



Crossway showing the way (cont'd from page 1)

Joohong says the Crossway congregation can be divided in to two distinct groups; the long term local members of the congregation and the new, younger people looking for a welcoming place to worship and to educate their children with Christian values. "The east of Christchurch was hard hit and disadvantaged by the

earthquakes. Our new and younger members represent many cultures and backgrounds.

Some of them are interracial marriage couples such as Kiwi-Dutch, Lebanese-Kiwi, Korean-Kiwi, Taiwanese-Kiwi, Korean-Chinese, Filipino-Kiwi and Japanese-Kiwi. We have 38 children in Sunday School and many are bi-lingual. Their

families are drawn by the warmth and connectedness of Crossway."

Come August, this congregation, their partners and the wider community will be rewarded for their tenaciousness, connectivity and community inclusiveness with a new place of worship.



Members of the Crossway congregation at Christmas service 2018.

AEDs Save Lives

Trudy Downes and St John

Sudden Cardiac Arrest (SCA) is one of the leading causes of death in New Zealand. It can happen to anyone, anywhere and at any time. Every year in New Zealand nearly 2,000 people will be treated for cardiac arrest outside of a hospital, but less than 15 percent will survive.

Having an Automated External Defibrillator (AED) close by can make all the difference for surviving a cardiac arrest by giving early access to defibrillation and, therefore, the best chance of survival. An AED can increase someone's survival chances by up to 44 percent. Without an AED, the chance of survival decreases by 10 percent for each minute that passes.

St John are offering a 25 percent discount on defibrillators to all churches and places of worship. If there is enough interest in purchasing defibrillators, the discount may be increased.

Christchurch North Methodist Parish have already taken advantage of the offer. Richard Chalklen, Chairman of the Parish Council, says the expenditure is an investment in the safety and wellbeing of the congregation. "We are all getting older. There is a defibrillator at the Mitre 10 store next door, but it would take longer than 10 minutes to get there and back with it. It makes sense to us to have one in our church."

Cardiac arrest or heart attack?

Both a heart attack and a cardiac arrest are medical emergencies that require immediate treatment, but they are not the

same thing. A heart attack is a "circulation" problem, and sudden cardiac arrest is an "electrical" problem.

A heart attack occurs when there is a blockage in an artery leading to the heart. A cardiac arrest occurs when the heart's rhythm is disrupted and stops pumping blood around the body.

How to tell the difference?

- If a person suddenly collapses, loses consciousness and has no pulse, you should think in terms of cardiac arrest.
- People experiencing heart attacks are likely to remain conscious and able to communicate. They may complain of various symptoms such as chest discomfort, discomfort in one or both arms, back, neck, or jaw.

A defibrillator (AED) should only be used for a cardiac arrest. This is because a cardiac arrest causes the heart to stop working and the only way to get it working is through CPR and an electrical shock using a defibrillator. In the event of a cardiac arrest, it is important to call an ambulance, start CPR and ensure someone goes immediately to retrieve the AED.

How does an AED work?

An AED delivers a brief electric shock to the heart after analysing an abnormal heart rhythm. The AED will determine whether a shock is needed via the adhesive electrode pads on the patient's chest. The shock interrupts the chaotic, irregular rhythm of the heart, giving the heart a chance to return to its normal rhythm and start pumping blood around the body again.

CPR in conjunction with the use

of an AED gives a better chance of survival than CPR alone, as it helps to keep the heart in 'fibrillation' or a 'shockable rhythm'.

AEDs are easy to use as voice prompts given by the machine explain what to do. St John encourage First Aid and AED training to increase confidence in using an AED and performing CPR.

The St John offer

St John is committed to developing strong, resilient communities where there is equity of access to life-saving treatment for all New Zealanders. Easy access to AEDs in the community goes a long way to achieving that goal.

It is ideal to have an AED available in places where people congregate, such as a church or place of worship.

Things to consider when installing an AED in a church include:

- The number of AEDs needed, based on the size of the congregation and church.
- Training for staff and others in CPR and AED use.
- Routine checks for the AED devices.

St John AEDs are designed to be easy to use with minimal training. Two options are available depending on where the unit is most likely to be used.

Parishes are invited to register their interest in the offer by 30 June 2019 by emailing:

Laura.risbrook@stjohn.org.nz
or scott.lewis@stjohn.org.nz

Further information is available on the MCNZ website:

www.methodist.org.nz/caring_for_our_people/aed-defibrillator_offer



Richard Chalklen, Christchurch North Methodist Church, and Charlotte Broms, St John.

A recent real-life intervention

Rev Andrew Doubleday, Minister, Opawa Community Church

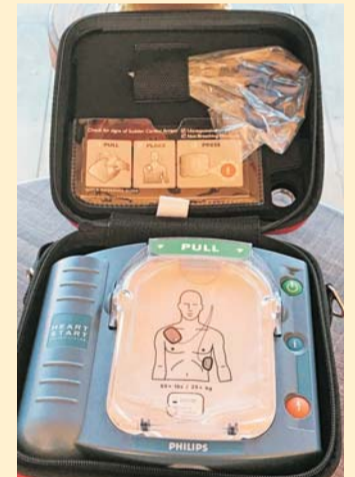
We've had a defibrillator for about a year. On Sunday, one of our parishioners arrested and 'died' in the middle of our morning worship service. It was his 85th birthday.

He was taken into the foyer where he was 'worked on' until the AED could be applied and he was 're-started'.

When the paramedics arrived, he was unconscious. One of his pupils had 'blown' and we assumed he'd had a serious stroke.

I contacted Christchurch Hospital in the afternoon and was a little surprised to find that he was in the Acute Medical Assessment Unit. I went in to see him, expecting him to be unconscious and drooling from the side of his mouth.

He was lying in bed. When he saw me, he said, "Good to see



you, Andrew" and he put his hand out to shake mine. Everything was still working fine - he'd had a 'dicky' heart for years. He was under observation and expected to be sent home the following morning. I was gobsmacked.

Leading our resuscitation team in the morning was a GP with six nurses, including my wife, Lynne. They were all stunned to hear the news. One of the nurses who worked on him popped in to visit on Monday morning to find him walking around. Like me, she was gobsmacked.

Our first experience of the AED was successful.