling faint or feeling pain in the chest, shoulder, or arm. If he or she collapses, but is still breathing, it is most likely a heart attack - they may also stop breathing. The first goal of CPR is to force pump the heart to get blood to the brain and other vital organs. That is why the chest compressions are directly over the heart.

The second goal is to keep them breathing or start them breathing. If the compressions do not get them breathing again, you need to use your CPR mask and force air into their windpipe mouth-to-mouth (through the mask, of course).

### **Strokes**

The cause of Eli losing his balance and falling (1 Sam. 4:18) could have been either a stroke or a heart attack. Neither is surprising for his age and physical condition. Strokes are really more common than most people think.

In 2 Kings 4:18-37, the Shunnamite's son died of some kind of stroke. This was most likely heat stroke (vv. 19-20), but ischemic strokes and aneurysms are not unheard-of in young men. Some are caused by inherited conditions, but blood clots can follow severe bruising.

A stroke is caused by interruption of blood to a part of the brain. These are mostly ischemic (caused by a blood clot blocking an artery). They can also be caused by cerebral hemorrhaging (brain bleeding) which reduces blood pressure in part of the brain.

Many times a person experiences a ministroke - technically a transient ischemic attack (TIA). This is a temporary interruption of blood flow, and it often goes unnoticed. Many people have had several TIAs without knowing it. However, TIAs often precede a full stroke.

It is important to know when someone is experiencing a stroke. Some of the signs may be slurred speech,

HAVE A HEART CONTINUED...

one side of the face partially paralyzed, numbness on one side of the body, or trouble moving one arm or leg or one arm or foot. There is little we can do to the person, but it is urgent to get medical help right away. Meanwhile, make them comfortable. There are drugs to stop the damage of a stroke. EMTs and paramedics may have them. They can also get the patient to a hospital quickly. Quick administration of the drug is extremely important for recovery from a stroke.

### **Seizures**

In Mark 9:14-29, Jesus cast out a demon that was making a boy have seizures. Seizures are only one manifestation of demonic possession. In Matthew 4:24, seizures and paralysis are listed in addition to demon possession. Not all seizures are caused by demons. Most are caused by epilepsy.

Epilepsy has been around for a long time. It is caused by brain damage, which can happen any time in life from birth to old age.

How should we respond to an epileptic seizure? There are a few things to do and some to not do. Our goal is to keep them from harm. Two key resources are from the Centers for Disease Control and Prevention[7] and from WebMD[8].

The first thing to do, if it is a Grand Mall seizure (they lose consciousness), is to let the person down easy to lie on the floor and turn them onto their side to help them breathe. Remove anything hard or sharp so they don't get hurt. Loosen ties, necklaces, and collars. Remove their eyeglasses. Keep track of the time - if it lasts more than five minutes, call 911.

Then (for all seizures) stay with them until it is over. Comfort them, be calm, check for medical tag or bracelets, and make sure they can get home safely (get someone to take them, even a taxi).

There are a few don'ts: Don't hold them down. Don't keep them from moving. Don't insert anything into their mouth. Don't give or offer them anything to eat or drink until the seizure is completely over. Don't try CPR - they'll start breathing on their own.

There are a few don'ts:

- Don't hold them down.
- Don't keep them from moving.
- Don't insert anything into their mouth.
- Don't give or offer them anything to eat or drink until the seizure is completely over.
- Don't try CPR - they'll start breathing on their own.

About Partial Seizures: There are partial seizures of which nearby people may be unaware. Certain stimuli can trigger reactions such as headaches, nausea, blurred vision, light dizziness, etc. Some of these stimuli are -

- *Visual stimuli:* strobe lights, flashing lights, rapid repetitive motion.
- *Audible stimuli:* rhythmic clapping, extensive repetition of a beat, certain rhythm patterns (especially off-beat), or certain sounds.
- *Tactile stimuli:* rhythmic swaying, "drunken" motion, spinning, or tumbling.

Some churches are scheduling services without these stimuli to accommodate members and guests with epilepsy by trying to avoid triggering episodes at any level from partial seizures to grand mall.

### **Choking**

Choking may be described as accidental, but some persons have conditions affecting their swallowing, predisposing them to choking.

What is choking? An object gets into the windpipe (trachea) and blocks the passage of air - meaning the person cannot breathe. This object can be anything. Most often it is a piece of food. It can be chewing

## HAVE A HEART CONTINUED...

gum. People have choked on dentures when a part of the denture got into the windpipe. I once choked on a foil leaf from a decorated cake. You can choke on liquids, but that usually does not stop all breathing.

Some objects can be reached and pulled out, such as a denture or the foil leaf. However, a smaller object can be too far down to reach and pull out. It needs to be dislodged and expelled. This is why Dr. Heimlich devised the method named after him. This is reaching around the person from behind, putting a fist covered by the other hand just below the breastbone, and jerking it in. This forces the diaphragm up into the lung, pushing air suddenly up into the trachea. This should dislodge the choking item. Repeat if needed.

### Training Needed

Training is needed for responding to heart attacks and stopped breathing episodes. The two preferred sources of CPR and AED training and certification are the American Red Cross[9] and the American Heart Association[10]. Try to make this training available not only to Church Safety Team members, but also to teachers and group leaders. The Red Cross also offers First Aid training.

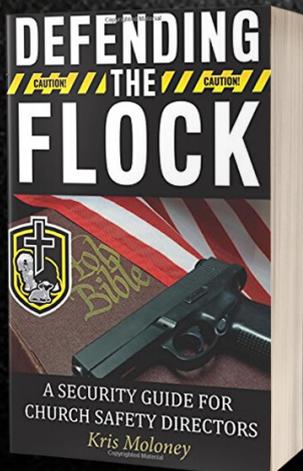
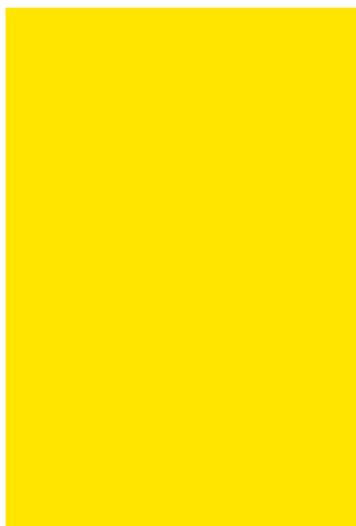
### Conclusion

If someone at your church has a heart attack, a stroke, or a seizure, or is choking, would you know what to do and how to do it? Find out what to do and get the needed training and certification.

### There Is More

This series on The Healthy Church has four articles. The other three are; "Proactive Response" (Make the Church a Safe and Healthful Place), "Help the Hurting" (Responding to Injuries), and "Make Yourself Ready" (Equip and Train for Medical Response).

See link for references: <https://sheepdogchurchsecurity.net/articles/have-a-heart/>



**“A must have book for your church safety ministry.”**

**GET IT ON AMAZON**

# Help the Hurting

## Responding to Injuries

BY WESLEY VAUGHN

### In the News

[Miami Gardens, Florida, March 11, 2020](#) - An SUV plowed into a food pantry outside a church in Miami Gardens. One woman was killed and eight other persons were injured. News stories did not specify how the injured were first treated, but they were taken to hospitals.[1]

[Pittsburgh, Pennsylvania, October 27, 2018](#) - A gunman entered a synagogue during Sabbath services and opened fire. Eleven persons were killed. Many more did not die because several synagogue members, as well as the first responders, used Stop the Bleed training they had received earlier in the year.[2]



[Warren County, Ohio, February 2, 2020](#) - A church bus carrying more than 30 children to Sunday School was hit at an intersection by an SUV. The driver of the bus was killed and several children were injured. Persons at the scene transported injured children to local hospitals while members of nearby churches took the uninjured children to their destination.[3]

[Chico, California, May 24, 2019](#) - While her mother was in a meeting in the church, a 6-year-old girl played outside on the church's playground. She was ejected from a spinning playground fixture called the "Bumblebee" and landed on the lid of the septic tank. The lid broke and she fell into the tank. The playground monitor and one of the older children rescued the girl from the tank and took her into a restroom to be cleaned. The church closed off that part of the playground.[4] Three months earlier, in Rockport, TX, a 2-year-old girl

*He who quarries stones is hurt by them, and he who splits logs is endangered by them.*

ECCLESIASTES 10:9

*Now Ahaziah fell through the lattice in his upper chamber in Samaria, and lay sick.*

2 KINGS 1:2

*There is ... no medicine for your wound, no healing for you. ~*

JEREMIAH 30:13

*The injured you have not bound up ...*

EZEKIEL 34:4

*I will ... bind up the injured ... (Ezekiel 34:16a).*

EZEKIEL 34:16A

*He went to him and bound up his wounds, pouring on oil and wine. Then he set him on his own animal and brought him to an inn and took care of him.*

LUKE 10:34



HELP THE HURTING CONTINUED...

fell into a septic tank at an RV park and died.[5]

On the Web, December 11, 2018 - The Injury Claim Coach is only one of many lawyer groups providing information on how to sue churches and other non-profits for injuries and/or offering to assist in filing such lawsuits.[6]

## **Accidents Happen**

No matter how safe we make the church, school, or home, there is always a chance that an accident will happen. We try to make that chance as small and unlikely as possible, especially for more serious injuries. However, there are some injury causes that are outside our control, and not all of them are accidents. Among these are non-church vehicles, individual carelessness, the injured person's health conditions, severe weather, and violent aggression. Therefore being careful includes being ready for the injuries that do occur.

The news stories are of several ways people have been injured at church or in church-related activities. In one of the stories, the incident could be described as "an accident waiting to happen" because of the proximity of the playground to the septic tank.[4] This is an example of a hazard which was overlooked, not recognized. It illustrates the value of having a safety expert (such as a risk abatement specialist from your insurance provider) assist in a church safety assessment.

Injuries often carry liability of insurance claims and lawsuits. There are lawyers out there looking for clients to file suit against churches, synagogues, mosques, and other non-profit groups for injury claims.[6]

When a person or persons are injured, there are a few immediate considerations. These include existing danger, type of injury, severity of injury, and number of injuries. To these we can add the relative availability of healthcare facilities and professional services. After an injury we should review the incident to consider how to make the church a safer place.

## **Existing Danger**

When responding to an injury, be aware of continuing danger. Two considerations are the safety of the responders and bystanders and the safety of the injured person. One situation is injured persons in a burning car or building. Getting injured persons out comes before treating any injuries they have. Another situation is during an active shooter incident. Everyone's safety depends first on protecting them from the shooter, then on treating the injuries. Sometimes we can improvise cover or concealment to allow us to stop bleeding - but not always. There are other dangers associated with the underlying causes of injury, such as a severe windstorm or earthquake, where getting injured people to safety is the first priority.

## **Type of Injury**

This is obvious. The type of injury determines the treatment. In First Aid training we are taught how to treat each of several injuries. We can briefly categorize them as cuts, bruises, sprains, fractures, concussions, eye injuries, allergic reactions, poisoning, burns, heat stress, and cold stress. There are sub-categories within each of these.

Taking just four of these, there are basic goals in treatment.

Cuts - Stop the bleeding. Clean the wound. Protect the wound.

Burns - Cool the burn. Carefully clean, if you can (depending on the severity). Protect the burn.

Allergic Reactions - Administer an Epi-Pen or diphenhydramine (same stuff as Benadryl) - these are antihistamines which block or reduce the allergic reaction. If the person goes into anaphylactic shock, call 911. The advantage of an injectable antihistamine plus adrenaline (epinephrine) is that it can be

HELP THE HURTING CONTINUED...

injected when a person is unable to swallow.

Eye Injuries - If foreign matter get into eyes, wash out with clean running water. Cover eye. Get medical care. If serious, such as damage from blow or from caustic substance, call 911.

Heat and Cold Stresses - Heat stress in summer and cold stress in winter are seasonal injuries. This includes heat stroke, hypothermia, and frostbite. In spite of our efforts, some people became stressed with the cold or heat. If not treated soon enough, they can result in permanent injury or death.

### **Severity of Injury**

Some minor injuries can be treated then and there without seeking further medical care. However, the patient should be advised on care, such as keeping a cut clean. No matter how minor the injury, there should be at least a note of it in the security log. This is evidence of immediate and proper treatment. Also, follow up with the injured person to find out how the injury is healing. If it is infected, see to it that they get medical attention.

There is a continuum of severity of injury. For example, cuts can vary from mere scratches to severe bleeding. Gunshot wounds often result in severe bleeding needing immediate action. Fortunately for the synagogue in Pittsburgh, several people there were trained to stop severe bleeding.[2]

Concussions are often unrecognized at the moment of injury. If someone has suffered a head blow, always suspect a concussion until it can be ruled out. It may take several minutes, or even another day, before the symptoms show, so don't assume there is no concussion if the victim seems OK at first. The long-term effects of a concussion can be serious and debilitating.

Burns also vary in severity. Know the difference of degree and how to treat them. A first-degree burn, the mildest, usually just has red skin. Second-degree burns cause blisters or searing (such as a white mark left by the edge of a hot iron). Third degree burns go through the skin leaving charred flesh, peeling skin, etc. If you can stomach it, read the descriptions of those burned by the eruption of the White Island volcano in New Zealand. You'll hope you never have to see that in the church, but severe burns can result from a gas explosion.

The first thing to do for a burn is to cool it down. Remove the person from the source of heat. Use cold water, ice, chilled gel packs, etc. to cool the burn. Gently clean it if you can. Be careful to not further injure the area. If it is more than a first-degree burn, get medical help.

### **Number of Injuries**

Some incidents many result in several injuries. For example, the driver and passengers in a vehicle accident, people in front of a toppled bookcase, and shooting victims. The Church Safety Team needs to practice responding to mass casualty incidents. Triage [tree-AWZH] is deciding who needs to be treated first and who can wait. For example, treat severe bleeding or a heart attack before a broken leg.

### **Availability of Facilities and Services**

Keep a list of emergency services and medical facilities. Actually, have these in the emergency contact lists on key Safety Team members' mobile phones and the church phone.

### **Follow-up**

After an injury incident, review the report(s) and debrief those who responded. For a minor kitchen cut, this would be very brief. A review and evaluation considers what caused the injury, the nature and severity of the injury or injuries, and the response. Possible outcomes of a review are commendation for a good response, notes on improving the response, how incidents may be prevented (if they can), calculating the liability of the church, and noting what supplies need to be replenished and what

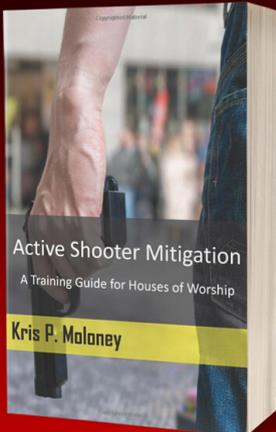
HELP THE HURTING CONTINUED...

training is needed.

### **There Is More**

This is one of the four articles in the series The Healthy Church. The others are "Proactive Response" (Make the Church a Safe and Healthful Place), "Have a Heart" (Responding to Heart Attacks, Strokes, Choking, and Seizures), and "Make Yourself Ready" (Equip and Train for Medical Response).

See link for references: <https://sheepdogchurchsecurity.net/articles/help-the-hurting/>



**SAFEGUARD YOUR CHURCH  
FROM VIOLENCE**

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# Make Yourself Ready

## Equip and Train for Medical Response

BY WESLEY VAUGHN

### In the News

Someone there knew what to do --

Wrentham, Massachusetts, November 24, 2019 - During a Sunday morning service, a 75-year-old man collapsed. A nurse in the pew behind him immediately began CPR. Other nurses attending the service came to help until police and medics arrived, took over, and transported him to the hospital. The next day he was well enough to be transferred to a hospital in Boston.[1]

Kenosha, Wisconsin, February 2, 2020 - During the Sunday morning church service, a man sitting in a pew slumped over. A nurse sitting next to him



found he was unconscious and not breathing. She motioned to an EMT who was sitting with his family. The EMT administered CPR, and the man began breathing again and regained consciousness.[2]

Pittsburgh, Pennsylvania, October 27, 2018 - When a gunman opened fire during Sabbath services, members of the congregation who had received Stop the Bleed training saved many lives. Out of the many shot, only eleven died.[3]

A call for training --

Hartford, Connecticut, April 2013 - The American College of Surgeons convened a meeting of the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events. This committee considered, formulated, and issued The Hartford Consensus. This statement (and subsequent revisions) calls for widespread training in stopping severe and extreme bleeding, such as from gunshot wounds.[4]

*Your hands have made and fashioned me; give me understanding that I may learn your commandments*

PSALM 119:73

*Several items and procedures were used in the Bible to treat injuries and illnesses. This is a sample:*

- *Medicine in general (Jeremiah 30:13).*
- *Cake of figs used for a poultice (2 Kings 20:7; Isaiah 38:21).*
- *Balm of Gilead (Jeremiah 8:22; 51:8).*
- *Oil and wine for cleansing wounds (Psalm 147:3; Luke 10:34).*
- *Eye salve (Revelation 3:18).*
- *Wine (unfermented or lightly fermented) to counteract the effects of bad water (1 Timothy 5:23).*
- *Bandaging cuts and wounds (Luke 10:34).*
- *Splinting broken bones (Psalm 51:8) This does not directly describe binding (splinting) broken bones, but refers to the practice of a shepherd dealing with a wayward lamb. The shepherd would break one of the lamb's legs, then set and splint the broken bone so it would heal right. The shepherd carried the lamb until it could keep up with the flock. By this time the lamb was bonded to the shepherd and always stayed close.*

## Being a First Responder at Church

There are many possible ways you can become a first responder to an injury or medical event in church or at a church event. You cannot predict what will happen or the time it happens, but when it does you need to know what to do and have what you need to do it.

Scenario 1: You are in the foyer during the Sunday morning service. Delicious aromas waft down the corridor from the fellowship hall and kitchen where the after-church dinner is being prepared. You are watching a car pull into the parking lot when you hear footsteps. Turning, you see Mary Mitchell.

"Hi, Mary. What's up?"

"You have to come quick. Sue Brown cut her hand. Real bad."

You go to the kitchen with Mary. Do you know what to do when you get there?

Scenario 2: The church dinner is a wonderful time of fellowship: everyone chatting as they go through the food line; smiles on faces as they sit down to eat. Even the children are both happy and well-behaved.

Later on, as some get up for seconds and others head for the desserts, you notice signs of concern at one table, so you get up and go over there. George Davidson is sitting there extremely still, staring blankly. His wife Sue stands at his left side speaking to him, "George. George. Are you OK?" He does not respond. "This is his bad ear," she says to Clara Smith. "I'll go to the other side."

Sue walks around the chair and speaks into George's right ear, "Can you hear me, George?"

The right side of George's mouth moves, trying to answer Sue. His right eye and eyebrow move, but not the left side of his face. In fact, the left end of his mouth seems drawn up.

You think, "This looks like a stroke." You know CPR and AED, but what should you do with a stroke?"

## What Do We Need?

There are two categories of what we need to respond to injuries and medical emergencies in the church: Training and Equipment & Supplies.

### Training

If you are sick and need to go to the doctor, you don't want to trust your health care to someone whose only training has been watching "Dr. Welby M.D," on TV. Likewise, if you have a heart attack, you want a first responder who knows when and how to perform Cardio-Pulmonary Resuscitation (CPR) or to use an Automated External Defibrillator (AED). If you are badly cut or have a concussion, you want someone properly trained in First Aid treating you.

Sheepdog Church Security does not have courses for First Aid, CPR, or AED. These are skills that need hands-on training where you actually practice the techniques. In this respect it is similar to learning unarmed self-defense.

Fortunately, there are courses available almost anywhere you live. The most widely available courses are by the American Red Cross (ARC) and the American Heart Association (AHA). The ARC often combines First Aid with CPR and AED in a single course leading to the three certifications.[5] The AHA focuses on heart-saving procedures, but also has courses including First Aid.[6] The American Safety & Health Institute (ASHI) is geared toward certification of company employees in life-saving skills for meeting OSHA's safety and health standards in the workplace.[7][8] Places with over a certain number of employees need to have some employees certified in First Aid and CPR.

Some local fire departments and colleges/universities offer life-saving skills classes. Don't forget to include them in your search for training

A Church Safety Ministry can find courses available locally and enroll its members in it or encourage

## MAKE YOURSELF READY CONTINUED...

them to enroll. Depending on the church and the locality, the church may be able to host these classes, enrolling not only Safety Team members, but also other people in the church and even from the community. In this case, it could be a community service event of the church.

### **Equipment & Supplies**

While training may be called the "howwithal" of responding to illness and injury, equipment and supplies are the wherewithal. You can do CPR without anything but your hands and (if needed) mouth - but this would be safer with a CPR mask. You need an AED if the heart is fibrillating. If someone is seriously cut and bleeding badly, you can only do so much without having something to put on more pressure, something to soak the extra blood, something to clean around the cut, and something to bandage the cut.

Sheepdog Church Security has an Amazon marketplace store with several supplies for a Church Safety Team.[9] Besides these there are other equipment and supplies needed which are not in the SDCS Store. Here are the recommended items.

### **Ready for Heart Attacks and Stopped Breathing**

The illness-related conditions we will most likely need to respond to are heart attacks, strokes, and stopped breathing. The causes will vary. For instance, breathing may be stopped by COPD, severe asthma, emphysema, anaphylactic allergic reaction, bad air (smoke, dust, etc.), and choking. Heart attacks may include atrial fibrillation or thrombosis.

When a person has a heart attack, the first recommended response is cardio-pulmonary resuscitation (CPR), beginning with chest compressions. This force-pumps the heart. It also compresses and decompresses the lung for forced breathing. However, sometimes the responder needs to blow air into the windpipe. For this, the use of a CPR mask is recommended. They are no longer in the SDCS Store, but Amazon still has CPR masks, such as the ones by Archer in keychain pouches.[10]

Sometimes, such as after certain injuries, the airway is obstructed. Intubation will bypass the obstruction to get air down into the lungs. The Moore Medical Nasopharyngeal Airway Kit in the SDCS Store has five sizes of nasopharyngeal respiration tubes. Four packs cost \$24.99.[11]

For atrial fibrillation we need to stop and restart the heart. On TV shows you may have seen emergency room defibrillators used. The doctor places two pads on the patient's chest and calls out, "Go!" The assistant presses a button, the patient's chest heaves, and the patient's heart may restart. If not, they do it again.

Now we can use an automated external defibrillator (AED). You no longer have to be in a hospital to use one. It is small enough to easily take to the scene. The Philips HeartStart Home AED Defibrillator is listed in the SDCS store. It's not cheap (\$1,275.00), but can be used many times.[12]

### **Basic First Aid**

There are basic First Aid supplies that every organization should have on hand ready to use. The SDCS Store on Amazon has an emergency response duffel bag and a wall-mounted First Aid Cabinet.

The Ergodyne Arsenal 5215 Large Medic First Responder Trauma Duffel Bag can be carried to the scene of an illness or injury emergency. It comes with dividers which can be used in organizing the contents. It does not come filled, which means you can choose what you want in it. The price is now reduced to \$49.49.[13]

The Rapid Care First Aid ANSI/OSHA Compliant All Purpose First Aid Cabinet comes with 2, 3, or 4 shelves. It also comes with First Aid supplies. Prices are 2 shelf \$71.98, 3 shelf \$109.46, 4 shelf \$139.98.

[14]

## MAKE YOURSELF READY CONTINUED...

When it comes time to fill the bag or refill the cabinet, be sure to get what you need most. Some items, such as small strip bandages, gauze pads, adhesive tape, antiseptics in squeeze packs, etc. have to be replenished frequently since they are used for the most common injuries. You will also need to keep on hand ace bandages, instant-heat and instant-cold gel packs, and other like items.

For bee stings and other allergy-inducing incidents, have anti-allergic items, such as Epi-Pen and diphenhydramine (generic for Benadryl).

Also, to keep both you and the patient safe when responding to an injury, have nitrile gloves on hand in at least three sizes: Small, Medium, Large. Now we can add masks to the required gear.

A general use item which can come in handy when responding to injuries or medical incidents is a knife, It can cut someone free, open a box, cut fabric strips, etc. The SDCS Store has the Schrade SCHA3BS Assisted Opening Folding Knife. The 7.3" blade is released with the push of a button. It locks in place until you push a button to let you close it. Its price is \$34.97.[15]

### **Tourniquets and Pressure Bandages**

Applying pressure is an ages-old procedure to stop bleeding. Press on the arteries supplying blood to the wound. Almost as old is using a tourniquet to stop bleeding on a limb. The first tourniquets were strips of cloth or leather belts tightened around the leg or arm between the wound and the body. This left the hands free to clean the wound. This also kept the patient from bleeding to death if the limb had to be amputated.

Now we have ready-to-use tourniquets and pressure bandages. The SDCS Store has the C-A-T Resources CAT Combat Application Tourniquet and the Dynarex Emergency Pressure Bandage (Israeli Type).

The CAT is the official U.S. Army issued tourniquet. It has a windlass for tightening and a place to write the time applied so that it is not left on too long. It is available in 1-pack, 2-Pack, 3-pack, and 4-Pack packages ranging in price from \$27.75 to \$105.99.[16]

The Dynarex Israeli type pressure bandage is placed directly on the wound toward the upstream side. It not only applies pressure, but keeps the wound itself closed with the 4" wide pad pressed on it. This can be used for wounds which are not on limbs, but on the head or torso. The price is \$7.25 per package.[17]

### **Patient Handling**

Sometimes we need patient handling devices for moving an injured or ill person, or for putting them into a more comfortable or safer position. These devices include stretchers, wheelchairs, and - for the very small - cribs. Two of these devices are in the SDCS Store, a wheelchair which can be used to carry a person up or down stairs, and a crib designed for regular use as well as for evacuation.

A wheelchair is always handy for moving a conscious adult able to sit who has mobility issues. It also can be brought to the scene when an ill or injured person needs to be placed in a sitting position. The LINE2design Stair Chair is designed to be more than a wheelchair. Thanks to the extendable arms, it can be used to carry the person up or down stairs. It also has safety straps to secure the patient. The price is \$269.95, but in an evacuation it would pay for itself.[18]

The primary use is for transporting the person, though it can be used for sitting relief in an emergency. For instance, if a person has been cut on the head, sitting them up will reduce bleeding. It will also make it easier for a responder to treat the wound.

In an evacuation, the LA Baby Condo Metal Evacuation Window Crib makes it easy to take several

## MAKE YOURSELF READY CONTINUED...

infants out at the same time. Price \$249.99.[19] This crib also put an injured or ill infant at a level where a responder can work on him or her.

### Conclusion

The Boy Scout motto is Semper paratus, always prepared. Since we never know when someone at church will become ill or injured, we need to always be ready to respond - trained and equipped.

### There Is More

This series - The Healthy Church - has four articles. The other three articles are "Proactive Response" (Make the Church a Safe and Healthful Place), "Have a Heart" (Responding to Heart Attacks, Strokes, Choking, and Seizures), and "Help the Hurting" (Responding to Injuries).

See link for references: <https://sheepdogchurchsecurity.net/articles/make-yourself-ready/>



**RECOMMENDED EQUIPMENT FOR SAFETY MINISTRIES**

VISIT THE SDCS ONLINE STORE

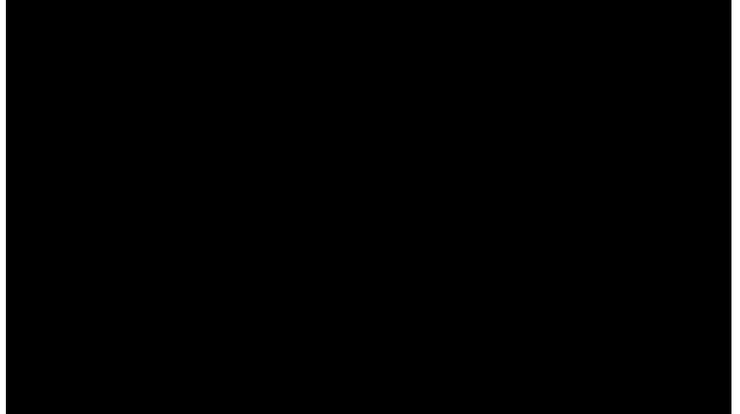
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# CHURCH SECURITY ROLL CALL

WEEKLY TIPS AND ENCOURAGEMENT FOR CHURCH SECURITY TEAMS BASED ON THE RESEARCH AND EXPERIENCE OF KRIS MOLONEY AND THE SHEEPDOG CHURCH SECURITY TEAM. HOSTED BY KRIS MOLONEY.



## **CSRC205: PROACTIVE RESPONSE**

"An ounce of prevention is worth a pound of cure." We should do what we can to prevent injuries and illnesses in our churches.

[CLICK HERE TO LISTEN](#)



## **CSRC206: HAVE A HEART**

If someone at your church has a heart attack, a stroke, or a seizure, or is choking, would you know what to do and how to do it? Find out what to do and get the needed training and certification.

[CLICK HERE TO LISTEN](#)



## **CSRC207: HELP THE HURTING**

When a person or persons are injured, there are a few immediate considerations. These include existing danger, type of injury, severity of injury, and number of injuries. To these we can add the relative availability of healthcare facilities and professional services. After an injury we should review the incident to consider how to make the church a safer place.

[CLICK HERE TO LISTEN](#)



## **CSRC208: MAKE YOURSELF READY**

When a person or persons are injured, there are a few immediate considerations. These include existing danger, type of injury, severity of injury, and number of injuries. To these we can add the relative availability of healthcare facilities and professional services. After an injury we should review the incident to consider how to make the church a safer place.

[CLICK TO LISTEN](#)



## CHURCH SAFETY / SECURITY MINISTRY SECURITY ASSESSMENT

1

SURVEY INFORMATION		
CHURCH NAME	ADDRESS	CITY, STATE, ZIP
KEY CONTACT PERSON	TELEPHONE	EMAIL ADDRESS
SAFETY/SECURITY DIRECTOR	TELEPHONE	EMAIL ADDRESS
CONDUCTED BY		
NAME	TELEPHONE	DATE
GENERAL CHURCH INFORMATION		
MEMBERS	AVERAGE ATTENDANCE	YOUTH/CHILDREN
STAFF (FULL-TIME)	STAFF (PART-TIME)	VOLUNTEERS

Location:

Urban  Suburban  Rural

Does the church have?

Day Care  Gymnasium  School or Classrooms

Electronic Security Alarm System:

Yes  No

Electronic Access Control System:

Yes  No

Video Surveillance System:

Yes  No

Safety/Security Team:

Yes  No

Staff Safety Training Program:

Yes  No

Volunteer Safety Training Program:

Yes  No

SAFETY MINISTRY

CONFIDENTIAL

SECURITY ASSESSMENT

# FREE MONTHLY DOWNLOAD

## The DIY Church Security Assessment

12 Pages of Inspectable Items in Your Church.

Protect God's People with Our Church Safety Resource [Free Download] To Get this Resource, Click the Picture (Link) and enter your Email Address. You will receive an email with a Download Button. Click the Button in the Email to Download the Safety Ministry Resource. (The Download is in PDF format.)

Kris

# MAIL CALL

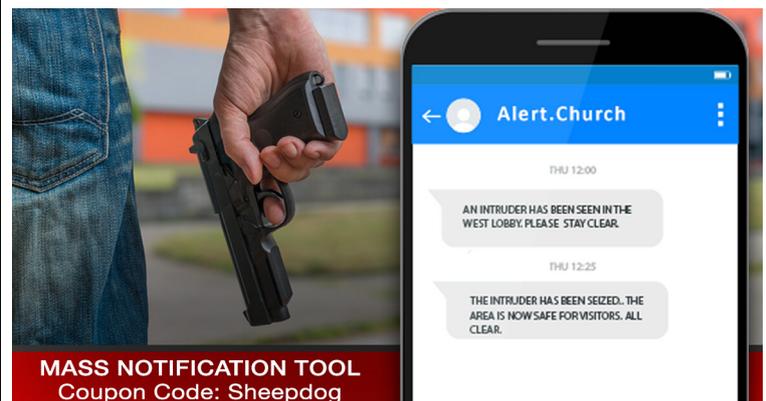
Messages from Sheepdogs across the country

## JEFF M.

Chris does a great job putting out new information and great training programs! Thanks Brother!!

## WARREN W.

I recommend Sheepdog Church Security as a resource for new Church security teams or for existing teams that need additional training topics. I have relied on Sheepdog Church Security for many years to provide information. I have also forwarded the information he has provided to the members of my church's security team.





# SHEEPDOG'S MONTHLY GUEST ARTICLE

## CHURCH MEDICAL TEAMS AND EMS PROVIDERS

The Department of Homeland Security categorizes First Responders as the professional or volunteer Fire, EMS and Police that respond when dispatched by 911. They then classify the responders within an organization as Initial Responders. The church medical response team falls into this category. The relationship with your local ems provider should be one of mutual respect with the desire of delivering the absolute best care possible to the person in need. This is done by initiating a report with the leadership of both teams allowing for training to be done in partnership to provide both parties the chance to see what is provided and what is asked for by all involved. This training will benefit both the church response team as well as the ems provider.

Once training is established with the EMS provider, the option is there then to bring in other first responders such as law enforcement and Fire department personnel to enhance the training experiences. Many times when EMS is called, Police and Fire will respond as well, so a good relationship with all of the above is beneficial.

When a person within your organization is in need of transportation to the hospital, the EMS will respond. It should be noted in advance that they will respond to specific door unless otherwise advised by the caller. This simplifies the response and shortens the response time. Once the EMS is on site, there should be a seamless hand off from the church response team to the EMS provider. While waiting arrival of EMS, the response team can elicit much of the information that

*"The relationship with your local ems provider should be one of mutual respect with the desire of delivering the absolute best care possible to the person in need."*

the EMS providers will be requesting. Such as Name, address, date of birth, emergency contact, allergies, insurance information, medical history, chief complaint, signs and symptoms and any other information that you feel is of important to the medical team that will be providing care for the person. This information should be documented on paper that you can then hand off to the EMS provider. This information should be discarded and not be kept with the church response team records. Even though the church response team is not required to be HIPPA compliant, this personal information should not be kept for any reason. The information mentioned above can be recorded on an EMS transfer sheet that can be kept in the medical bag and be handed to the ambulance provider. We will discuss medical paperwork in a future article and even have an example of this paperwork.

When an ambulance is inbound to your facility, have the teams prepare the area for the incoming emergency equipment. The parking team should have traffic prepared and ready to shut down whatever areas are needed. Security should have the scene stabilized and have the pathway to the patient cleared of any obstacles. They should also be prepared to assist with lifting the patient or any equipment needed.

When the Ambulance arrives, What should they find??

Well, hopefully a patient that has had a basic BLS assessment done and documented along with the needed demographic information. The person should be prepared as best as possible for transport with their belongings either gathered together to be sent with them, or even better yet, given to a family or friend to secure.

A smooth hand off of the patient to EMS is critical in the care of the patient and will be very much appreciated by the incoming ambulance service.



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The advertisement features a blue and red background with a white shield logo containing a scale of justice and the text "U.S. LawShield". A police officer's hand is shown holding a handgun. A solid yellow rectangle is on the right side.

# NEW CERTIFIED ONSITE INSTRUCTORS

***We are excited to announce that we have launched our Certified Sheepdog Instructor program! Our fully qualified instructors that can train your volunteers to serve on a Safety Team. AND, get them to the point of certification.***



WISCONSIN

## JEFFREY TOEPPE

My name is Jeffrey Toeppe, Chief Instructor and Owner of Personal Defense Training, LLC in Wisconsin. I'm a Certified NRA Instructor (Basics of Pistol Shooting, Personal Protection In the Home, Personal Protection Outside the Home), NRA Range Safety Officer, a Certified USCCA Instructor (Concealed Carry and Home Defense Fundamentals, Defensive Shooting Fundamentals Levels 1 & 2, Countering the Mass Shooter Threat, and Emergency First Aid Fundamentals), and a SABRE Certified Civilian Safety Awareness Academy and College Safety Awareness Instructor for OC (pepper) defensive spray. I've also had extensive training in Church safety and security from Sheepdog Church Security, Strategos, FEMA, Brotherhood Mutual Insurance, and other organizations. I'm a member and trainer of the Grace Church Safety Ministry Team and Racine Area Church Security Network (RACSN). I'm blessed to serve individuals, families, groups and Houses of Worship to equip them to protect what they love.

Website: <https://www.personal-defense-training.com/>

***Want to see if there is an Onsite Instructor in your area?***

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## Sheepdog Seminars

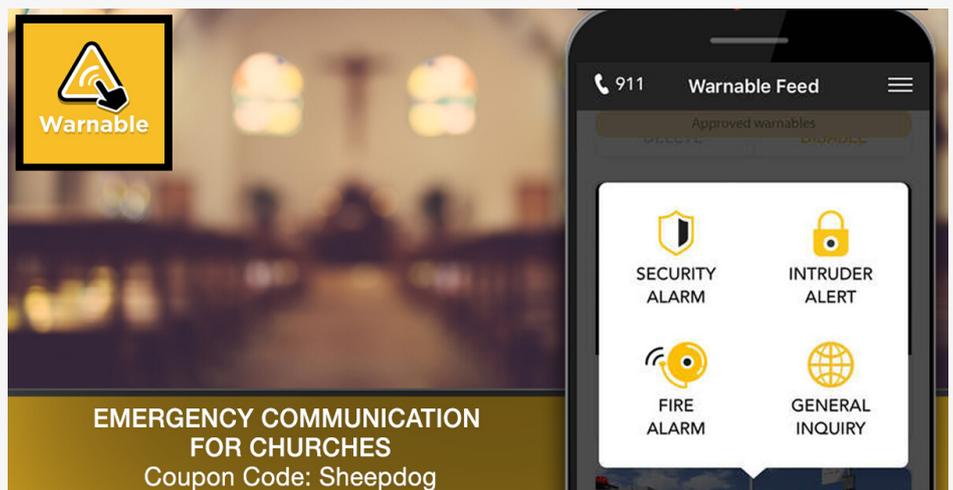
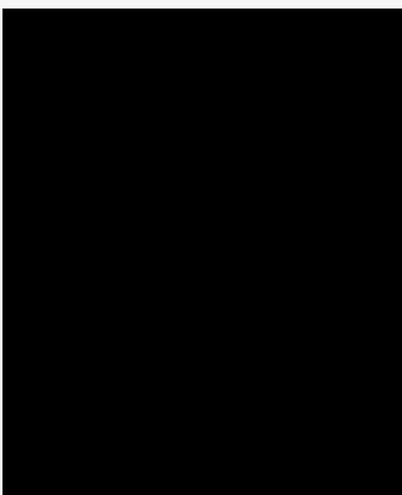
The Sheepdog Seminar is a response to the violence that reeks havoc in our world. It calls upon the defenders to take their stand. In a one day seminar it is impossible to impart all of the information that churches - and society as a whole - need in order to create a safe atmosphere for their communities. However, when you leave the Sheepdog Seminar, you will know exactly what you need to start doing.

# SEMINARS AND CONFERENCES

Church Safety and Security Events

- **DUE TO COVID-19, ALL OF OUR SEMINARS HAVE BEEN POSTPONED. WE WILL “BOUNCE BACK” AND HAVE THESE SEMINARS. PLEASE CHECK BACK OFTEN.**

*We are building a community of leaders who are called to protect the flock.*



# SHEEPDOG CORNER

*Hi Sheepdog,*

I apologize for the late newsletter this month. My computer crashed in a spectacular fashion. Fortunately, many aspects of Sheepdog Church Security have backup plans by design.

Which brings up an important element of a strong Safety Ministry. We need to have more than one response plan for emergencies and normal operations. A good example of this is the Department of Homeland Security's guidance for Active Killers.

As many of you know, they recommend civilians Run, Hide, and Fight. Plan A in the event of an Active Shooter is run. If running is not feasible, then hide. If hiding is not feasible, then fight. In this plan, we have Plans A, B, and C.

Having secondary plans is probably instinctual for us when it comes to emergencies, but how about operational plans. We need to have backup plans when team members call in sick. We need backup plans for missed training. We need backup plans for lost training records. And the list goes on...

*Your Loyal Companion in Christ,  
Kris*



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Belle Plaine, MN  
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kris@sheepdogchurchsecurity.  
net

Website:

<https://sheepdogchurchsecurity.net/>



A Police Officer with over 15 years of experience and a retired Army Captain and Company Commander. He has certifications in Crime Prevention, Security Assessments, and the Crime Free Program. He also has a Bachelor's degree in Ministry and a Master's degree in Organizational Leadership.  
Kris P. Moloney