



MED-TAC
INTERNATIONAL



MED-TAC FIELD REFERENCE · FAITH COMMUNITY SERIES

THE CHURCH READINESS PLAN

A calm, organized, 90-day pathway to medical readiness for houses of worship:
build the team, stage the right equipment, and train volunteers to act with
confidence in the minutes before help arrives.

Marco R. Torres, MD, NRP · Founder, MED-TAC International

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TEAM



CAMPUS



EQUIPMENT



TRAINING



DRILLS

CLINICIAN-FOUNDED · SERVICE-DISABLED VETERAN-OWNED · SOUTH FLORIDA, US OF A



READ ME FIRST

READINESS IS STEWARDSHIP.

Every congregation already practices readiness. You keep fire extinguishers charged, you know where the exits are, you check who picks up each child. None of that is fear — it is the ordinary care of people entrusted with other people. This plan applies the same care to the medical emergencies that happen wherever people gather.

Most of what your team will see is ordinary: a fainting spell during a long service, a fall on a wet entry, a cut in the kitchen, a guest whose blood sugar drops. A few times in a church's life it is not ordinary — a cardiac arrest in the pews, a serious bleed in the parking lot. The outcome of those moments is decided before the ambulance arrives, by whoever is already in the room. This plan makes sure those people are organized, equipped, and practiced.

WHAT THIS PLAN IS NOT

It does not turn volunteers into medics, and it is not a security plan. Its goal is narrow and achievable: **recognize the emergency, act in the first minutes, hold the line until EMS arrives, and hand off cleanly**. When someone is seriously hurt or ill, call 911 first.

THE 90-DAY ROADMAP

DAYS 1–30 · PEOPLE

Leadership approval. Name the Team Lead and Medical Lead, recruit responders, and write the one-page scope (Sections 01–03).

DAYS 31–60 · PLACE & EQUIPMENT

Walk the Campus Audit, draw the coverage map, and stage Tier 1 equipment where the map says it belongs (Sections 04–05).

DAYS 61–90 · PAPER & PRACTICE

Onboarding training, the written Response Plan posted in every kit, and your first quarterly drill (Sections 06–10).

DOC'S NOTE — THE PERSON STANDING CLOSEST

As a flight medic, a tactical medic, and a physician, I learned that the most important person at a bad scene is almost never the professional. It is whoever is standing closest. In a church, that is an usher, a greeter, a nursery volunteer, a retired nurse three rows back. The churches that handle these moments well are not the ones with the most equipment. They are the ones where everyone knows who calls, who brings the kit, and who meets the ambulance — because they practiced it on an ordinary Tuesday night. — Marco R. Torres, MD, NRP

WHO READS WHAT

PASTORS & ELDERS

Sections 01–03. Approve the scope, name the leads, and budget Tier 1.

TEAM & MEDICAL LEADS

The whole plan. You own the roster, the drills, and the monthly checks.

FACILITIES & CHILDREN'S LEADS

Sections 04–05 and Drill C. Your zones, your equipment, your headcount.

EVERY VOLUNTEER

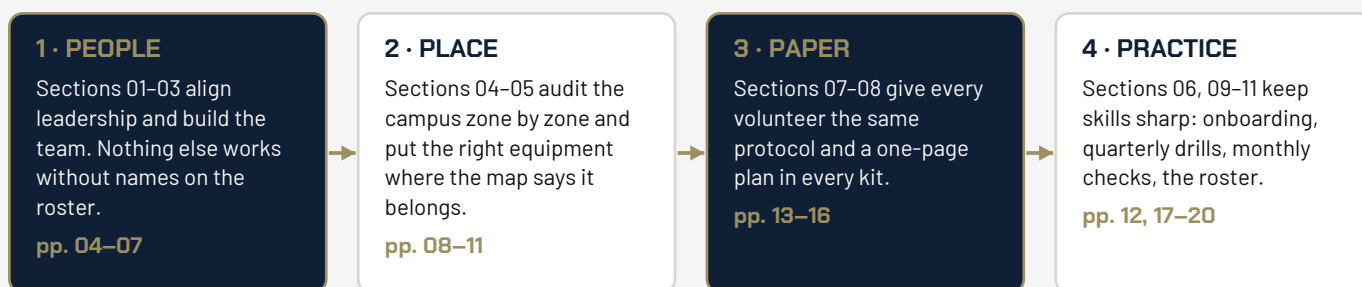
Section 07 and the Response Card. Know the phrase, the kit, and your job.

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HOW TO USE THIS PLAN



PRINT THESE

Campus Audit (pp. 08–09) · **Budget Worksheet** (p. 11) · **Written Response Plan** (p. 16) · **Drill After-Action Record** (p. 18) · **Monthly Check Log** (p. 19) · **Team Roster & Training Record** (p. 20) · **Response Card** (p. 22) · **Team Pocket Cards** (p. 23).

Laminate the Response Card and pocket cards. Put the Written Response Plan in every kit and at every check-in desk, and re-print it whenever a name or location changes. Any church can finish the 90-day roadmap at modest cost — people and paper cost nothing.

HOW TO READ THE EVIDENCE TAGS

[**VERIFIED**] traceable to a named guideline, study, or government source in the References. [**MECHANISM**] physiology or consensus reasoning, not a trial. [**MED-TAC TARGET**] a MED-TAC operational goal, not a published standard. Untagged instruction is standard lay-responder first aid consistent with C-TECC bystander guidance and the American Heart Association. Prices are live tactical-medicine.com prices on the version date. General legal information is not legal advice. Questions and corrections: info@tactical-medicine.com.

SECTION 01

READINESS AS A DUTY OF CARE

The outcome of a medical emergency at church is decided before EMS arrives — by the ushers, greeters, teachers, and members already in the room.

7 MIN

Median 911-to-arrival time for EMS nationally — about twice that in rural areas, where nearly 1 in 10 calls waits close to 30 minutes. **[VERIFIED]**

2x

Survivors doubled — 30 vs. 15 — when trained lay volunteers had an AED as well as CPR (Public Access Defibrillation trial, 993 community sites). **[VERIFIED]**

#1

Bleeding is the leading cause of potentially preventable death after injury — and it kills in minutes, not hours. **[VERIFIED]**

6 MO

Six months after a bleeding-control class, 1 in 4 trained people could no longer control a simulated life-threatening bleed. **[VERIFIED]**

PREPAREDNESS IS STEWARDSHIP, NOT FEAR

A church that keeps extinguishers charged and exits marked is not afraid of fire; it is responsible. Medical readiness is the same act of care: modest cost, easy habits, and on the one day it matters, it matters completely. It is also hospitality — the guest who collapses in your lobby deserves the same welcome as the one who sits in the front row.

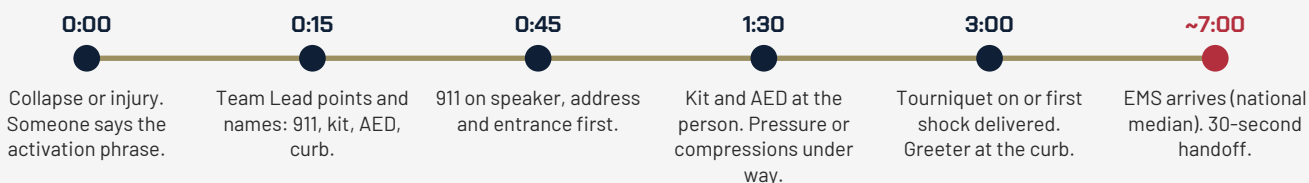
THE GOAL: HOLD THE LINE

Recognize the emergency. Act in the first minutes. Keep the person alive and stable until professionals arrive. Hand off cleanly. That is the whole job — and trained volunteers do it well.

WHAT THE EVIDENCE SAYS

- **Public-access bleeding control belongs beside the AED.** The Hartford Consensus, convened by the American College of Surgeons in 2013, recommended bleeding-control equipment in public places and bystanders trained to use it. **[VERIFIED]**
- **Lay volunteers with AEDs save lives.** In the PAD trial, sites whose volunteers were trained in CPR and an AED had twice the survivors of CPR-only sites. **[VERIFIED]**
- **Skills fade without practice.** Tourniquet scores fell from 100% to 69% at six months; the authors recommend refreshing within six months — the reason this plan drills quarterly. **[VERIFIED]**
- **C-TECC** translates the military MARCH priorities into civilian bystander guidance — massive bleeding first. **[VERIFIED]**

THE FIRST TEN MINUTES — WHAT AN ORGANIZED TEAM DOES WITH THEM



NOT TURNING VOLUNTEERS INTO MEDICS

Everything in this plan is layperson skill: pressure, packing, a tourniquet, CPR, an AED, a phone call, and a clear handoff. The timeline targets are MED-TAC training goals **[MED-TAC TARGET]**, built so a shock or a tourniquet happens inside the window where it still changes the outcome.

SECTION 02

WHAT ACTUALLY HAPPENS AT CHURCH

Plan for the emergencies your congregation is most likely to see — mostly ordinary, occasionally not. This map drives what you stage and what you drill.

EMERGENCY	WHO & WHERE	WHAT CHANGES THE OUTCOME	SEE
Fainting	Older adults standing through long, warm, crowded services — often before breakfast	Lay them flat, legs up, check breathing. Not breathing normally = cardiac arrest	p. 14
Falls	Older members; stairs, wet entries, icy lots, platform edges	Don't lift someone who is hurt. Head strike on a blood thinner = ER today	p. 15
Cardiac arrest	Adults with heart disease — but anyone, anywhere on campus	Immediate CPR and an AED within a 90-second walk of every seat	p. 14
Choking	Fellowship meals, potlucks, nursery snacks; toddlers and adults 70+	Back blows and abdominal thrusts (chest thrusts for infants), no hesitation	p. 15
Low blood sugar · seizure	Members with diabetes during long services or fasting; members with epilepsy	Sugar if they can swallow; for seizures, time it, protect the head, side position	p. 15
Severe allergic reaction	Potlucks, children's snacks, bee stings at outdoor events	Their own epinephrine immediately, then 911	p. 15
Heat illness	Outdoor services, festivals, parking teams, un-air-conditioned buildings	Shade, cooling, fluids — and 911 with rapid cooling for confusion or collapse	p. 15
Kitchen cuts & burns	Kitchen and meal-ministry volunteers	Hard pressure for cuts; 20 minutes of cool running water for burns	pp. 13, 15
Severe bleeding	Building projects, glass, vehicles in the lot, and — rarely — violence	Press, pack, tourniquet within 1–3 minutes; kit within 30 seconds	p. 13
Stroke	Older adults, anywhere on campus	Recognize it (BE FAST), call 911, note the time last seen normal	p. 15

WHY FAINTING IS A LIKELY CALL [VERIFIED]

A hospital study of "church syncope" found patients averaged 79 years old and were admitted less often than people who fainted elsewhere; the authors pointed to long morning services while fasting, standing in warm, crowded rooms, and emotion (Mitra et al., 2013). Most faints are benign — but every one is treated as possible cardiac arrest until the person is breathing normally and waking up.

WHY THE PLAN STILL LEADS WITH BLEEDING AND CARDIAC ARREST [MECHANISM]

They are rare and they are the two emergencies where a specific tool — an AED, a tourniquet — decides survival in the first minutes, before any ambulance can. Everything else on this map needs a trained volunteer, a phone, and a calm voice. Both get their own protocol page, drill, and equipment tier.

USE THE MAP

Circle the rows your campus sees. They set your first four drill scenarios (Section 09) and the order you stock the zones (Section 05).

SECTION 03

BUILDING THE SAFETY MINISTRY TEAM

Equipment follows people. Before you buy anything, put names in these roles — and make sure every service and event has an on-duty team.

ROLE	OWNS BETWEEN SUNDAYS	DOES IN AN EMERGENCY	IDEAL BACKGROUND
Team Lead	The plan, the roster, drills, monthly checks, the relationship with local EMS	Takes charge: points and names — 911, kit, AED, curb. Keeps the crowd back	Organized, calm, respected; anyone
Medical Lead	Equipment and training standards; scope; after-action reviews	Treats or supervises care at the patient; gives the handoff	Nurse, EMT, paramedic, physician, PA, or experienced instructor
911 Coordinator	Knows the address, entrances, and the script; keeps the phone tree	Calls 911 on speaker, stays on the line, relays updates, sends someone to the curb	Clear voice; not easily rattled
Responders (3–10)	Know every kit and AED location; complete onboarding and quarterly drills	Bring the kit and AED; pressure, packing, tourniquet, CPR, AED	Ushers, greeters, teachers, coaches, veterans, off-duty first responders
Children's Ministry Safety Lead	Pediatric equipment, allergy lists, headcount and reunification plan	Runs the children's wing: care, headcount, parent notification	Children's ministry staff or senior volunteer
Curb & Door	Knows the EMS entrance and the fastest route to each zone	Meets the ambulance at the street, props doors, clears the path	Parking and greeter teams

TEAM SIZE BY ATTENDANCE

MED-TAC TARGET — NOT A PUBLISHED STANDARD

WEEKLY ATTENDANCE	TRAINED CORE	ON DUTY EVERY SERVICE	NOTES
Under 150	4–6 people	Team Lead + 911 Coordinator + 2 responders	Roles can double up; a greeter can own the curb
150–500	8–12 people	Team Lead + 911 Coordinator + 3–4 responders, one per zone	Add the Children's Ministry Safety Lead
500+ or multiple buildings	12–20+ people	A lead per building, a responder per zone, a roving runner	Radios or a group text channel; a single campus Team Lead

RECRUITING — SURFACE HIDDEN CAPABILITY

Announce the ministry from the pulpit and in the bulletin with a one-line invitation: *"If you work in healthcare, public safety, or served in the military, the safety ministry needs you."* Most churches discover nurses, EMTs, and veterans they never knew were in the pews. Teachers and coaches make excellent responders — they are used to taking charge of a room. **Start small:** four trained people, one AED, and two bleeding-control kits cover most small churches on day one.

THE ON-DUTY ROSTER

Every service and event — including weddings, funerals, youth nights, and festivals — has a named, on-duty Team Lead, 911 Coordinator, and responders. Post the day's names at every check-in desk. On-duty responders sit on aisle seats near the exits and carry a pocket card (p. 23).

SECTION 03 · CONTINUED

SCOPE — THE MOST IMPORTANT HOUR

Write down what your team will and will not do, get leadership to sign it, and train to it. A clear scope protects the people you help, the volunteers who help them, and the church. Keep it to one page. This is the model:

OUR TEAM WILL

- Call 911 early — and stay on the line
- Control bleeding: pressure, wound packing, tourniquet
- CPR and AED for anyone unresponsive and not breathing normally
- Clear a choking airway (back blows, abdominal or chest thrusts)
- Position, keep warm, reassure, and protect privacy
- Help a person use their **own** epinephrine, inhaler, or glucose
- Give sugar to a responsive person with diabetes who can swallow
- Document what happened and hand off to EMS

OUR TEAM WILL NOT

- Diagnose, or tell anyone they do not need EMS
- Give medicines from church stock (beyond a written glucose policy)
- Move a person with a suspected neck or back injury — unless the area is unsafe
- Drive a sick or injured person to the hospital in a private car
- Perform any skill beyond the team's layperson training
- Provide clinical care beyond first aid — licensed members help as Good Samaritans, not as the church's clinicians
- Enter an unsafe scene (violence, fire, traffic, electricity)
- Discuss the person's medical details beyond those who need to know

SIGNED OFF BY _____

DATE _____

LEGAL FOOTING — CONFIRM WITH YOUR CARRIER

Good Samaritan laws in every state protect people who help in an emergency in good faith, but they differ from state to state. The federal **Volunteer Protection Act** (1997) generally shields volunteers of nonprofits acting within the scope of their role, and the federal **Cardiac Arrest Survival Act** (2000) covers AED users where state law does not. None of these protect gross negligence or acts beyond training. Confirm coverage for your safety ministry with your church's insurance carrier, and keep training records and signed scope documents — they are your evidence of good-faith, organized care. This is general information, not legal advice.

IF YOUR CHURCH HAS A SECURITY TEAM

Medical and security are different jobs. If your church has a security team, agree in writing who calls 911, who controls the scene, and how the medical team is called forward. In any violent incident the medical team's first duty is its own safety and the congregation's — escape or shelter first; bleeding control once the area is safe, as C-TECC bystander guidance directs.

SECTION 04

THE CAMPUS READINESS AUDIT

Walk every zone with the Team Lead and a facilities lead, and ask one question: if someone collapsed or began bleeding here right now, what would the next ten minutes look like?

ZONE 1 · SANCTUARY / WORSHIP

- ☐ Bleeding-control kit reachable within 30 seconds of every seat
- ☐ AED within a 90-second brisk walk (3-minute round trip)
- ☐ Two on-duty responders on aisle seats near exits
- ☐ Aisles and exits clear enough for a stretcher
- ☐ Balcony, stage, and baptistry covered
- ☐ Agreed signal for the worship leader to pause and bring up the lights

ZONE 4 · LOBBY & ENTRIES

- ☐ AED and bleeding-control station together, signed, at chest height
- ☐ Written Response Plan at the welcome desk
- ☐ Wheelchair available and staged
- ☐ Mats at wet entries; spills handled at once
- ☐ Coverage map posted for volunteers

ZONE 5 · PARKING & EXTERIOR

- ☐ Street address visible from the road at night
- ☐ Entrances numbered; EMS entrance agreed and kept clear
- ☐ Parking team with vests and a way to call the Team Lead
- ☐ Weather kit: blankets, tarp, water and shade for heat
- ☐ Ice, lighting, and trip hazards logged each quarter

ZONE 2 · CHILDREN & YOUTH

- ☐ Kit and AED within reach of classrooms and nursery
- ☐ Pediatric AED pads or child key with that AED
- ☐ Allergy and medical notes at check-in (with parent consent)
- ☐ Emergency signal, assembly point, and class rosters for headcount
- ☐ Reunification plan: children released only to authorized adults
- ☐ Volunteers trained in child and infant choking and CPR

ZONE 3 · FELLOWSHIP HALL & KITCHEN

- ☐ Bleeding-control kit at the hall entrance
- ☐ Choking steps posted where people eat
- ☐ Burn kit; everyone knows cool running water for 20 minutes
- ☐ First-aid kit stocked and dated
- ☐ Fire extinguisher reachable
- ☐ Potluck dishes labeled for common allergens

ZONE 6 · OFF-CAMPUS & EVENTS

- ☐ Kit and AED travel with youth trips, camps, outdoor services
- ☐ Medical and consent forms for every minor on a trip
- ☐ Nearest hospital and address identified before departure
- ☐ Water events (baptisms, pools, lakes) have a trained watcher

SCORE IT

Every unchecked box becomes a line on the action log (next page) with a named owner and a date. Re-run the audit twice a year — spring and fall — and after any renovation. The 30-second and 90-second coverage targets: kit **[MED-TAC TARGET]**, AED per AHA guidance of a 3–5-minute round trip **[VERIFIED]**.

SECTION 04 · CONTINUED

COVERAGE MAP & ACTION LOG

SKETCH YOUR CAMPUS — MARK EVERY SYMBOL

AED KIT FA EMS AP



AED defibrillator · **KIT** bleeding-control kit or station · **FA** first-aid kit · **EMS** ambulance entrance and handoff point · **AP** children's assembly point. Post a clean copy at every check-in desk and inside every kit lid.

THE 90-SECOND WALK

Stand at the AED. Walk briskly for 90 seconds in every direction. Anywhere you cannot reach in 90 seconds needs another AED — the AHA's 3–5-minute round trip. **[VERIFIED]**

THE 30-SECOND KIT TEST

From the farthest seat in each zone, a volunteer who has never been shown walks to the nearest bleeding-control kit. Over 30 seconds, stage another kit. **[MED-TAC TARGET]**

THE STRANGER TEST

Ask a first-time guest where the AED is. If they cannot find it from the signage in 30 seconds, neither will a volunteer on the worst day.

ACTION LOG — EVERY UNCHECKED BOX

ZONE	WHAT IS MISSING	OWNER	DUE	DONE

SECTION 05

THE THREE-TIER EQUIPMENT STANDARD

Tiers are cumulative and matched to size and budget. Equipment follows readiness: people and plan first. Prices are live tactical-medicine.com prices, 23 September 2026.

TIER 1 · EVERY CHURCH

The baseline for every campus and every service

SEE BUDGET, p. 11

EVERY ZONE



Public Access Bleeding Control Kit
\$69.99 Basic · \$79.99 Intermediate · \$109.99–\$129.99 Advanced

Inside: C-A-T tourniquet, 6-in pressure dressing, two wound-packing gauze, gloves, shears, survival blanket, marker, just-in-time card. Intermediate adds a vented chest seal twin pack.

Where: one per zone, beside every AED. The foundation kit of U.S. public-access programs.

AED STATION



ZOLL AED Plus Complete Package
\$1,999.99

Inside: AED with Real CPR Help compression feedback, alarmed wall cabinet, and three-way wall sign — electrodes and batteries installed.

Where: the main lobby or sanctuary entry: a first AED station in one purchase. Adult pads included.



NAR Trauma & First Aid Kit — Class A

\$184.99 · \$209.95 · \$234.99

Inside: ANSI/ISEA Z308.1-2021 Class A first aid plus C-A-T, vented chest seal twin pack, SAM splint, burn gel, eye wash; choice of hemostatic.

Where: kitchen and fellowship hall for everyday cuts and burns. A carry bag — hang it on the \$39.99 wall hook.

TIER 2 · MULTI-ZONE & TEAM

Coverage for every zone and every on-duty responder

RESPONDER CARRY



CORE Compact Response Kit
\$79.99 each

Inside: C-A-T tourniquet, Combat Gauze LE hemostatic, 4-in flat pressure dressing — vacuum-sealed, 6.4 oz, pocket-flat.

Where: one per on-duty responder, in a jacket or cargo pocket. The team's personal bleeding-control kit.

CHILDREN'S WING



Philips HeartStart FRx AED
\$1,499.99

Inside: rugged semi-automatic AED with voice prompts; optional Infant/Child Key switches to pediatric energy.

Where: the children's wing or a second building. Order the child key where children are present.



Public Access Clear Wall Case
\$249.99

Inside: clear polycarbonate surface-mount enclosure for a public-access bleeding-control kit; visible contents, instant visual inspection.

Where: sanctuary exits and corridors, beside the AED. Metal semi-recessed cabinet: \$209.99.

THE STORAGE RULE

Same place every service, reachable in 30 seconds, on the map at every check-in desk, checked monthly, restocked the same day it is used. Add a blue C-A-T trainer (\$28.99) for drills and a TacMed Basic Burn Kit (\$38.16) in the kitchen.

TIER 3 · FULL CAMPUS & LARGE EVENTS

Depth for big congregations, multiple buildings, and events

MULTI-CASUALTY


Public Access Bleeding Control 5 Pack
\$299.99 · \$359.99 · \$579.99

Inside: five complete individual bleeding-control kits plus a Responder QuikLitter casualty litter in one tote.

Where: the Team Lead's post for large services, festivals, and events with more than one casualty.


MOJO Bleeding Control Station
\$642.11 · \$899.99 · \$1,099.99

Inside: AED-style wall station: TMT tourniquet and Celox RAPID gauze; Intermediate adds chest seals; Advanced adds airways, burn and splint items.

Where: main atrium or gym. Advanced airway items only under your Medical Lead's oversight.


Crisis Incident Response Kit
\$389.99 black · \$399.99 orange

Inside: two C-A-T tourniquets, packing gauze, eight pressure dressings, two chest seal twin packs, two SAM splints, two blankets, gloves, shears.

Where: a staged bag at the security or welcome desk for incidents with several casualties.

BUDGET WORKSHEET – THREE SAMPLE CAMPUSES AT LIVE PRICES

CAMPUS	LINE ITEM	COST
SMALL · 1 building, under 150	2 × Public Access Bleeding Control Kit, Intermediate	\$159.98
	1 × ZOLL AED Plus Complete Package	\$1,999.99
	1 × NAR Trauma & First Aid Kit Class A + wall hook	\$224.98
	2 × C-A-T trainer (blue) for drills	\$57.98
	SMALL total	\$2,442.93
MEDIUM · add children's wing & team	Everything in Small	\$2,442.93
	1 × Philips HeartStart FRx AED (children's wing)	\$1,499.99
	2 × Public Access Clear Wall Case	\$499.98
	2 × Public Access Bleeding Control Kit, Intermediate	\$159.98
	4 × CORE Compact Response Kit (on-duty responders)	\$319.96
	1 × TacMed Basic Burn Kit	\$38.16
	MEDIUM total	\$4,961.00
LARGE · add event depth	Everything in Medium	\$4,961.00
	1 × Public Access Bleeding Control 5 Pack, Intermediate	\$359.99
	1 × MOJO Bleeding Control Station, Intermediate	\$899.99
	1 × Crisis Incident Response Kit	\$389.99
	LARGE total	\$6,610.97

HOW TO FUND IT

Tier 1 without the AED is a few hundred dollars; the AED is the capital line. Budget pads and batteries on the manufacturer's schedule; many churches fund the first AED with a memorial gift. Campus quantities and formal quotes: Request Campus Pricing on the church hub, or marco@tactical-medicine.com.

SECTION 06

TRAINING YOUR VOLUNTEERS

Brief, repeated, hands-on. Twenty minutes every quarter beats a full day once — because skills fade in months, and the drill is what brings them back.

THE EVIDENCE FOR QUARTERLY PRACTICE

[VERIFIED]

In a follow-up of 46 people trained in bleeding control, every participant applied a tourniquet correctly on the day of training. Six months later the average score had fallen to 69%, 39% failed the skill test, and 26% could not control a simulated life-threatening bleed. The authors' conclusion: refresh within six months (Weinman et al., *J Emerg Nurs*, 2020). A 20-minute quarterly drill keeps every responder inside that window.



Onboarding night in the fellowship hall: hands-only compressions on a manikin, coached by the Medical Lead, with the team's kit open on the table.

CORE LAYPERSON SKILL	THE STANDARD	PRACTICE ON
Recognize life-threatening bleeding	Spurting, pooling, soaking through, or amputation — act at once. An adult has about 5 liters of blood; losing about 40% is rapidly fatal	Scenario cards
Direct pressure	Gloves if in reach; both hands, locked elbows, body weight; don't peek	Towel on a partner's arm
Wound packing	Gauze pushed in toward the source until full, then hard pressure on top	Packing trainer or rolled towel
Tourniquet	2–3 in above the wound, never on a joint; high and tight if the source can't be found; tighten until bleeding stops; write the time	Blue trainer tourniquet
CPR and AED	Hard and fast in the center of the chest; AED on as soon as it arrives; follow the voice	Manikin + AED trainer
Choking, recovery position, handoff	Back blows and thrusts; side position if breathing but unresponsive; 30-second handoff	Partner practice

CADENCE	WHAT	WHO LEADS
Outside instruction	Fire, EMS, and hospital trauma programs often teach bleeding control and CPR on site at little or no cost — invite the station that answers your 911 calls	Local instructor
Onboarding	2 hours hands-on: every skill above, the scope, the kit and AED locations, the Response Plan	Medical Lead or a local instructor
Quarterly	20–30 minute drill with real equipment (Section 09), plus the monthly equipment check (Section 10)	Team Lead
Annually	Half-day refresher, re-run the Campus Audit, review every incident and drill log, update the roster	Medical Lead + Team Lead
Every session	Name, role, skill, date, and instructor on the Team Roster & Training Record (p. 20) — your schedule and your good-faith documentation	Team Lead

SECTION 07

THE RESPONSE PROTOCOL – SEVERE BLEEDING

Escalate fast. Most bleeds stop with hard, continuous pressure. The ones that don't need packing or a tourniquet within a minute or two – not ten.

1 · PRESS

Gauze, a clean towel, or cloth directly on the wound.

Both hands, elbows locked, body weight in.

Hard and continuous, **3 minutes minimum**, no peeking. Soaked? Add more on top.

2 · PACK

Deep wounds where surface pressure fails – **groin, armpit, buttock**, or a large deep limb wound.

Push gauze in toward the source until full, then press hard on top.

Neck: hard direct pressure only.

3 · TOURNIQUET

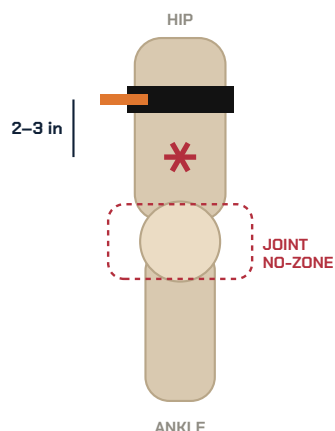
Arm or leg bleeding that pressure does not stop, or any amputation.

Place it (diagram), tighten the windlass **until bleeding stops**, lock it, write the time.

It will hurt. **Do not loosen it**. Still bleeding? A second one just above the first.

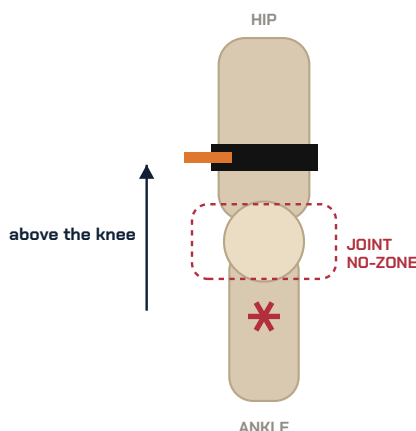
WHERE THE TOURNIQUET GOES – THREE CASES

VERIFIED – ACS / CoTCCC / C-TECC



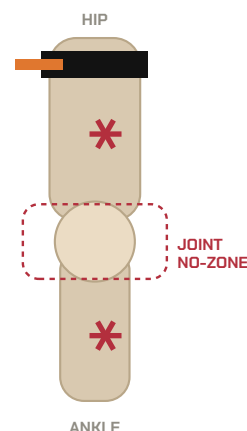
A · YOU CAN SEE THE WOUND

Bare the limb. Place it 2-3 inches above the wound, on the same bone.



B · 2-3 INCHES LANDS ON A JOINT

Never on the knee or elbow. Move it above the joint, onto the thigh or upper arm.



C · CAN'T FIND IT · MANY WOUNDS · DARK

High and tight: as high on the limb as it will go, over clothing if you must.

TOURNIQUET FACTS [VERIFIED]

- **Arms and legs only** – never the neck, chest, or belly. Tourniquet use is associated with survival in military and civilian studies (Kragh 2009; Teixeira 2018).
- **Children:** most commercial tourniquets fit most children, but most children's limb injuries still stop with pressure – escalate only when pressure fails.
- **Blood thinners** make bleeding harder to stop: hemostatic gauze and longer, harder pressure.

WHO DOES WHAT – A BLEED IN THE SANCTUARY

- 1 **Finder:** says the activation phrase, hands on the wound.
- 2 **Team Lead:** points and names – 911, kit, curb; moves the crowd back.
- 3 **Responder 2:** brings the kit; gloves; packing or tourniquet.
- 4 **911 Coordinator:** address and entrance first; stays on the line.
- 5 **Curb:** meets EMS and walks them in.

SECTION 07 · CONTINUED

CARDIAC ARREST & FAINTING

WHO	FIRST 90 SECONDS — CARDIAC ARREST	THEN
Finder	Shake and shout. Not responding and not breathing normally — gasping is not breathing : say the activation phrase and start compressions	Swap with a responder every 2 minutes
Team Lead	Points and names: 911, AED, curb, crowd. Asks the worship leader to pause and bring up the lights	Keeps time; plans the EMS route
911 Coordinator	Calls 911 on speaker: address, entrance, "cardiac arrest, CPR in progress"	Stays on the line; relays dispatcher coaching
AED Runner	Brings the nearest AED — the 90-second walk	Turns it on and follows the voice
Responder 2	Takes over compressions; hard (at least 2 in) and fast (100–120/min)	Resumes compressions the moment a shock is delivered or advised against
Curb & Door	Opens the EMS entrance, props doors, clears the path	Walks EMS straight to the patient

AED FACTS [VERIFIED]

- **Turn it on first.** Every AED talks you through the rest. Bare and dry the chest; place pads as pictured on them.
- **Nobody touches** the person during analysis or the shock; compressions resume immediately after.
- **Children under 8:** pediatric pads or the child key if you have them. If you don't, use adult pads — front and back if they would touch.
- **Check it monthly:** status light, pad and battery dates (p. 19). Register it with local EMS where required.

CARING FOR THE FAMILY

Assign one person — often a pastor or deacon — to the family from the first minute. Move them a few steps back but within sight, tell them what the team is doing in plain words, and help them gather keys, medications, and a phone for the ride. EMS will want a family member to answer questions.

FAINTING — YOUR LIKELIEST CALL [MECHANISM]

- 1 **Lay them flat** on the floor or pew, raise the legs, loosen tight clothing, check breathing. **Not breathing normally = cardiac arrest**: start CPR, get the AED.
- 2 **Don't sit them up quickly** or walk them out; most wake within a minute. Keep them lying down for several minutes, then sit, then stand — with help.
- 3 **Call 911** if they don't wake up quickly, have chest pain, trouble breathing, a seizure, confusion, an injury from the fall, are pregnant, or it happened during exertion or without warning.
- 4 **Privacy**: screen them with a blanket or bodies, not a crowd.

CARING FOR THE CONGREGATION

The worship leader pauses the service, brings up the lights, and asks the room to stay seated or move to another space while the team works. Prayer is welcome; a crowd around the patient is not. Afterward, check on the responders — the 48-hour debrief is for them as much as for the plan.

THE PAD TRIAL, IN ONE LINE

Sites whose volunteers were trained in CPR and had an AED had twice the survivors of CPR-only sites — 30 versus 15 (Hallstrom et al., NEJM, 2004). The AED is the tool; the drill is what gets it to the patient in time.

SECTION 07 · CONTINUED

THE CHURCH EMERGENCY PLAYBOOK

EMERGENCY	RECOGNIZE IT	DO THIS	NEVER
FALLS & HEAD STRIKES BLOOD THINNER + HEAD = ER TODAY	Can't get up; pain in the hip, wrist, neck, or back; hit their head; later confusion, vomiting, or drowsiness	Ask what hurts; check for bleeding. Hurt or can't get up: 911, pillow and blanket where they lie. Unhurt: roll to the side, hands and knees, to a sturdy chair, rise slowly	Pull them up by the arms; move them with neck or back pain
CHOKING · ADULT & CHILD SILENT = SEVERE	Can't speak, cough, or breathe; hands at the throat. Coughing hard? Let them cough — stay close	5 firm back blows, then 5 abdominal thrusts; repeat. Pregnant or too large: chest thrusts. Infant: 5 back blows + 5 chest thrusts. Collapses: 911 and CPR	Blind finger sweeps; abdominal thrusts on an infant
LOW BLOOD SUGAR SUGAR IF THEY CAN SWALLOW	Person with diabetes who is shaky, sweaty, confused, pale, or acting out of character	Awake and able to swallow: about 20 g of sugar — glucose tablets or gel, or 7 oz of juice. Help them use their own supplies. Not improving, can't swallow, or unresponsive: 911	Put food or drink in the mouth of someone who can't swallow
SEIZURE 911 IF OVER 5 MINUTES	Sudden stiffening and jerking, unresponsive; or staring and unaware. Confused and sleepy afterward	Time it. Move hard objects away, cushion the head. After the jerking stops, roll onto their side and stay. 911 if over 5 minutes, first seizure, injury, trouble breathing, or doesn't wake	Hold them down; put anything in their mouth
SEVERE ALLERGIC REACTION EPINEPHRINE FIRST · THEN 911	After food, a sting, or medicine: trouble breathing, throat tightness, swelling of lips or tongue, widespread hives with vomiting, faintness	Help them use their own epinephrine auto-injector in the outer thigh immediately; 911; lie down with legs raised — sit up if breathing is hard. Second dose in 5–15 min if no better	Give an antihistamine instead; walk them around
HEAT ILLNESS CONFUSED + HOT = 911	Heavy sweating, weakness, nausea, headache (exhaustion). Confusion, collapse, very hot skin (heat stroke)	Shade or air conditioning, loosen clothing, cool with water and fans, sips of water if alert. Heat stroke: 911 and cool rapidly with cold water and ice packs while waiting	Give fluids to someone who is confused or vomiting
STROKE BE FAST · CALL 911	Balance lost · Eyes — vision loss · Face drooping · Arm or leg weak · Speech slurred · Time to call 911	911 immediately — even if it fades. Note the time last seen normal. Keep them comfortable, on their side if vomiting	Give aspirin, food, or drink; drive them yourself
BURNS & SCALDS LARGE · FACE · HANDS · AIRWAY = 911	Red, blistered, white or charred skin; kitchen scalds; hoarse voice or soot means airway burn	Cool running water for 20 minutes — not ice. Remove rings and clothing not stuck. Cover loosely with cling film laid over, not wrapped. Keep the rest of the body warm	Ice, butter, oils, toothpaste; popping blisters

WHERE THIS COMES FROM

Choking and CPR: 2025 AHA Guidelines [\[VERIFIED\]](#). Low blood sugar: American Red Cross [\[VERIFIED\]](#). Seizure: CDC [\[VERIFIED\]](#). Epinephrine: AAP 2017 [\[VERIFIED\]](#). Heat illness: CDC/OSHA [\[VERIFIED\]](#). Burns: ANZCOR 9.1.3 [\[VERIFIED\]](#). Head strike on anticoagulants: Nishijima 2012 [\[VERIFIED\]](#). Full citations, p. 24.

SECTION 08

THE WRITTEN RESPONSE PLAN

Fill in every blank, get it signed, print it, and put a copy in every kit, at every check-in desk, and with the Team Lead. Re-print it whenever a name or location changes.

CHURCH NAME _____	CAMPUS STREET ADDRESS (AS 911 NEEDS IT) _____
NEAREST CROSS STREET / LANDMARK _____	EMS ENTRANCE & HANDOFF POINT _____
ACTIVATION PHRASE "Medical team to ___" _____	NEAREST EMERGENCY DEPARTMENT _____
TEAM LEAD / BACKUP _____	MEDICAL LEAD / BACKUP _____
911 COORDINATOR / BACKUP _____	SECURITY OR FACILITIES CONTACT _____
AED LOCATIONS _____	BLEEDING-CONTROL KIT LOCATIONS _____
FIRST-AID KIT LOCATIONS _____	CHILDREN'S WING ASSEMBLY POINT _____
ON DUTY TODAY – RESPONDERS _____	ON DUTY TODAY – CURB & DOOR _____

EMERGENCY 911 · POISON HELP 1-800-222-1222 (FREE, CONFIDENTIAL, 24/7)

THE RESPONSE SEQUENCE – POST IT IN EVERY KIT

1 · RECOGNIZE

Unresponsive, not breathing normally, severe bleeding, choking, or any person who looks seriously ill. When in doubt, it is serious.

2 · ACTIVATE

Say the phrase. Call 911 on speaker: address, entrance, what happened, how many people. Stay on the line.

3 · RESPOND

Kit and AED to the patient. Pressure, packing, tourniquet, CPR, AED – within the team's scope.

4 · DIRECT

Clear a path. Pause the service if needed. Curb team flags the ambulance at the EMS entrance.

5 · HAND OFF

30 seconds: what happened, when, what we did and when, what has changed, medications if known.

6 · FOLLOW UP

Document the same day. Restock the same day. 48-hour debrief. Care for the helpers and the family.

SIGNED OFF BY _____ DATE _____ NEXT REVIEW _____

PLAIN LANGUAGE, NOT CODES

"Medical team to the fellowship hall" works for guests, new volunteers, and visiting pastors. Color codes and numbers have to be remembered under stress – and the people who most need to act are the ones who never learned them. [MECHANISM]

SECTION 09

QUARTERLY DRILL TEMPLATES

Twenty to thirty minutes, real equipment, rotating scenarios and roles. Run them after a service or on a weeknight, and time every one.

ANNOUNCE IT

Tell the congregation or staff first. A drill should never be mistaken for a real emergency.

NEVER DIAL 911

The 911 Coordinator runs the script on a switched-off phone; someone plays the dispatcher.

TRAINER DEVICES

Blue trainer tourniquet and an AED trainer. Real kits are opened, checked, and resealed — not used up.

ROTATE ROLES

Everyone plays Finder, 911, AED Runner, and Curb over a year.

DRILL A · BLEEDING CONTROL — WORSHIP SERVICE

SETTING Sanctuary, after service; a volunteer plays the casualty near the front pew.

SCENARIO Collapse from a severe lower-leg bleed (moulage or a marked trouser leg).

INJECT At 2 minutes: "Pressure isn't stopping it." The team must escalate to a tourniquet.

TARGETS Activation phrase and assignments under 30 s · kit at the patient under 60 s · tourniquet tightened under 3 min · curb in position before "EMS" arrives. **[MED-TAC TARGET]**

DEBRIEF Where did we lose time? Did anyone not know the kit location?

DRILL B · CARDIAC ARREST — FELLOWSHIP HALL

SETTING Fellowship hall during a midweek dinner; tables and chairs in the way.

SCENARIO An adult slumps at the table, unresponsive, gasping.

INJECT At 1 minute: the nearest AED is "missing" — the runner must go to the next one.

TARGETS Compressions under 30 s · AED pads on under 3 min · compressor swap every 2 min · handoff space cleared. **[MED-TAC TARGET]**

DEBRIEF Did anyone mistake gasping for breathing? Was the AED where the map said?

A YEAR OF DRILLS

Q1 · JANUARY

Drill A — bleeding control in the sanctuary. New-year roster update.

Q2 · APRIL

Drill B — cardiac arrest in the fellowship hall, before summer events.

Q3 · AUGUST

Drill C — children's wing, as the new ministry year and new volunteers start.

Q4 · NOVEMBER

Drill D — exterior and weather, before ice and holiday crowds.

THE ONE RULE OF DRILLS

Keep every drill honest: time it with a phone, write the times down, and change one thing before the next quarter. A drill that goes perfectly was too easy — add an inject next time (a locked door, a missing volunteer, a second casualty).

SECTION 09 · CONTINUED

MORE SCENARIOS & THE AFTER-ACTION RECORD

DRILL C · CHILDREN'S WING — CARE + HEADCOUNT

SETTING Children's wing during Sunday school; volunteers and a few older youth playing children.

SCENARIO A child is bleeding from a deep arm cut on the playground — or choking at snack time.

INJECT Parents begin arriving before the child is handed off.

TARGETS Pediatric pads or child key located under 60 s · every classroom headcount complete under 5 min · parents met at the assembly point, children released only to authorized adults. **[MED-TAC TARGET]**

DEBRIEF Who notified the parents? Did any classroom lose track of a child?

DRILL D · EXTERIOR & WEATHER

SETTING Parking lot in rain, cold, or heat; one volunteer on the ground at the far end.

SCENARIO An older member fell on the ice and can't get up; possible hip injury.

INJECT The ambulance "arrives" at the wrong entrance.

TARGETS Blanket, cover, or shade within 3 min · no one lifts the patient · ambulance redirected to the EMS entrance · hazard logged. **[MED-TAC TARGET]**

DEBRIEF Could the curb team see both entrances? Is the address visible from the road?

ANY TEAM MEETING · 10 MINUTES

A member "faints" in a pew. Lay flat, legs up, check breathing, decide: wakes and recovers — or not breathing normally, start CPR and send for the AED. It is the call you are most likely to get; practice it most.

AFTER-ACTION RECORD — EVERY DRILL AND EVERY REAL CALL

DATE	DRILL / CALL	KEY TIMES	WENT WELL	WAS SLOW	CHANGE · WHO · BY WHEN

KEEP IT RUNNING

A plan decays the day after it is written. Five habits keep the cycle turning – and this page is where you prove it happened.

AED status, pads and battery dates; every kit sealed and complete; first-aid kits restocked. Log it below.

One drill from Section
09, rotating A-D.
After-action record
filled in.

Re-run the Campus Audit (spring and fall). Update the coverage map.

Leadership review, half-day refresher, re-sign the scope and Response Plan, invite local EMS to walk the campus.

Restock the same day. 48-hour debrief. Replace any tourniquet used on a person. Report to your insurer if required.

[illegible]

TEAM ROSTER & TRAINING RECORD

Update it at every onboarding and drill. It is your scheduling tool, your refresh reminder, and your documentation of good-faith, organized care.

[illegible]

SECTION 12

NEXT STEPS & TRAINING THAT LASTS

Reading is preparation. Hands are readiness. Climb this ladder one rung a year and the plan becomes part of how your church serves.

1 · TEAM DRILLS

Free, quarterly, 20–30 minutes — Section 09. Every volunteer, every role.

2 · A HANDS-ON COMMUNITY CLASS

Invite your local fire or EMS station to teach bleeding control and CPR on campus — and offer it to the whole congregation after a Sunday service.

3 · MED-TAC ACADEMY

Structured clinical education paths from MED-TAC's instructors for Team and Medical Leads.
tactical-medicine.com/pages/med-tac-academy

4 · THE MARCH LEARNING CENTER

The professional framework behind this plan — Massive hemorrhage, Airway, Respiration, Circulation, Hypothermia. tactical-medicine.com/pages/march-protocol-the-complete-guide-to-tactical-casualty-care



CAMPUS KIT CONFIGURATIONS & CAMPUS PRICING

Scan for the Church Medical Readiness hub: kit configurations by congregation size, AED and bleeding-control station options, and campus pricing.
tactical-medicine.com/pages/church-medical-readiness-solutions

Free companion references — The Trauma Brief, The CPR Brief, The Choking Brief, The Burn Brief, The Pediatric Trauma Brief, and The BE FAST Brief: start at tactical-medicine.com/brief

ABOUT MED-TAC INTERNATIONAL

MED-TAC International is a Service-Disabled Veteran-Owned Small Business founded, owned, and operated by medical, public safety, and military professionals. Founder Marco R. Torres, MD, NRP, is a physician and medical educator and a Navy veteran with experience as a tactical medic and flight medic. We curate evidence-based trauma and emergency equipment aligned with C-TECC guidance and the MARCH framework — for churches, schools, workplaces, public safety, and families. MED-TAC kits are assembled in the USA.

FOR CHURCHES & MINISTRIES

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MEDICAL EMERGENCY – ACT NOW

LAMINATE · ONE IN EVERY KIT, AT EVERY CHECK-IN DESK, WITH EVERY USHER TEAM



1 CALL IT IN

Say the phrase out loud: **"Medical team to _____."** Point and name who does what.

2 CALL 911

Speaker on. **Address and entrance first**, then what happened and how many people. Stay on the line.

3 BRING THE KIT & AED

Nearest bleeding-control kit and AED to the patient – now, not after you decide.

4 BLEEDING

Press hard 3+ min. **Pack** deep groin or armpit wounds. **Tourniquet** on an arm or leg still bleeding: 2–3 in above the wound, never on a joint; can't find it – high and tight. Write the time.

5 NOT BREATHING NORMALLY

CPR: hard and fast, center of the chest. **AED** on as soon as it arrives – turn it on and follow the voice.

6 CURB & HAND OFF

Greeter to the curb to flag the ambulance. Tell EMS: what happened, when, what we did, what changed.

EVERYTHING ELSE

FAINTED

Flat, legs up, check breathing. Not normal = CPR + AED.

CHOKING

5 back blows + 5 abdominal thrusts. Infant: 5 + 5 chest thrusts.

LOW BLOOD SUGAR

Can swallow: juice or glucose. Can't: 911.

SEIZURE

Time it, protect the head, side after. Over 5 min: 911.

ALLERGIC – CAN'T BREATHE

Their epinephrine, outer thigh, now. Then 911.

STROKE – BE FAST

Balance · Eyes · Face · Arm · Speech · Time. 911.

HEAT

Shade, cool, loosen. Confused or collapsed: 911, cool fast.

BURN

Cool running water 20 min. No ice, no butter.

CAMPUS ADDRESS _____

EMS ENTRANCE _____

AED LOCATIONS _____

KIT LOCATIONS _____

TEAM LEAD _____

MEDICAL LEAD _____

UPDATED _____ · POISON HELP 1-800-222-1222





SAFETY TEAM 

- Say it: "Medical team to ____." Point and name.
- 911 on speaker: address + entrance first.
- Kit and AED to the patient.
- Bleeding: press pack tourniquet (2-3 in above, not on a joint; unknown source: high and tight). Write the time.
- Not breathing normally: CPR, AED on, follow the voice.
- Curb team flags EMS. Hand off: what, when, what we did.

ADDRESS / ENTRANCE _____

NEAREST AED _____

NEAREST KIT _____

TEAM LEAD _____

CALL 911 FIRST · POISON HELP 1-800-222-1222



SAFETY TEAM 

- Say it: "Medical team to ____." Point and name.
- 911 on speaker: address + entrance first.
- Kit and AED to the patient.
- Bleeding: press pack tourniquet (2-3 in above, not on a joint; unknown source: high and tight). Write the time.
- Not breathing normally: CPR, AED on, follow the voice.
- Curb team flags EMS. Hand off: what, when, what we did.

ADDRESS / ENTRANCE _____

NEAREST AED _____

NEAREST KIT _____

TEAM LEAD _____

CALL 911 FIRST · POISON HELP 1-800-222-1222



SAFETY TEAM 

- Say it: "Medical team to ____." Point and name.
- 911 on speaker: address + entrance first.
- Kit and AED to the patient.
- Bleeding: press pack tourniquet (2-3 in above, not on a joint; unknown source: high and tight). Write the time.
- Not breathing normally: CPR, AED on, follow the voice.
- Curb team flags EMS. Hand off: what, when, what we did.

ADDRESS / ENTRANCE _____

NEAREST AED _____

NEAREST KIT _____

TEAM LEAD _____

CALL 911 FIRST · POISON HELP 1-800-222-1222



SAFETY TEAM 

- Say it: "Medical team to ____." Point and name.
- 911 on speaker: address + entrance first.
- Kit and AED to the patient.
- Bleeding: press pack tourniquet (2-3 in above, not on a joint; unknown source: high and tight). Write the time.
- Not breathing normally: CPR, AED on, follow the voice.
- Curb team flags EMS. Hand off: what, when, what we did.

ADDRESS / ENTRANCE _____

NEAREST AED _____

NEAREST KIT _____

TEAM LEAD _____

CALL 911 FIRST · POISON HELP 1-800-222-1222

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DISCLAIMER

This plan provides general educational information for houses of worship and does not constitute medical or legal advice, a protocol, certification, or a substitute for hands-on training, medical direction, or professional care. Always call 911 for serious injury or illness and follow dispatcher and responder instructions and each manufacturer's device instructions. Product mentions are for identification. © 2026 MED-TAC International. Free to share unmodified; not for resale.

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EMERGENCIES HAPPEN WHERE PEOPLE GATHER. SO DOES THE HELP.

Clinician-founded. Service-disabled veteran-owned. Built by people who have been first on scene — in the field, in the aircraft, and in the emergency department — and who would rather your congregation be ready first.



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