

## Overview

Violence is a serious public health problem; from infants to the elderly, violence affects people in all stages of life. No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene, and the first available resource. When a serious act of violence occurs, moderate to severe bleeding can lead to death within five minutes. Due to this rapid potential for bleeding out, it is important to stop the blood loss as quickly as possible. Persons nearest (bystanders) to a bleeding individual are best positioned to provide first care, regardless of formal medical training. The “Stop the Bleed” initiative encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives.

## The Hartford Consensus

In early 2013, just a few months after the active shooter disaster at Sandy Hook Elementary School (Newtown, CT), the “Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass-Casualty and Active Shooter Events” was convened by the American College of Surgeons (ACS), in collaboration with the medical community and representatives from the federal government, the National Security Council, the U.S. military, the Federal Bureau of Investigation, and governmental and nongovernmental emergency medical response organizations. This committee was formed to create a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events. The committee’s recommendations are called “The Hartford Consensus”, and currently consist of four reports: 1) Improving Survival from Active Shooter Events, 2) Active Shooter and Intentional Mass-Casualty Events, 3) Implementation of Bleeding Control, and 4) A Call for National Resilience. The “Stop The Bleed” initiative is a result of these reports.

## The American College of Surgeons Stop the Bleed Campaign

Recent mass casualty events in the United States have highlighted the need for public preparedness to enhance survivability following similar tragedies. In September 2015 the American College of Surgeons convened a commission to develop ‘common sense recommendations’ for ‘strengthening the security and **resilience of US citizens’ after mass casualty events**. The ‘Stop the Bleed’ campaign was developed from this group to disseminate knowledge to the general public, with the goal of eliminating preventable deaths from uncontrolled hemorrhage with widespread tourniquet use and hemostasis gauze where possible.

Experience in combat settings in Iraq and Afghanistan (soldiers with no medical background trained in

use of tourniquets and combat hemostasis gauze) as well as lessons learned from the Boston Marathon Bombing have made the importance of a discussion about the use of this clinical adjunct timely. Tourniquet application has been demonstrated to increase survival and limit resuscitation in extremity trauma and observational studies demonstrate minor, quickly reversible, physiologic changes from tourniquet usage. These devices have been shown to be effective and safe with low-risk for complications. Data regarding the harmful effects of tourniquet usage is limited to a small number of observational studies, and even then, they demonstrate low risk of soft tissue or nerve damage (0.4-1.4%). Nevertheless, the overwhelming plurality of data demonstrates a distinct survival advantage with the use of tourniquets for extremity trauma in the pre-hospital setting

Direct pressure at or immediately proximal to the site of injury should always be the initial technique for hemorrhage control. If this fails to control exsanguinating hemorrhage or is **too resource intensive**, a tourniquet should be applied proximal to the site of injury and inflated or tightened to a pressure that controls bleeding. Tourniquets should be frequently re-evaluated after placement for appropriate positioning and adequate control of bleeding. Duration of tourniquet use may impact limb salvage. The risk of exsanguinating hemorrhage outweighs tourniquet related morbidity. Expedited, definitive care must be sought, and tourniquet pressure and time should be limited to the least amount possible. The American College of Surgeons “Stop the Bleed” campaign for public education incorporates a certified training program that can be modeled in any community to promote resilience in the community in the aftermath of a single or mass casualty event with penetrating trauma.

## Community Proposal

The PSMC Trauma Service, City of Walla Walla, and County EMS & Trauma Council are going to sponsor a Stop the Bleed Train-the-Trainer course on May 10 (we will have two classes 0900-1130 and 1400-1630) which will be held at WWFD Station 1. We will pay the expenses of the trainer coming and the registration costs of \$25 for up to 50 people who would like to be trained. It is our hope that this can be a community wide coalition of City and County agencies, schools, and healthcare agencies. If you are not familiar with the Stop the Bleed initiative there are some links below explaining it. To simplify it is a campaign adopted by Department of Homeland Security, the American College of Surgeons and the Emergency Nurses Association as well as others to teach the public how to stop hemorrhage quickly with the use of stop the bleed kits using a simple tourniquet and “quick-clot” or other hemostasis gauze before EMS arrives (much like the AHA launched initiatives to teach the public how to use AED’s to save lives). The goal is to place Stop the Bleed kits at public buildings where AED’s are located such as in government buildings, YMCA, schools, colleges, etc. Much of the interest about the initiative is because of the active shooter incidents but there could be other kinds of workplace incidents where someone has out of control external bleeding and a few simple things that any bystander can do prior to EMS arrival could make a difference in stopping hemorrhage the leading cause of death in trauma. This initiative has been making the news in Seattle and Portland and we have every reason to believe it could be successful here.

For the people who are interested in being trained we would just ask a commitment from them to train 10 other people this year in locations that the coalition reaches out to such as the colleges and schools or employees in their own workplace. We are looking for agencies who are willing to purchase or make a Stop the Bleed kit to place at the AED locations (or with other designated first aid or safety equipment) in their place of business-phasing these kits in under budget considerations.

## **STB Training Goals**

The goals of this proposed training include the following:

**Goal 1:** By the end of August 2018, N=10-20 PSMCC employees, N=10 City of Walla Walla employees, N=10 Walla Walla County employees will be trained as certified STB trainers.

**Goal 2:** By the end of August 2018, N=10 local representatives from public and/or private schools to including Colleges and Universities will be trained as certified STB trainers.

**Goal 3:** By the end of 2018, N=250 individuals countywide will be formally trained in STB techniques and the coalition will develop a plan for 2019 to provide more training for the resilience of the community.

<https://www.bleedingcontrol.org/>

<https://stopthebleedingcoalition.org/>