

**APPRAISAL OF THE PREPAREDNESS OF THE BAPTIST COMMUNITY IN
OGBOMOSO FOR MEDICAL EMERGENCIES IN WORSHIP SETTINGS**

**An Essay Submitted to The Department of Theology, Faculty of
Theological Studies, The Nigerian Baptist Theological
Seminary, Ogbomoso, in Partial Fulfillment of
The Requirement for the Award
Of Master of Divinity
Of Theology**

**BY
PETER OLUSOLA ELEMILE
MATRIC NO: 11/0021**

JUNE 2016

ABSTRACT

This study investigated the level of preparedness of local Baptist Churches in Ogbomoso in helping those who have medical emergencies or become suddenly sick or are injured in church worship situations and how this can be improved on. The study adopted the descriptive survey research design. Data was collected from 142 respondents from 10 churches randomly selected from Baptist Churches in the Bethel Baptist Association of the Ogbomoso Baptist Conference. The instrument used for the study is a questionnaire entitled "Appraisal of the Preparedness of the Baptist Community in Ogbomoso for Medical Emergencies in Worship Settings." Findings of the study indicated that the general opinion of members in local Baptist Churches in Ogbomoso is that provision for Medical Emergencies is needed in worship settings and should be made available for church members. Provision for medical emergencies is considered important so as to prevent the condition from getting worse and could save the lives of church members. It is also considered a preventive measure which helps the spirit of caring among members, makes them more health secured and promotes love among them. The study also pointed at factors which could lead to medical emergencies occurring in church and these include previous disease conditions in such people, unhealthy environment of the church with congestion in sitting arrangement. Others are poor conditions of living of the people, fasting, poverty, and prolonged length of worship service. It was clear from the study that provisions that should be made for worshippers who have medical emergencies include First Aid boxes, drugs and other equipment and Health Workers. Churches could also provide health clinics where possible, health accounts in reputable hospitals, and give regular health talks to their members. There was no significant difference in the opinion of Church members on the importance, causes, challenges and provision for medical emergencies based on gender, and occupation. Health workers are also available in many churches which make it possible to provide assistance for those having medical emergencies. It is, therefore, recommended that all Baptist Churches in Ogbomoso should have a policy in place for the care of worshippers who may have medical emergencies during worship settings. A checklist could be developed as a guide for the leadership of a church to evaluate its readiness to respond to a medical emergency. This would include a Medical Response Team (Baptist Health Fellowship Members) with telephone numbers, well equipped First Aid Boxes strategically located, and provision for a health clinic in a large congregation. Training of Medical Response Team members should be regular including First Aid and Cardiopulmonary Resuscitation (CPR). Churches in Lagos, Ibadan, Abuja and Port-Harcourt could invest in Automatic External Defibrillators (AED)

5.2 Conclusion

In conclusion, this study has ascertained the level of preparedness of local Baptist Churches in Ogbomoso in helping those who have medical emergencies in Church worship settings and how this can be improved on. It has confirmed that members of local Baptist churches in Ogbomoso not only appreciate the importance, causes and challenges of these situations, but also support making provision for them.

The opinion of Ogbomoso Baptist Church members about the provision for medical emergencies in churches is also in keeping with emphasis on the matter by Pastor Gregory Phelps of Christian Church of Life in Arlington, Colorado and Gus Sideris, the Coordinator of Outreach Ministries at the Evangelical Presbyterian Church in Warsaw, Indiana. Like a growing number of churches, Phelps congregation realized the need for trained volunteers ready to respond to medical emergencies. Gus Sideris fortunately recovered from a heart attack which took place in his church, but it caused his church to consider what emergency

medical programmes it should have in place (Brotherhood Mutual-Church Insurance-Medical Emergency-Medical Response. html).

This study has also reinforced the need for the Baptist Health Fellowships in Churches of the Nigerian Baptist Convention to function as Medical Response Teams not only nationally, but also locally with the active support of local church congregations.

5.3 Recommendations

On the basis of above findings, the following recommendations are made:

1. Provision for medical emergencies in worship settings should be properly and promptly institutionalized in Baptist Churches in Ogbomoso.
2. Churches should be prepared to handle bumps, bruises and scrapes that could happen in the middle of Sunday morning service. Knowing how to deal with minor medical injuries and illnesses can make a big difference.
3. Whenever possible, it is a good idea to have someone on the premises who is a trained medical professional who can do an immediate assessment of any illness or injury and either administers First Aid or take action to get additional medical help.
4. If a medical professional is not available, the minimum recommendation is that the church should have someone who is trained in basic First Aid skill, Cardiopulmonary Resuscitation (CPR) and Automatic External Defibrillator (AED) use. This person should be the point of contact for all injuries and illnesses and should document all medical-related incidents.
5. First Aid kits should be properly marked, prominently located and maintained in proper condition and the contents replenished as necessary. They should have regular check to ensure that the contents are as listed and have not deteriorated or expired.

6. A Medical Response Team (volunteer medical professionals) should be in place that has been trained and is regularly re-trained for medical emergencies including First Aid & CPR.
7. CPR/First Aid training is encouraged and recommended for all church leaders, especially those involved in pre-school, child and youth activities.
8. A checklist should be developed as a guide for the leadership of the church to evaluate its readiness for a medical emergency. This should include members of the Medical Response Team with their telephone numbers, and well equipped First Aid boxes strategically located.
9. In the Nigerian Baptist Convention setting, the Baptist Health Fellowships can and should function as Medical Response Teams.
10. In churches with large congregations, health clinics should be provided.
11. Churches in Lagos, Ibadan, Abuja, and Port Harcourt could invest in AEDs.