

STOP THE BLEED

InfoBrief



International Public Safety Association

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About

This International Public Safety Association InfoBrief discusses how and why the Stop the Bleed program was developed and how it is being implemented and recognized globallyⁱ. Further, it examines funding strategies and discusses how to get involved in the Stop the Bleed movement.

Stop the Bleed is a national awareness campaign and a call to action. It is intended to promote community efforts that encourage bystanders to become trained, equipped and empowered to help in a bleeding emergency because a person with a life-threatening injury from a motor vehicle collision, a stab wound or a gunshot wound can bleed to death before first responders arrive.ⁱⁱ The bystander acts as the first responder and are the first point of contact in the chain of survival.

Background

In 1898, Colonel Nicholas Senn M.D. said, *“the fate of the wounded rests in the hands of the ones who apply the first dressing.”*ⁱⁱⁱ This statement holds true today. The Hartford issued a Call to Action because no one should die from uncontrolled bleeding. Born from the tragedy at Sandy Hook Elementary on December 14, 2012, the Joint Committee to Create a National Policy to Enhance the Survivability from Active Shooter and Intentional Mass Casualty Events was convened by the American College of Surgeons in Hartford, Connecticut.

The driving force behind forming the committee was trauma surgeon Lenworth M. Jacobs Jr. MD, MPH, FACS. The committee was formed to create a protocol for a national policy to enhance survivability from active shooter and intentional mass casualty events. The members of the Hartford are government and health care leaders representing the White House, the National Security Council, the United States Department of Homeland Security, FEMA, law enforcement, the Department of Defense and pre-hospital and physician provider organizations. The committee later became known as the Hartford Consensus, and their recommendations were published in four reports now referred to as the Hartford Compendium.

In April 2013, the committee’s first meeting gathered senior leaders from the disciplines above to produce a document to improve victim survival. They established a new approach to violent incidents: THREAT, which is built on the concept of the following actions:

- Threat suppression
- Hemorrhage control
- Rapid Extrication to safety
- Assessment by medical providers
- Transport to definitive care

In July 2013, a recommendation was made that all law enforcement officers receive training in bleeding control techniques. In April 2015, a meeting was held that focused on the identification of three distinct levels of responders at the active shooter, intentional mass casualty incident:

- **Immediate responders.** The individuals who are present at the scene who can intervene to control bleeding with their hands and equipment readily available at the incident
- **Professional first responders.** Prehospital responders who have the appropriate equipment and training
- **Trauma professionals.** Healthcare professionals in hospitals with all the necessary equipment and skill to provide definitive care

On October 6, 2015, Dr. Lenworth Jacobs and representatives from the above groups were featured speakers at a Stop the Bleed event held at the White House. On that same day, the Obama administration officially launched the Stop the Bleed campaign.

National and international support

Many partners including local, state and Federal organizations have come together in the United States to support and promote the Stop the Bleed initiative. They include the International Public Safety Association, the American College of Surgeons, Committee on Trauma, Hartford Consensus, DHS, FBI, DOJ, FEMA, U.S. Fire Administration, Committee on Tactical Combat Casualty Care (CoTCCC), and others. These organizations have supported and established educational websites and training programs that teach the public on the proper techniques for how to control life-threatening hemorrhage.

To date there has been no reciprocal Stop the Bleed program developed in Canada. In October 2017 a local group in Calgary came together to discuss the importance of developing a public accessible Stop the Bleed program for the community. This group consists of two emergency physicians, a trauma surgeon, members of the city and provincial emergency management agencies, the city police and fire departments and a tactical paramedic. This working group has set out a preliminary agenda for gathering information on what, where, when and how to begin the development of a community based Stop the Bleed program. In November 2017 the Canadian Red Cross showed interest in discussing the Stop the Bleed initiative at a national level.

Preventable deaths

Preventable death following an active shooter or mass casualty event can be eliminated using an integrated response system. Each of the following groups should perform the below actions to help prevent a death from occurring.

Law Enforcement

- Pre-position life-saving equipment in appropriate locations that are accessible to the public.
- Encourage uninjured or minimally injured victims to act as rescuers.
- Recognize that the initial response to these events will be from the immediate responders.
- Recognize the education message should include the concept of “Run, Hide, Fight.”
- Design education programs for a public response to these types of events.
- Hemorrhage control should be a core law enforcement skill.
- Identify appropriate hemorrhage control training for law enforcement.
- Ensure appropriate equipment (tourniquets and hemostatic dressings) are available to every officer.
- Ensure identification and triage of victims with internal hemorrhage for immediate evacuation to a trauma hospital.
- Train all law enforcement to assist EMS/Fire personnel in the evacuation of the injured.

Fire/EMS/Rescue

- Pre-position life-saving equipment in appropriate locations that are accessible to the public.
- Encourage uninjured or minimally injured victims to act as rescuers.
- Recognize that the initial response to these events will be from the immediate responders.
- Recognize the education message should include the concept of “Run, Hide, Fight.”
- Design education programs for a public response to these types of events.
- Revise traditional role limitations for a more fully integrated response.
- Train to increase awareness and operational knowledge of the initial response.
- Staging and waiting for law enforcement to bring out casualties is not always the best response.

- Training must include hemorrhage control techniques (tourniquets and hemostatic agents) and the identification of internal hemorrhage that needs immediate evacuation and transportation to a trauma hospital.
- Incorporate TCCC and TECC concepts into Fire/EMS/Rescue training.
- Establish a common language for responders, develop concurrent response, and establish mutually acceptable levels of operational accepted risk between all responders.

Definitive Trauma Care

- Existing trauma systems should be used to optimize seamless care.
- Provide trauma care to victims based on available resources and mitigation strategies that acknowledge community limitations.
- Design, implement and practice plans to handle surge capacity in patient care from these types of incidents.^{iv}

Bleeding control kits

Bleeding control kits need to be accessible in public places as determined by a local needs assessment. The equipment used in the bleeding control kits must be clinically effective as documented by valid scientific data. Bleeding control kits should be placed using the following guidelines:

- Next to all AEDs
- Recognizable visually or via a web application
- Secure and accessible to the public
- Able to be used within three minutes

Given that bleeding control kits are not always available, all law enforcement officers and concerned citizens need to begin carrying tourniquets and hemostatic dressings to prevent the next tragedy from occurring.

Training immediate responders

The Hartford identified a gap in the response plan to these active violent incidents. The gap exists between the response from law enforcement to stop the threat and the professional responder accessing the patient to perform life-saving interventions. Taken from the lessons of the battlefield, the Hartford Consensus III^v empowers the immediate responder to provide hemorrhage control at the point of wounding.

Given the compelling record of the Good Samaritan laws protecting un-trained bystanders, empowering them to intervene and act in a cardiac arrest or choking incident by administering CPR or the Heimlich maneuver; the Hartford recommends the same protection be applied to hemorrhage control. Once thought of as bystanders, immediate responders should no longer be considered a passive observer; instead, they need to actively intervene to affect the survivability of the casualty.

The Committee for Tactical Emergency Casualty Care (C-TECC) was created to translate the lessons learned from the battlefield into the civilian arena. The C-TECC created the Be the Help program. This program is designed to empower “citizens to act to address the known preventable causes of death in the immediate aftermath of trauma and mass casualty.” The program offers a five-step response to treating life threatening injuries^{vi}:

1. **Stop the bleeding.** Apply direct pressure to the wound, then, if needed and available, apply tourniquets or pack the wound/apply a pressure dressing. Do not pack wounds of the chest or abdomen.
2. **Open the airway.** Manually clear mouth of any foreign debris. Use a chin lift/jaw thrust to open the airway if unconscious.
3. **Improve breathing.** Cover any hole in the chest with anything plastic that will stop airflow, preferably a manufactured vented chest seal if trained.
4. **Position and keep warm.** Allow the person to assume position of comfort, including sitting up. If unconscious, place the person on his or her side. Cover and keep the person warm. Insulate him/her from the ground and protect from the elements.
5. **Provide psychological support.** Talk to the person. Tell him/her that help is coming. Remind him/her of someone or something to live for.

Funding local Stop the Bleed programs

The national Stop the Bleed program is an outgrowth of the Hartford Consensus recommendations, specifically Hartford Consensus III published by the American College of Surgeons in July 2015. Within this document is the stated need for bleeding control by bystanders and first responders. What is not addressed is how this program will be funded. Further, the U.S. Department of Homeland Security website on Stop the Bleed states there is no direct funding associated with the campaign. The intent of the campaign is to stimulate action and growth at the local grassroots level.

There are various funding streams available to agencies and localities in funding the initiative. The best way for an agency to control and direct how a program should be funded is through the normal budgeting process. While seemingly easy, this tends to be the most difficult funding stream for cash-strapped localities and agencies.

Volunteer agencies suffer from this more than others in that they exist on a tight budget for normal operational needs. The advantage volunteer agencies have is that they can make direct appeals to their service area for funding. Be it through fundraising activities or direct solicitation. For example, in central Illinois, many volunteer fire departments and EMS providers use open houses, breakfasts, dinners and other activities to raise money for special projects and initiatives.

Law enforcement agencies, the U.S. Department of Justice (e.g. COPS, BJA) may provide grants that may be used for Stop the Bleed programs. Fire/EMS may be able to apply for funding under the FEMA Assistance to Firefighter Grant program. Often-untapped resources for those organizations trying to fund Stop the Bleed programs are businesses located in the community or at the national level.

Each jurisdiction will need to identify those organizations in their areas that have philanthropic programs or outreach activities that could provide funding. Many public safety organizations partner with health care organizations in their jurisdictions to provide material support as well as training^{vii}. Both parties share a vested interest in the rapid application of hemorrhage control at the point of injury as well as delivering those patients to the hospital with the best chances of survival.^{viii}

Just as active threat and mass casualty incidents will continue to occur, the need to prepare response agencies is paramount. While the need is great and growing for MCI preparedness, the same cannot always be said for the money to support these programs. Agency leaders need to open their eyes to the multitude of funding sources that exist both in government and in the private sector. Check out the Stop the Bleed website for additional resources and ideas for funding a local program.

Additional considerations

The Hartford Consensus IV focused on building national resilience by outlining strategies to educate the public. To start your local program, you can apply for grant funding from government or private companies. When developing the content and curriculum of the local program, be sure to use clear and concise messaging about bleeding control. Use statistics about how quickly an individual can bleed out and clearly explain what each of the items are in a bleeding control kit.

The Hartford Consensus determined that to develop a national resilience to the active shooter, mass casualty events requires citizen involvement. The survivability of the casualty lies in the hands of the immediate responder. Make sure to invite local businesses, schools and faith-based organizations to your Stop the Bleed training program.

It is challenging to secure a line item in the annual budget without performance measures and a successful program. It is necessary to capture data to advocate for the sustainability of your Stop the Bleed program. The Hartford Consensus recognizes the need to monitor specific metrics to maintain resilience, to include:

- Registry data for all wounded law enforcement officers and casualties
- Case reports describing injuries, treatments and outcomes for all casualties
- Preventable death analysis for deaths resulting from active shooter, intentional mass casualty incidents

Many deaths from trauma result from injuries that are intrinsically non-survivable. There are as many that were potentially survivable had the casualty received optimal care at the point of wounding. Identifying the proximate cause of deaths from trauma will lead to improving care for the wounded in the future.

National Stop the Bleed Day

On National Stop the Bleed day, instructors from around the world come together to hold bleeding control (B-con) courses for students free of charge.^{ix} This is a great opportunity to highlight the development of a local or new national program. Agencies should take this opportunity to recruit and encourage qualified individuals to register as Stop the Bleed instructors, contact local and federal organizations to host Stop the Bleed events and purchase training supplies and coordinate advertising through social media and other media outlets to provide public awareness. With proper coordination and inspiration, the National Stop the Bleed day is the perfect kick-off event to roll out a new local or national level program.

References

- ⁱ This InfoBrief was developed by members of the International Public Safety Association's TEMS Committee. Members included Steve Trala, John Putt, Charles Kean, Lorenzo Tiraboschi, Wren Nealy, Committee Chair Shane Fitzpatrick, Committee Vice-Chair Allison G.S. Knox and Executive Director Heather R. Cotter.
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