

Community Threat Readiness Teaching Resources and Opportunities for Physicians

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PAMED Annual Education Conference
October 13, 2017
Hershey, PA



Doctors:
this is our
Call to Action



Terminology

- **Mass Casualty Incident -- MCI**
- **Intentional Mass Casualty Incident**
 - **MCI's by definition overwhelm resources**
- **Active Shooter**
- **Active Killer**
- **Mass shooting = 4 or more deaths**
(Not including perpetrator)

Columbine High School

- April 29, 1999
- Twelve students killed
- One teacher killed
- Killers D.K., age 17 and E.H., age 18
 - One wanted to die, other did not care if he died
- Far greater number of deaths planned
 - Timers on propane bombs failed
- SWAT team entered school in minute 48



Sandy Hook Elementary School

- December 14, 2012
- 20 first graders murdered
- 6 adult staff murdered
- Killer A.L., age 20, killed his mother before driving to the school
- Police entered school 5 minutes after last shot fired



Boston Marathon bombing

- April 15, 2013
- Killed 3
- Injured 264



Jane Richard, 7,
lost her brother Martin, 8.



Manufactured tourniquets are superior
to makeshift tourniquets



Las Vegas Shooting Massacre

- October 1, 2017
- 59 dead
- 527 wounded
- 124 - 180 pts w GSWs arrived at one Level Two Trauma Center

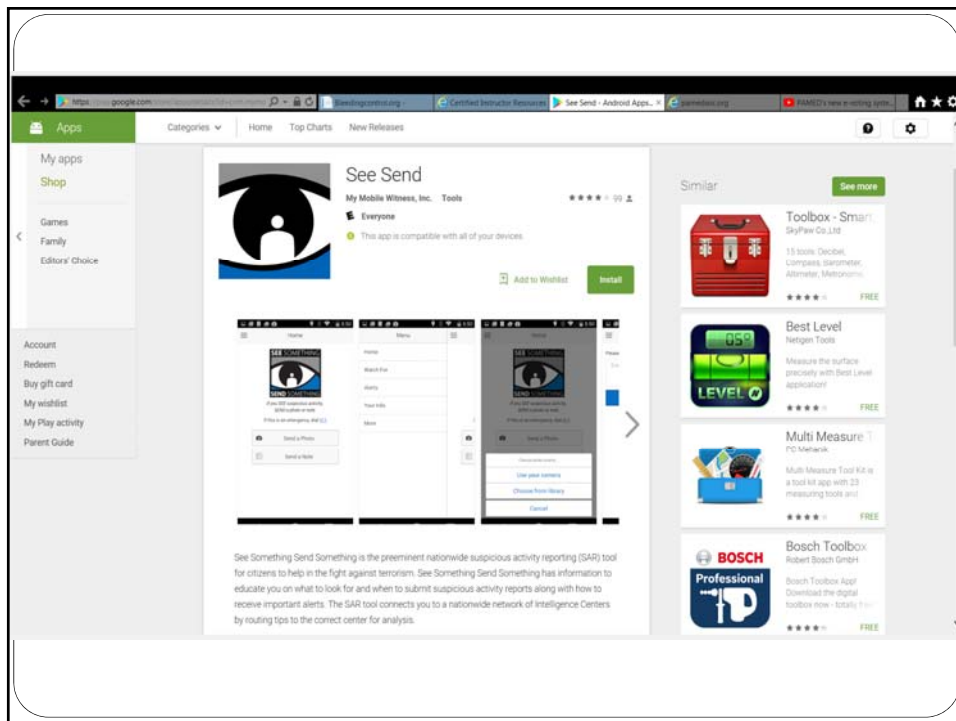


Active Killers

- 90% will act alone
- 80% will have long guns (shotgun or rifle)
- 75% will have multiple firearms
- Most will shoot until stopped or confronted
- They will have control of life and death over whom they choose
- 30% will commit suicide
- It is very rare that they take hostages
- They do not negotiate
- Surrender or escape is unlikely

Active Killers

- They Google their predecessors
- They aspire to exceed the body counts of their predecessors
- Las Vegas changes everything



HHS ASPR TRACIE

- **Technical Resources Assistance Center and Information Exchange**



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

The screenshot shows the ASPR TRACIE website interface. At the top, there is a navigation bar with the HHS.gov logo, the text "U.S. Department of Health & Human Services", and "Explore HHS". On the right side of the navigation bar are links for "REGISTER" and "LOGIN". Below the navigation bar is a search bar with the text "Search" and "Search the Site". The main content area features a large banner image of healthcare workers. Below the banner is a navigation menu with the following items: HOME, TECHNICAL RESOURCES, ASSISTANCE CENTER, and INFORMATION EXCHANGE. The main content area is divided into two columns. The left column has a section titled "Select Mass Violence Resources" with a sub-section "Topic Collections" listing "Crisis Standards of Care Topic Collection" and "Emergency Public Information and Warning/Risk Communications". The right column has a section titled "Subscribe to the ASPR TRACIE Listserv" with a text input field containing the email address "malaspinae@upmc.edu" and a "Subscribe" button.

Topic Collections

- Crisis Standards of Care Topic Collection
- Emergency Public Information and Warning/Risk Communications
- Explosives (e.g., bomb, blast) and Mass Shooting
- Family Reunification and Support
- Fatality Management
- Hospital Surge Capacity and Immediate Bed Availability Topic Collection
- Information Sharing Topic Collection
- Mental/Behavioral Health (non-responders)
- Patient Movement and Tracking(forward movement of patients, tracking and tracking systems)
- Pre-Hospital (e.g., Emergency Medical Services [EMS], rescue, first responder, mass gathering)
- Responder Safety and Health
- Trauma Care and Triage
- Workplace Violence

Additional Resources

- Disaster Behavioral Health: Resources at Your Fingertips
- HIPAA and Disasters: What Emergency Professionals Need to Know
- Issue 3: Preparing For and Responding to No-Notice Events
- Post-Mass Shooting Programs and Resources Overview
- Tips for Retaining and Caring for Staff after a Disaster

malaspinaj@hmc.edu

Sign Up

ASPR TRACIE Resources

- ✓ The Exchange: Issue 5
- ✓ ASPR TRACIE-Developed Resources
- ✓ Select Health Care Coalition Resources
- ✓ EMS Infectious Disease Playbook
- ✓ ASPR TRACIE CMS Resource Page
- ✓ CMS Emergency Preparedness Rule: Resources at Your Fingertips
- ✓ Disaster Behavioral Health: Resources at Your Fingertips
- ✓ Clinicians and Coalitions: A Conversation about Finding Solutions for Medication Shortages
- ✓ Hurricane Resources at Your Fingertips
- ✓ After the Flood: Mold-Specific Resources
- ✓ Zika: Resources at Your Fingertips
- ✓ Post-Mass Shooting Programs and Resources Overview
- ✓ ASPR TRACIE Fact Sheet
- ✓ Tutorial for Navigating the Information



Hands-Only CPR

WHAT IS HANDS-ONLY CPR?

The British Heart Foundation is the first organisation in the UK to promote the hands-only CPR method as AEDs are difficult to reach in many situations.

The latest research shows that chest compressions alone are the most effective way for an untrained rescuer to save a life after an adult collapse from cardiac arrest. The technique shown here should not be performed on infants, children, drowning victims, or in cases involving a drug overdose. (Source: British Heart Foundation)

Push HARD Push FAST

HOW TO DO HANDS-ONLY CPR?

STEP 1
Dial 999 / 112 or ask someone else to.

IF YOU ARE ALONE:

- Call 999/112 for emergency help.
- Call the CPR and follow the instructions.

IF YOU HAVE HELP:

- Start CPR immediately and follow the instructions.
- Ask someone to call 999/112.

STEP 2
Kneel beside victim's chest. Locking shuffling if practical in outdoor settings. Release air.

STEP 3
Place the heel of one hand in the middle of the victim's chest.

STEP 4
Cover first hand with your other hand, locking fingers.

STEP 5
Leaning over the casualty, with your arms straight, push down, depressing the chest 5-6cm (about 2-2½ inches). Compress the chest (push down) at least 30 times. Only maximum depth of approximately 5-6cm.

Should aim for 100-120 compressions per minute. The compressions and releases should take an equal amount of time.

The BHF are advising anyone who is untrained in CPR to now focus on pushing hard and fast in the centre of the chest by the heel of the flat hand (not back slaps) AHA.

Don't worry about hurting the victim - you're trying to save a life. Continue until medical help arrives.

© Safety First Aid Group Ltd 2012. The information contained in the poster is for guidance only and should not be used as a substitute for recognised training. AED011

Automated External Defibrillators (AED) For Untrained Personnel

1. ABOUT DEFIBRILLATORS

An AED is a unit which is recommended to aid in the resuscitation of a person who has suffered a cardiac arrest.

Once the pads of the AED unit are placed on the casualty's chest, the machine is able to read if there is a heart beat present and if needed, a controlled electric shock will be delivered to aid the resuscitation of the casualty.

The early use of an AED during a cardiac arrest can dramatically increase the casualty's chances of survival.



2. WHO CAN USE A DEFIB?

CHECK WHETHER THE CASUALTY IS CONSCIOUS

- Ask "Open your eyes if you can hear me" and call their name if you know it.
- Ask in both the casualty's ears to open their eyes.
- Clearly shake the casualty's shoulders.
- If the car leaves the casualty, unless the environment or situation is dangerous.




3. HOW DO DEFIBS WORK?

USING THE AED

If asked to call for help, someone responsible to your call should be able to help you with your AED.

- Ask "Open your eyes if you can hear me" and call their name if you know it.
- Ask in both the casualty's ears to open their eyes.
- Clearly shake the casualty's shoulders.
- Do not move the casualty unless the environment or situation is dangerous.



4. WHEN SHOULD A DEFIB BE USED?

FOR AN UNRESPONSIVE CASUALTY

OPEN THE AIRWAY

- Look in the mouth to ensure there are no obvious obstructions.
- Open the airway by tilting the chin and lifting the head back. This will lift the tongue from the back of the throat.
- If mechanical signs to respond are not seen, hand on the forehead to help if it is safe and safe. This indicates normal breathing.

STOP CPR

- This casualty shows signs of recovery.
- This person is unresponsive and unable to breathe.
- This situation is dangerous and you are now in immediate danger.
- An authorised person instructs the victim.

Place the pads on the back of the AED.

- Select either Adult or Child Defib pads based on who the casualty is.
- Ensure the leads for the Defib Pads are securely connected to the AED unit.
- If a shock kit is available, use the paper to remove hair from the casualty's chest area.
- If the chest is wet, use a towel or tissue to dry the area.
- Remove the Defib Pads from their backing material. As shown on the pads, place them on the casualty's chest.
- Ensure no one is touching the casualty as the AED analyses the casualty's heart rate. The AED will advise the action to be taken.
- If a shock is required the AED will either you instruct to press the shock button on the AED (Semi-Automatic Unit) or the AED will deliver a shock to the casualty (Fully Automatic Unit).
- Recommence CPR as instructed by the AED.
- The AED will continue to check for a heart beat, continue the cycle of CPR followed by the AED heart analysis. This process will be continuously followed by the AED unit.



5. USING A DEFIB?

IF YOU HAVE A HELPER, ASK THEM TO CONTINUE WITH CHEST COMPRESSIONS UNTIL YOU HAVE PREPARED THE AED

Place the Defib Pads on the back of the AED.

- Select either Adult or Child Defib pads based on who the casualty is.
- Ensure the leads for the Defib Pads are securely connected to the AED unit.
- If a shock kit is available, use the paper to remove hair from the casualty's chest area.
- If the chest is wet, use a towel or tissue to dry the area.
- Remove the Defib Pads from their backing material. As shown on the pads, place them on the casualty's chest.
- Ensure no one is touching the casualty as the AED analyses the casualty's heart rate. The AED will advise the action to be taken.
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- Recommence CPR as instructed by the AED.
- The AED will continue to check for a heart beat, continue the cycle of CPR followed by the AED heart analysis. This process will be continuously followed by the AED unit.

STOP CPR

- The casualty shows signs of recovery.
- You are instructed to do so by the Emergency Services.
- This becomes unresponsive and unable to breathe.
- The situation changes and you are now in immediate danger.
- An authorised person instructs the victim.




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HOW TO SAVE A LIFE BY USING AN AED

SUDDEN CARDIAC ARREST is a condition in which the heart suddenly and unexpectedly stops beating. It causes blood to stop flowing to the brain and other organs. Sudden cardiac arrest is the leading cause of death in North America, and it can affect people of all ages—*anytime and anywhere*. Follow the instructions below to learn how to operate an automated external defibrillator (AED). It could save a life.


1

TURN ON



2


FOLLOW PROMPTS








3

PRESS SHOCK BUTTON IF INSTRUCTED



 American Red Cross
[Donate](#)
[Give Blood](#)
[Training & Certification](#)
[Volunteer](#)
[About Us](#)
[Get Help](#)


Take a Class | Red Cross Training for Your Organization

Learn About Automated External Defibrillators

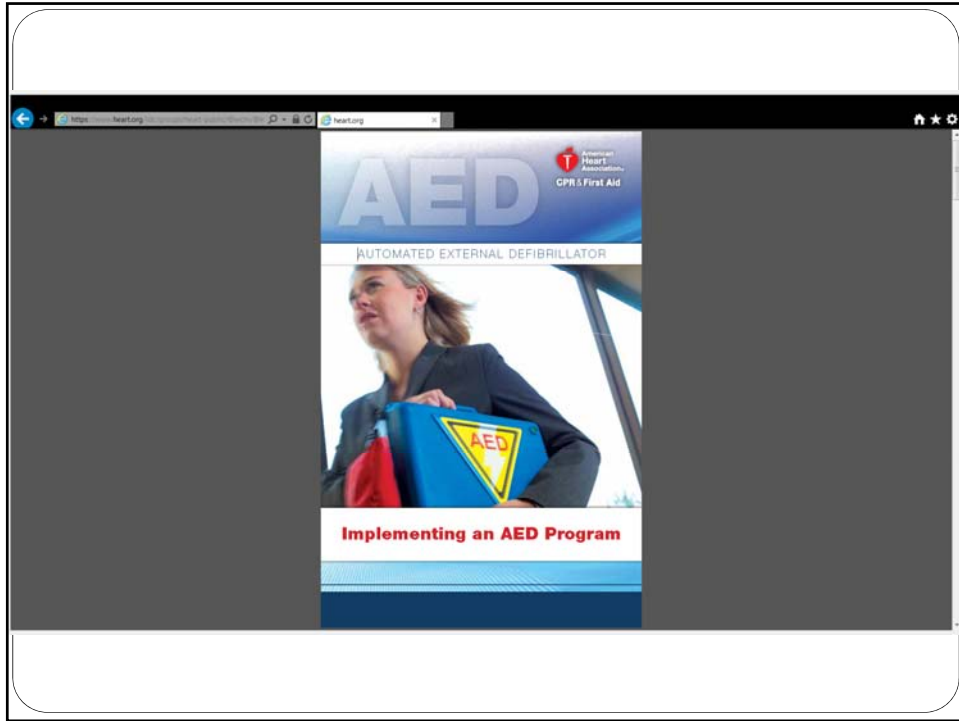
The American Red Cross supports the position that improved training and access to AEDs could save 50,000 lives each year. The Red Cross believes that all Americans should be within four minutes of an AED and someone trained to use it.

Sudden cardiac arrest is one of the leading causes of death in the U.S. Over 350,000 people will suffer from sudden cardiac arrest this year. It can happen to anyone, anytime, anywhere and at any age. An AED is the only effective treatment for restoring a regular heart rhythm during sudden cardiac arrest and is an easy to operate tool for someone with no medical background.



Time is of the Essence

- The average response time for first responders once 911 is called is 8-12 minutes.
- For each minute defibrillation is delayed, the chance of survival is reduced approximately 10%.




https://www.heart.org/... heart.org

The American Heart Association Chain of Survival

A strong Chain of Survival can improve chances of survival and recovery for victims of heart attack, stroke and other emergencies. The link is in the American Heart Association Adult Chain of Survival.

- Immediate **recognition** of cardiac arrest and activation of the emergency response system
- Early **CPR** with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective **advanced life support**
- Integrated **post-cardiac arrest care**



Defibrillation

Defibrillation is a process in which an electronic device gives an electrical shock to the heart. Defibrillation stops ventricular fibrillation by using an electrical shock and allows the return of a normal heart rhythm. A victim's chance of survival decreases by 7 to 10 percent for every minute that passes without defibrillation.

In recent years, small portable defibrillators have become available. These devices are called automated external defibrillators, or AEDs. An AED is a device that analyzes a heart rhythm and prompts the user to deliver a shock when necessary. These devices only require the user to turn the AED on and follow the audio instructions when prompted.

Importance of AED Programs

The American Heart Association strongly encourages companies and organizations to implement AED programs to increase the chances of survival for people who have heart-related emergencies. With an AED program, a person will be better prepared to save the life of a coworker, friend, family member or stranger. With a good implementation plan and proper training, one can help save more lives. The goal of every AED program is to deliver defibrillation to an AHA victim within three to five minutes after collapse.

https://www.heart.org/... heart.org

Legal Issues

Companies and organizations are concerned about their liability for getting and using AEDs. All 50 states and the District of Columbia now include using an AED as part of their Good Samaritan laws. The Cardiac Arrest Survival Act of 2000 encourages placement of AEDs in federal buildings and ensures federal liability protection for those who acquire or use an AED to help save a life. In addition, this act provides limited immunity to persons using the AED and the purchaser of the AED device.

These acts vary by state, but generally they limit the liability of rescuers using AEDs and others involved in the AED program. Please read the Good Samaritan Act for your state for more specific information. Be sure to have your legal counsel and, if appropriate, your risk management or safety team review your program.

Key Steps to Implementing an AED Program

1. Get medical oversight.

The U.S. Food and Drug Administration (FDA) may require a physician's prescription to purchase an AED. The role of the physician varies depending on the size and other characteristics of the program. The designated program coordinator should be responsible for day-to-day program implementation. The responsibilities of the physician may include signing off on training recommendations on training plans and policies and procedures, evaluating data recorded on an AED during a medical emergency and helping assess each use of an AED to recommend any improvements.

2. Work with local EMS.

Working with your local EMS system is a key step to implementing an AED program. Most states require you to coordinate your AED program with local EMS and to provide follow-up data to EMS after any use of the AED. In states that require registration or application for AED programs, the physician or program coordinator completes this process.



3. Choose an AED.

There are several AEDs on the market that are suitable for a company's or organization's AED program. The American Heart Association does not recommend one device over another. The AED you choose should be simple and easy to use. The following are manufacturers that have AED devices cleared by the FDA.

Cardiac Science 800 438-4227 www.cslsusa.com	Defiback 800 213-4248 www.defiback.com	Heartline Technologies 800 475-7463 www.heartline.com
Philips Healthcare 800 225-4238 www.healthcare.philips.com/us	Physio-Control 800 442-1142 www.physio-control.com	Willsity 800 535-8883 www.willsity.com
ZOLL Medical Corporation 800 343-8071 www.zoll.com		

4. Contact technical support.

Make sure you have technical support when your AED device requires it. Call the manufacturer's technical support number and see what kind of response you get. Is a representative available to help you right away? Are you on hold for a long time? Does your call go to voice mail? Also, be sure to research the history of the manufacturer from which you are considering purchasing the AED.

5. Make sure program support is available.

Some AED manufacturers provide help with program implementation and ongoing support. They can assist with placement, medical authorization, registration, training and supplies. Review your capabilities and determine if services like these would be helpful in deploying your AED program.

6. Place your AEDs in stable and accessible locations.

Effective AED programs are designed to deliver a shock to a victim within three to five minutes after the person collapses. Use a three-minute response time as a guideline to help you determine how many AEDs you need and where to place them. AEDs can be placed near elevators, corridors, main reception areas, in secured or restricted access areas and on walls in main corridors.

7. Develop a training plan.

AED users should be trained in CPR and the use of an AED. Training in the use of an AED can help increase the comfort and confidence level of responders. Some companies and organizations recruit their employees as responders. Responders are trained in CPR and the use of an AED so someone is always available to respond to an emergency. The American Heart Association offers CPR/AED training in a classroom setting and an eLearning format.

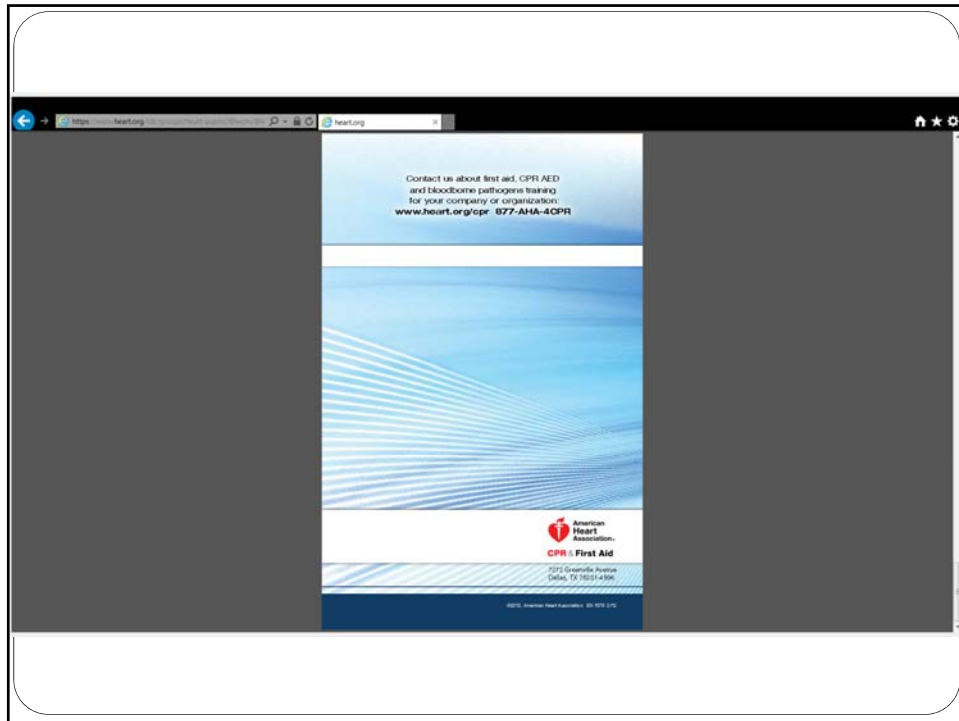
8. Raise awareness of the AED program.

After initial implementation of the AED program, provide information to all employees at your company about the AED program. You may want to use internal newsletters, posters, magnets, signage or other means to promote your AED program and identify where the devices are located. By continually raising awareness of the program, you reinforce to employees that your company or organization is committed to their safety.

9. Implement an ongoing maintenance routine.

It is important to do a weekly or monthly visual inspection of the AEDs to ensure they are in working order. The program coordinator or another designated person can do the inspections. This person develops a written checklist to assess the readiness of the AEDs and supplies. A checklist supplements regularly scheduled, more detailed inspections recommended by the manufacturer. Also, talk with your manufacturer regularly to get the latest information about software updates or upgrades.





https://www.google.com/search?q=epipen+mylan&btnG=epipen mylan - Google Sea...

<https://www.epipen.com/copy-offer/> ▼
Mylan Specialty reserves the right to amend or end this program at any time ... card may be collected, analyzed and shared with Mylan Specialty for market ...

Mylan hit with racketeering suit over big price hikes of EpiPen
<https://www.cnbc.com/.../mylan-hit-with-racketeering-suit-over-big-price-hikes-of-epi-...> ▼
Apr 3, 2017 - Big drugmaker Mylan was slapped Monday with a class-action racketeering lawsuit that claims the company engaged in an illegal scheme to ...

Mylan finalizes \$465 million EpiPen settlement with Justice Department
<https://www.cnbc.com/.../mylan-finalizes-465-million-epipen-settlement-with-justice-...> ▼
Aug 17, 2017 - Mylan said 10 months ago it reached a deal resolving claims it misclassified the EpiPen as a generic.

Why Did Mylan Hike EpiPen Prices 400%? Because They Could
<https://www.forbes.com/.../why-did-mylan-hike-epipen-prices-400-because-they-could/>
Somewhere, right now, a cash-strapped parent or budget-limited patient with a severe allergy will skip acquiring an EpiPen.

Outcry Over EpiPen Prices Hasn't Made Them Lower - The New York ...
<https://www.nytimes.com/.../angry-about-epipen-prices-executive-dont-care-much.html>
Over the last several weeks, I've spoken with 10 former high-ranking executives at Mylan who told me that they weren't surprised EpiPen prices ...

Why Is Everyone Flipping Out Over EpiPens? – Mother Jones
www.motherjones.com/.../mylan-epipen-scandal-explained-heather-bresch-martin-shkrel...
Update, September 7: EpiPen maker Mylan is now under investigation by the New York Attorney General for potential antitrust violations over ...


Grassley says Mylan's \$465M Epi-Pen settlement shortchanges ...
<https://www.cnbc.com/.../grassley-says-mylans-465m-epi-pen-settlement-shortchanges...> ▼
Aug 17, 2017 - The settlement came after an unusual lawsuit by Sanofi, a competitor to Mylan, which alleged anti-competitive tactics.

FOOD ALLERGY NEWS AND RESEARCH | KFA LEADERSHIP & ANNOUNCEMENTS

New Generic Option for EpiPen Epinephrine Auto-Injectors

KFA NEWS TEAM | 12/16/16 | 1:37 PM

BREAKING NEWS!



Mylan launches generic epinephrine auto-injectors

Kids With Food Allergies is sharing news from Mylan about the availability of generic epinephrine auto-injectors. Mylan announced earlier this year that it would be releasing a generic alternative to its own branded EpiPen® Auto-Injector to address cost concerns.

Mylan announced Friday it is launching its first authorized generic (AG) for EpiPen Auto-

Manage Blog Post

KEEP IT REAL

SHOP NOW

Blog Collections

- > Food Allergy Recall Alerts & Changes
- > Food Allergy News and Res
- > KFA Leadership & Announc
- > Food, Nutrition, Recipes
- > Parents' Voices
- > Food Allergy Updates from Advisory Team
- > Rising Stars

COLLECTION

healthline BEST

The image is a screenshot of a web browser displaying a Consumer Reports article. The browser's address bar shows the URL: <https://www.consumerreports.org/drug-epi-pen/epi-pen-alternative-that-costs-just-10/>. The page header includes the Consumer Reports logo and navigation links for Product Reviews, News, Take Action, and About Us. There are also links for Sign In, Subscribe, and Donate. The main content area features a photograph of various epinephrine auto-injectors, including Auvi-Q (0.3 mg) and EpiPen (0.15 mg and 0.3 mg). Below the image, the article title reads "The EpiPen Alternative That Costs Just \$10". The sub-headline says "Get the best deals on auto-injectors to stop severe allergic reactions". The author is listed as "By Ginger Skinner" and the article was last updated on "February 03, 2017".

The EpiPen Alternative That Costs Just \$10

Get the best deals on auto-injectors to stop severe allergic reactions

By Ginger Skinner
Last updated: February 03, 2017

Search YouTube:
"Auvi-Q™ (0.3 mg) Firing Demo"

The screenshot shows the Allergy & Asthma Network website. The header includes the logo, navigation links (Español | Contact Us, SIGN IN | SIGN UP), and a menu (About Us, Outreach, Education, Advocacy, Research, News, Online Store). The main content area features a section titled "Pennsylvania – Stock Epinephrine Law" with a congratulatory message about Governor Tom Corbett signing HB 803 on October 31, 2014. It also includes a list of resources such as "2016 USAnaphylaxis Summits" and "Challenges to Implementing Stock Epinephrine". A sidebar on the right lists "Related Information" for various states including Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, and Kentucky.

The screenshot shows the website for the Poison Control Center at Children's Hospital of Philadelphia. The header includes the hospital logo, navigation links (HOW CAN WE HELP YOU? Call 1-800-TRY-CHOP, Give, Research, International, Healthcare Professionals, Careers), and a search bar. The main content area features a large image of a smiling child and a section titled "Poison Control Center" with a description of the center's services. A contact box on the right provides the 24-hour hotline number: 1-800-222-1222.

UPMC LIFE CHANGING MEDICINE

MyUPMC Find a Doctor Careers Resources

For Patients, Families & Visitors For Health Care Professionals About UPMC

POISON HELP!
1-800-222-1222

Pittsburgh Poison Center
We are available 24 hours per day for poison information and emergencies
1-800-222-1222

Pittsburgh Poison Center
Staffed 24 hours a day, the Pittsburgh Poison Center (PPC) responds each year to more than 100,000 requests for poison information from the general public and medical professionals who reside in 44 Pennsylvania counties. There is no fee to the general public for this service.

To ensure treatment excellence, the PPC developed a network of hospital treatment centers throughout Pennsylvania, which provide medical consultation and follow-up for all cases of poison exposure that have been referred to those hospitals.

The Pittsburgh Poison Center is staffed by nurse specialists who have extensive training in clinical toxicology.

Mr. Yuk™
With the Mr. Yuk™ poison center awareness symbol as its focal point, the PPC conducts comprehensive, continuing poison prevention education programs with the belief that it is better to prevent an accidental poisoning than to treat one. The PPC also provides training programs and seminars for health care professionals who may be involved in the management of the poisoned patient.

Contact Us
Pittsburgh Poison Center
250 Lothrop Street
PPC 0141-01
Pittsburgh, PA 15213

For Emergencies:
1-800-222-1222
Line is staffed 24 hours per day.

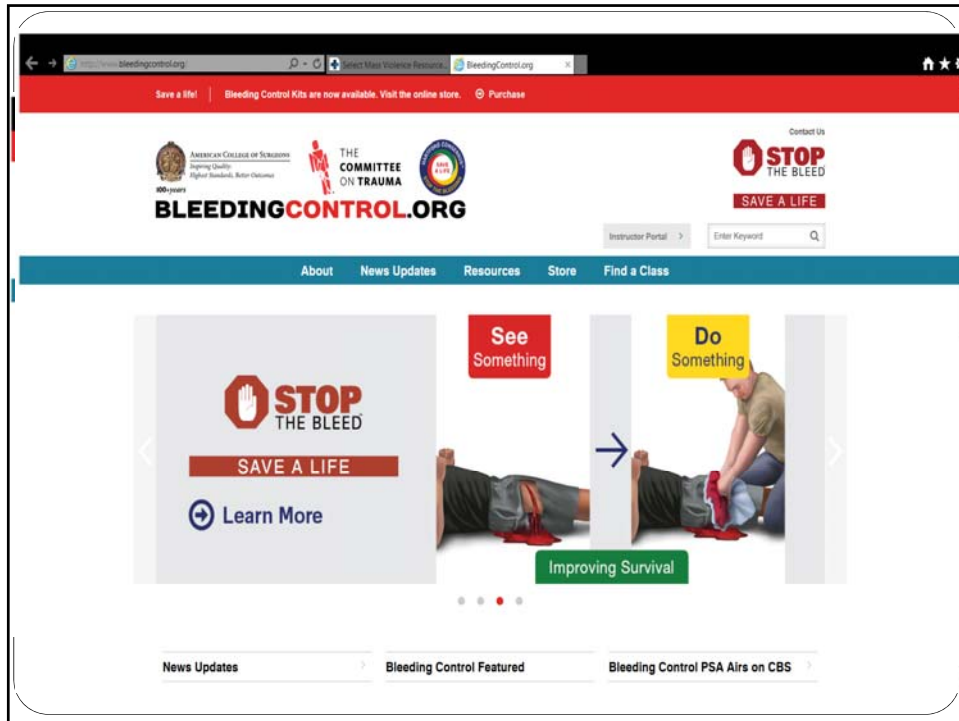
Connect to the Pittsburgh Poison Center

- Mr. Yuk Facebook
- Mr. Yuk Twitter
- Mr. Yuk Blog

Order Mr. Yuk Poison Prevention Educational

Physician tie-in:

Poison Control Centers are run by physician toxicologists and have a vast amount of medical information on the opiate crisis



The screenshot shows the homepage of the Bleeding Control Instructor Portal. At the top, there are logos for the American College of Surgeons (100 years), The Committee on Trauma (1973), and the 'STOP THE BLEED' campaign with the slogan 'SAVE A LIFE'. The main heading is 'Bleeding Control Instructor Portal'. Below this, a paragraph thanks participants and explains the role of an instructor. A second paragraph provides instructions for new registrants, including a link to the registration form. A third paragraph offers support and lists links for 'Instructor Manual' and 'Course Guidelines'. At the bottom, there is a 'Registered Instructors' section with a login form containing fields for 'Email', 'Password', and a 'Remember me?' checkbox.

The screenshot displays a page with detailed information about the Bleeding Control Course. It features several sections:

- Bleeding Control Presentation:** Describes an official, branded PDF presentation used for training, including three embedded video pages (10, 37, and 59).
- Who Can Teach the BCon Course v. 1.0?** Lists eligible instructors such as PHTLS, TOG/TECC, ATC/NTCC, EMT/paramedics, RNs, RAs, MDs, ATLS, and NREMT.
- Faculty Requirements:** States a minimum recommended instructor-to-student ratio of 1:8.
- Eligible Students:** Lists potential students including teachers, trainees, and law enforcement officers.
- Material Requirements:** Notes that all BCon Course v. 1.0 students receive a copy of the presentation materials.
- Equipment and Supplies:** Lists required items like PPE, tourniquets, and gauze.
- Course Plan:** Explains that the course schedule may be rearranged for site-specific needs.
- BCon Course v. 1.0 Schedule:** Lists components like BCon lecture, tourniquet station, and wound packing station, with an average course time of one hour.
- Successful Completion:** Lists criteria for successful completion, including attending the entire course and demonstrating practical skills.

BLEEDINGCONTROL.ORG

STOP THE BLEED

SAVE A LIFE

Bleeding Control Basic (BCon) Course v. 1.0 Instructor Information

The Bleeding Control Basic (BCon) Course v. 1.0 is designed for individuals who have little or no medical training but who may be called upon as immediate responders to provide initial trauma care and bleeding control to a victim of traumatic injury prior to the arrival of emergency medical services (EMS) or in an austere environment.

HARTFORD CONSENSUS
SAVE A LIFE
STOP THE BLEED

THE COMMITTEE ON TRAUMA

AMERICAN COLLEGE OF SURGEONS
Improving Quality
Highest Standards. Better Outcomes
100-years

STOP THE BLEED

SAVE A LIFE

Teaching Bleeding Control

Copyright © 2017 by the American College of Surgeons

BLEEDINGCONTROL.ORG

THE COMMITTEE ON TRAUMA

AMERICAN COLLEGE OF SURGEONS
Improving Quality
Highest Standards. Better Outcomes
100-years

bleedingcontrol.org Certified Instructor Resources

A short description of the programs history, need, and mission

Instructor Guide
Basic instructions and requirements for planning your class

Course Guidelines
Expanded instructions on use of materials, logos, etc.

Instructor Presentation Notes
PowerPoint slide set with presenter notes for your reference

Download Course Materials

Bleeding Control Basic Presentation
PDF presentation set

*Please note: For best results viewing the presentation with embedded videos, please **download** the file (rather than viewing it in a browser window), use Adobe Acrobat 9 or higher to open it, and update your computer with the latest version of the Flash plugin*

Participant Sign-in
A recommended sign-in sheet for participants. Please have them complete the information, then scan the sheet and e-mail it to bleedingcontrol@facs.org




The Basics of Bleeding Control Booklet ("What Everyone Should Know to Stop Bleeding After an Injury")
Basic informational guide for class participants that you may download and print this booklet for your class.

Stop the Bleed, Save a Life Poster
Official Stop the Bleed poster, download and print for use in your institution or class

Course Completion Certificate (v.10)
A fillable certificate template the instructor will complete and sign for each participant

Promote Your Course

Bleeding Control Basic Course Flyer
Certified course instructors may download this flyer to promote a course. Fill in course details and print out before displaying in public areas.

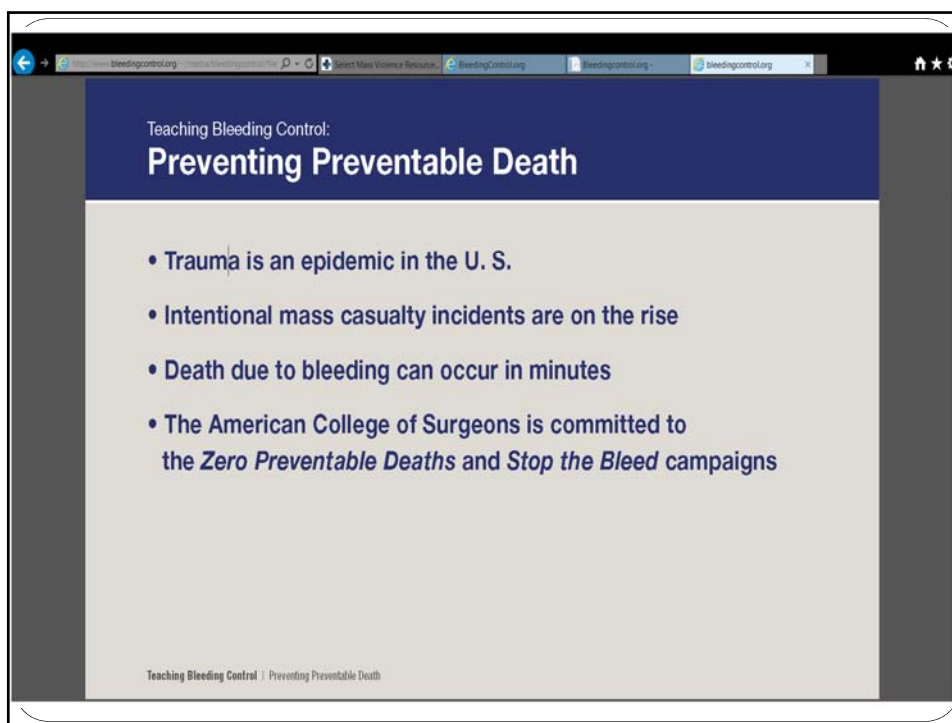
bleedingcontrol.org

Teaching Bleeding Control:

What You Need to Know and Do

- The Hartford Consensus, in collaboration with the American College of Surgeons (ACS), emphasizes that no one should die from uncontrolled bleeding
- The public, as immediate responders, should know how to stop bleeding
- You can help by teaching the public to control bleeding

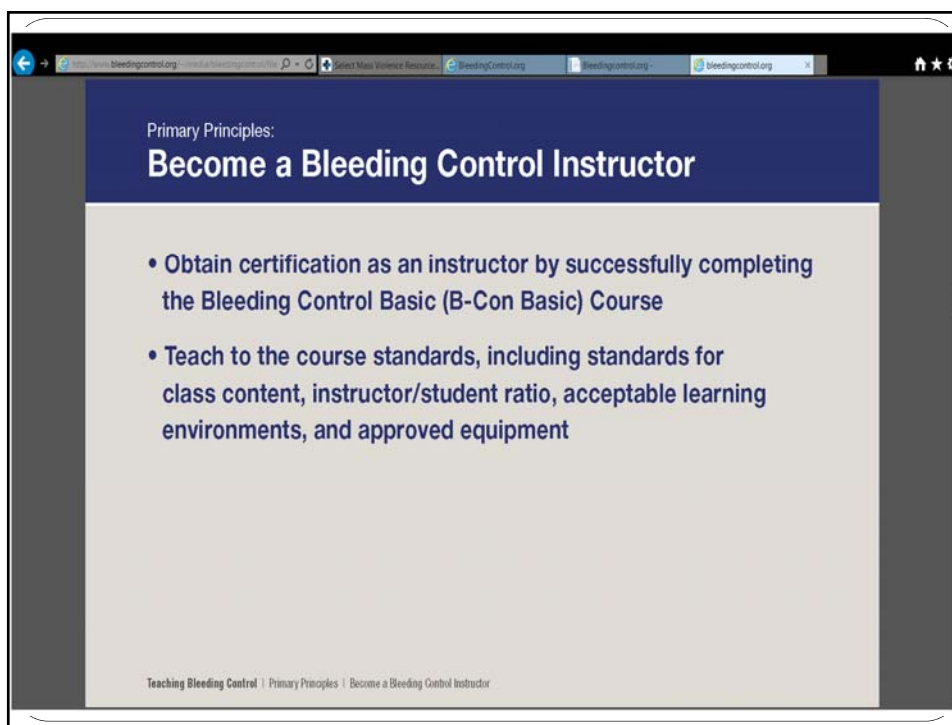
Teaching Bleeding Control | What You Need to Know and Do



Teaching Bleeding Control:
Preventing Preventable Death

- Trauma is an epidemic in the U. S.
- Intentional mass casualty incidents are on the rise
- Death due to bleeding can occur in minutes
- The American College of Surgeons is committed to the *Zero Preventable Deaths* and *Stop the Bleed* campaigns

Teaching Bleeding Control | Preventing Preventable Death



Primary Principles:
Become a Bleeding Control Instructor

- Obtain certification as an instructor by successfully completing the Bleeding Control Basic (B-Con Basic) Course
- Teach to the course standards, including standards for class content, instructor/student ratio, acceptable learning environments, and approved equipment

Teaching Bleeding Control | Primary Principles | Become a Bleeding Control Instructor



The screenshot shows a web browser window with the URL bleedingcontrol.org. The slide content is as follows:

What You Will Need to Teach the Bleeding Control Course

- Approved B-Con Basic Course slide set
- Approved equipment:
 - Gauze
 - Hemostatic dressings
 - Tourniquets
 - Scissors
 - Gloves
- Use only approved equipment!

Teaching Bleeding Control | What You Will Need to Teach the Bleeding Control Course

Expensive training equipment
is not mandatory



A screenshot of a web browser displaying a slide titled "Potential Course Sites". The browser's address bar shows "bleedingcontrol.org" and several tabs are open. The slide has a dark blue header with the title in white. Below the header is a light gray area containing a bulleted list of potential course sites. At the bottom left of the slide, there is a footer that reads "Teaching Bleeding Control | Potential Course Sites".

Potential Course Sites

- Schools
- Churches
- Social clubs
- Community centers
- Boy Scout/Girl Scout meetings

Teaching Bleeding Control | Potential Course Sites

A screenshot of a web browser displaying a slide titled "Certify Your Learners". The browser's address bar shows "bleedingcontrol.org" and several tabs are open. The slide has a dark blue header with the title in white. Below the header is a light gray area containing two bullet points. At the bottom left of the slide, there is a footer that reads "Teaching Bleeding Control | Certify Your Learners".

Certify Your Learners

- Upon completion of the instruction, certify your learners by having them successfully demonstrate to you the bleeding control techniques
- Provide learners with an official certificate

Teaching Bleeding Control | Certify Your Learners

**Submit Training Data to
BLEEDINGCONTROL.ORG**

- You will need to submit:
 - Date, name of site, and location of the training
 - Instructors' names
 - Number of students certified
 - Age group of the students
 - Affiliation with an ACS-verified trauma center, if applicable

Teaching Bleeding Control | Submit Training Data to Bleedingcontrol.org

**STOP
THE BLEED**

SAVE A LIFE

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality
Highest Standards, Better Outcomes
100+ years

THE
COMMITTEE
ON TRAUMA

WWW.BLEEDINGCONTROL.ORG

Thank you!

We greatly appreciate your dedication to teaching bleeding control and adhering to the high standards of the *Stop the Bleed, Save a Life* program.

The logo consists of a solid red square. Inside the square, the words "BLEEDING", "CONTROL", and ".ORG" are stacked vertically in a bold, sans-serif font. "BLEEDING" and ".ORG" are in white, while "CONTROL" is in black.

**BLEEDING
CONTROL
.ORG**

The 'Stop the Bleed' campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff, The White House. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which exemplifies translation of knowledge back to the homeland to the benefit of the general public. The Department of the Defense owns the 'Stop the Bleed' logo and phrase – trademark pending.

Start Here !



- *Welcome to Stop The Bleed training!*
- *Everyone can do this training*
 - *Employees, family, friends*
- *Physicians, nurses and other health professionals -- become instructors*

First, do "Self Study" posters or packet

- Answer questions on "open book" test

Next, do "Check Out" Station with an instructor

- Get your written test graded
 - need 100% correct
 - go fix any incorrects
- **Demonstrate direct pressure**
- **Demonstrate wound packing**
- **Demonstrate tourniquet application**

Lastly, complete Evaluation Form

Getting trained is that easy! Thank you!

Introduction



SAVE A LIFE



BLEEDINGCONTROL.ORG

Who: Train citizens/ bystanders to be "Immediate Responders"

What: Learn to stop life-threatening bleeding

Why: *People bleed to death before EMS ambulance arrival*

When: Immediately

Where: Accidents on the road, at work, and at home

- Scenes of violence including
- Intentional Mass Casualty Incidents
 - Shootings, bombings, stabbings

How: Pressure techniques to stop the blood coming out

Bleeding: Sites and Severity

Examples of Life Threatening Bleeding

Blood is spurting out!
 Blood won't stop coming out!
 Blood pooling on ground!
 Blood soaking through clothing!
 Blood soaking through bandages!
 Loss of body part
 Bleeding victim dazed or unconscious

Minor Bleeding

Small amount, easy to stop or stops on its own

Major External Bleeding

Arms and Legs

Most preventable bleeding deaths involve extremities

Key focus of this training

Direct pressure and tourniquets

"Junctional" wounds

Groin, under arm, neck

Direct pressure and packing

Tourniquets don't work at these sites

Head/Scalp

Direct pressure only

Internal Bleeding

Inside chest, abdomen, back

Can't see it

Can only be treated in hospital

Transport to hospital as fast as possible

What to do at the scene:

Ensure own safety!

Do NOT enter danger zone

Call 9-1-1

Active Killer: Run, Hide, Fight!

Run: Escape if possible, run crooked line

Hide: Cover/shield self. Turn off lights
 Cell phones on, but silenced
 Lock doors/ barricade with furniture
 Bind door handles and door closers

Fight if you must:

Use blunt objects, fire extinguisher,
 Steaming hot coffee, group force, etc.

Police Arrival:

Be still, be quiet
 Put your hands up high with fingers spread
 (unless you are holding pressure on bleeding)
 Make it obvious you are not the threat!
 Obey officers

How to Stop Bleeding:

The *essential* thing to know is:

Apply direct pressure,

and if that isn't enough,

apply a

tourniquet!

Direct Pressure

The task is to

press down hard directly on the bleeding site
to stop the blood from coming out

Expose the bleeding site

-Cut or remove clothing to see origin

Press gauze or other cloth on wound, hard!
Keep maintaining that pressure!

Use gloves, gauze, or other dressings if available
If necessary, use piece of clothing, a towel, anything!

Caution:

Use cloth but not so much bulk that the pressure is ineffective
or simply hiding ongoing blood loss.

Assume it will bleed more if you let the pressure off.

You have to keep holding pressure manually, or apply a pressure
bandage to maintain the pressure.

(Pressure bandage is next topic)

Applying an effective

Pressure Bandage: Wrap tightly!

- Wrap bandage tight enough to match the direct pressure you were applying by hand
- Most useful for arms & legs
- If still bleeding, must apply tourniquet

Special cases:

Wound packing

- Most useful for groin and under arm (where you can't apply a tourniquet)
- Push gauze deep down into wound
- Use clot-promoting gauze if available
- Must still apply external direct pressure!
 - (On very rare occasion a life has been saved by sticking a finger into a spurting stab wound or gunshot wound)
 - (Do not pack head wounds, use external pressure only)

Using a Tourniquet

- Apply about 3" above wound
- Apply *immediately* to life-threatening bleeding from an arm or a leg
 - A tourniquet can be applied over clothing to avoid wasting time
- **Tighten until bleeding stops**

Properly applied tourniquets cause pain
Explain to victim:
"I must do this to stop your bleeding, it will hurt, *a lot*"
- Avoid knee and elbow joints

Structure of the joint may prevent compression of the blood vessels
- If bleeding is not controlled by applying the initial tourniquet, apply a second one just above the first

Summary: Act fast! Apply "high and tight"!

Tourniquet teaching points:

NEVER remove a tourniquet

NEVER loosen a tourniquet

These steps are only done by or at the direction of a physician

Commercially manufactured tourniquets are much more effective than makeshift tourniquets

-The Hartford Consensus calls for widespread public availability of tourniquets and bleeding control kits

Old myths to dispel:

“Never use a tourniquet”

-*This once-taught philosophy has been proven wrong.*

“Periodically loosen a tourniquet to allow blood flow”

-*This only causes additional blood loss.*

Tourniquet mistakes to avoid:

- Too loose

A tourniquet which isn't tight enough can actually increase blood loss by compressing the veins but not the arteries

- Too late

Don't hesitate, blood is being lost

Watch these videos in your phone now



The Cast of “Code Black” TV show PSA



<https://youtu.be/Zhl5qH-cGQ>

Dr Lenworth Jacobs' Hartford Consensus Tourniquet Application video



<https://youtu.be/y81aJ81ln5Q>

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TIME IS THE MOST IMPORTANT FACTOR



**“ALARA”
Philosophy**

**As Low As Reasonably
Achievable**

Thank you
LET'S ROLL!



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