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Bleeding Control - The Next Step in Active Shooter Guidance

ARTICLE

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Military methods used for bleeding control on the battlefield can be just as effective on the scene of an active shooter, terrorist attack, or other mass casualty incident. It is time to teach these methods to anyone who may someday find himself or herself in a position to save a life by stopping the bleed.



The current guidance for surviving an active shooter or terrorist attack - "Run. Hide. Fight.®" - is direct and concise but incomplete. Victims with gunshot wounds and other traumatic injuries may lose blood rapidly, and their lives are dependent on immediate action from those around them. Incorporating basic bleeding control information into active shooter, terrorist attack, and mass casualty guidance can empower bystanders and save lives.

No one should die from uncontrolled bleeding. Simple techniques to slow blood loss have been used for decades, and extensive military research in Iraq and Afghanistan has demonstrated their effectiveness in treating injuries from gun violence and attacks involving improvised explosive devices. Without intervention, severe-but-controllable hemorrhage can cause death in as little as five minutes, and many victims may be beyond rescue by the time trained medical teams arrive on scene.

As the United States builds resilience in the face of increasing violence, lessons must be taken from experiences on the battlefield. Following shootings and mass casualty incidents, rapid intervention by bystanders, law enforcement officers, and other nonmedically trained responders is critical to patient survival. Techniques to stabilize traumatic bleeding are not complicated to learn, and initiatives to promote bleeding control can be easily incorporated into community and first responder preparedness efforts.

Step 1: Educate

Opportunities to learn bleeding control techniques should be promoted publicly and made available to the entire community. Special emphasis should be placed on training all law enforcement officers and nonmedical first responders to use bleeding control techniques for self-care and the care of others. Essential skills include safely identifying the source of bleeding, packing and compressing a wound, and applying pre-made or improvised tourniquets as necessary to slow the rapid loss of blood. Educational resources are readily available online.

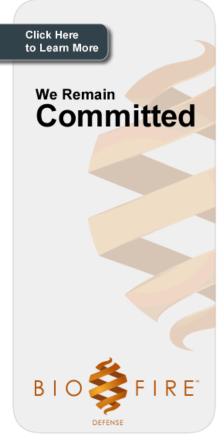
Step 2: Improve Access to Life-Saving Equipment

Essential bleeding control supplies such as gloves, hemostatic gauze, and tourniquets should be purchased and made easily accessible in high-risk public locations. Emergency medical services (EMS) personnel, law enforcement officers, and other first responders should be equipped with bleeding control supplies to carry in their vehicles or on their person.

Step 3: Incorporate Bleeding Control Initiatives into Existing Policy

Plans and policies that pertain to active shooter and intentional mass casualty events should be updated to include guidance and support for bleeding control initiatives. To maximize community resilience, bleeding control initiatives should extend beyond

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In the wake of recent mass shootings — in San Bernardino, California; Paris, France; and Colorado Springs, Colorado — it is increasingly clear that improved survival lies in the hands of the people within close proximity. Bleeding-control initiatives empower bystanders to take action, and the skills learned are applicable to a wide variety of emergencies. A new step is being added to improve survival within the community: Run. Hide. Fight. Stop the bleed.

The DHS <u>Stop the Bleed</u> initiative is a resource with simple materials for public distribution. Detailed hemorrhage control guidance can be found in the <u>Hartford Consensus</u> document produced by the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass-Casualty and Active Shooter Events.

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