

RISK CONTROL MEMORANDUM

| To: | Catholic Diocese of Green Bay Parishes, Schools & Other Facilities | | | | |
|-------|---|--|--|--|--|
| Attn: | Business Managers | | | | |
| Date: | January 2013 | | | | |
| | Gwendolyn Arps 🛭 Risk Control Consultant | | | | |
| From: | Direct Line: 920-431-6265 e-mail: gwendolyn.arps@aon.com | | | | |
| | Tammy C. Basten, Facilities and Properties Director, tbasten@gbdioc.org | | | | |
| Re: | Carbon Monoxide Poisoning | | | | |

Each year more that 400 Americans die from unintentional Carbon monoxide (CO) poisoning. An additional 20,000 visit the emergency room, and more than 4,000 are hospitalized due to overexposure. CO is a colorless, odorless, tasteless gas that is extremely toxic but difficult for people to detect. CO is found in combustion fumes, such as those produced by cars and trucks, small gasoline engines (leaf blowers, lawnmowers, snow throwers, etc.), stoves, lanterns, burning charcoal and wood, and gas ranges and heating systems. CO from these sources can build up in enclosed or semi-enclosed spaces. People and animals in these spaces can be poisoned by breathing it. Poisoning is typically more common during the winter months and during power outages.

Symptoms: The most common symptoms of CO poisoning are headaches, dizziness, weakness, nausea, vomiting, chest pain, and confusion. High levels of CO inhalation can cause loss of consciousness and death. CO poisoning can be difficult to diagnose because the symptoms mimic other illnesses such as a cold or influenza. Fatalities from CO poisoning is highest among those that are 65 and older.

Prevention: You can prevent CO poisoning by following the recommendations listed below.

- Have your heating system, water heater and any other gas, oil or coal burning appliances serviced by a qualified technician annually.
- Install a battery-operated CO detector in your home and replace the batteries twice a year
- Never burn anything in a stove or fireplace that isn vented to the outside.
- Have all chimneys checked / cleaned annually.
- Never use a gas range or oven for heating your home or office.
- Never use a charcoal or gas grill indoors.
- Never leave a vehicle running in the garage with the garage door shut.
- Never leave gas powered equipment such as lawnmowers and snow throwers running in the garage with the garage door shut.

Treatment: If you suspect you or someone else is suffering from CO poisoning, immediately move the person to a well ventilated area. If the symptoms don't subside, seek immediate medical attention.

Source: Centers for Disease Control and Prevention

If you believe that you may have an issue please contact the CMG claim department. Attached the most current Incident Report Form for all claim reports to CMG.

Incident Report Form 2012-2013

Property / Liability / Auto / Crime

| Parish/School: (Name & Cor | nplete Mail | ling Address) | F | Phone: | | | |
|---|--------------------|-----------------|--------|-----------------------|--------------------------|--|--|
| | | | F | -ax: | | | |
| | | | E | E-mail: | | | |
| Contact: | | | ٦ | Title: | | | |
| Date/Time of Incident: | | | | Specific _ocation: | | | |
| Injured Party: Name/Address/Age: (include parent or guardian name if a minor) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Phone Number: | - | | | ate Number: | | | |
| Injured Party: Parishioner Volunteer Vendor General Public Other Please check the most applicable description as it relates to the incident. | | | | | | | |
| Medical or First Aid Offered? Accepted or Refuse Yes □ No □ | | | | Т | ransported by Ambulance: | | |
| Description of Accident or Da | mage: | | | | | | |
| | 3 - | | | | | | |
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| Were Photographs Taken? – Suggested for property losses over \$5,000, vehicle accidents and liability claims that may have premises factors involved: | | | | | | | |
| Public Authority Contacted: | | Authority: | | | ncident Report Number: | | |
| Yes No | Name of Authority: | | | " | ncident Neport Number. | | |
| Auto Claim Information: | Vehicle Ir | nvolved - Year: | | N | Make/Model: | | |
| Witnesses: Name/Address/Phone: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Additional Comments/Information: (If additional space is required, please use reverse side or an additional page) | | | | | | | |
| | | | | | | | |
| Date: | | Complete | ed By: | | | | |
| Please complete and report immediately with as much information as available at the time of loss. | | | | | | | |
| Submit this report directly to Kathy Mussman and Katie Cox at Catholic Mutual Group. Preference for submission: E-mail: kmussman@catholicmutual.org & kcox@catholicmutual.org or Fax: 402-551-9138 or Phone: 800-228-6108 | | | | | | | |
| Also submit a copy to Aon Risk Solutions: Laura Erdmann: <u>laura.erdmann@aon.com</u> or fax 920-431-6352. | | | | | | | |
| RETAIN A COPY IN YOUR PERMANENT FILE | | | | | | | |
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