STOP THE BLEED

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December 14, 2012

9:35 am  911 Call
9:36 am  Shooting broadcast
9:37 am  Police dispatched
9:39 am  Police arrive
9:40 am  Last shot heard
9:45 am  Police enter
December 14, 2012
“You cannot control the behavior of others, but you can always choose how you respond to it”

Roy T. Bennett

The Light in the Heart
Hartford Consensus

Joint Committee to Create a National Policy to Enhance Survivability from Mass-Casualty Shooting Events

- American College of Surgeons
  - Board of Regents
  - Committee on Trauma
- EMS Section of International Association of Fire Chiefs
- National Security Staff, Office of the President
- Prehospital Trauma Life Support
- Major Cities Chiefs Association
- Committee on Tactical Combat Casualty Care - DOD
- Federal Bureau of Investigations
- Federal Emergency Management Agency
Hartford Consensus

6/2013: Defined problem, THREAT
Hartford Consensus - THREAT

T – Threat suppression
H – Hemorrhage control
RE – Rapid Extrication to safety
A – Assessment by medical providers
T – Transport to definitive care
“5 minutes is a real good EMS response. That is a long time to wait for help if you are bleeding.”

Mark McCulloch
West Des Moines EMS
Hartford Consensus

6/2013: Defined problem, THREAT

9/2013: Call to action

– Engage public, EMS, fire/rescue, hospitals
– Develop educational strategy
Hartford Consensus

6/2013: Defined problem, THREAT
9/2013: Call to action
7/2015: Implementation of bleeding control
  – All responders have education and equipment
  – Endorses civilian bystanders to act
  – “see something, do something”
See Something,

Do Something:

Improving Survival
People Want to Help

- National survey of the public regarding bleeding control (JACS 2016)
  - Public is willing to act to stop bleeding
  - “There is still a lack of organized and widespread education”
Hartford Consensus

6/2013: Defined problem, THREAT
9/2013: Call to action
7/2015: Implementation of bleeding control
3/2016: Achieve national resilience
  – Dissemination of public education
  – ACS should take a lead role
Bleeding Control Bag

Employee Education
3 Primary Principles

Protect Yourself

Identify the Injury

Stop the Bleeding (Hemorrhage)
Methods

- Study at 3 metro hospitals
- May-Sept 2016
- 8 minute interactive computer module
- Deployed through online education system
- Pre- and post-tests
- 4,845 employees (84%) completed the module and tests
Respondents: Role

- Direct Patient Care: 55%
- Ancillary Care: 20%
- Nonclinical: 25%
Respondents: Training

- Severe Bleeding: 29%
- First Aid: 49%
- No First Aid: 22%
Results

- Overall
  - 57% correct pre test
  - 98% correct post test
Why this is important

- Able to provide basic knowledge of hemorrhage control to a large group in a manner that is feasible and effective
Next steps

- Incorporate skills training to hospital employees
- This model is serving as the foundation for a community-wide education program
The only thing more tragic than a death from bleeding...

Is a death that could have been prevented
What everyone should know to control bleeding

Bleeding Control Basic v. 1.0

BLEEDINGCONTROL.ORG

The Committee on Trauma

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes

100-years
Bleeding Control Basic v1

Objectives:

1. Immediate response to life-threatening bleeding
2. Recognize life-threatening bleeding
3. Appropriate ways to stop the bleeding
   - Direct pressure and packing
   - Tourniquet application
Who can teach B-Con?

NAEMT Instructors
Physicians, PAs, Nurses *
Military-approved TCCC instructors
PHTLS, TCCC, TECC providers
ATLS, TNCC, ATCN, ATC instructors *
EMR, EMT, Paramedic providers *

* Who have successfully completed the B-Con course
#StoptheBleed
Bleeding Control - Summary

• B-Con is the new CPR
• “Stop the Bleed” changes bystanders to first responders
• Priority for ACS and COT
• Important education & outreach opportunity
• Teach your family!
• Teach your community!
• Spread the word!

www.bleedingcontrol.org