

Bleeding Control

Module 9





Bleeding Control

WARNING: Section Contains Graphic Content



SMCCCD Trauma & First Aid Kit

- North American Rescue Trauma & First Aid Kit- Class B
- Portable kit that exceeds ANISI/ISEA Z308.1-2021 Standards
- Advanced Bleeding Control Capabilities

1 x C-A-T® Tourniquet, Orange	1 x HyFin® Vent Chest Seal Twin Pack	2xResponder Compressed Gauze	1 x 4 in. Flat Responder ETD Emergency Trauma Dressing
1 x 4 in. Elastic Wrap Bandage	2 x 2 in. Elastic Wrap Bandage	2 x Triangular Bandage	1 x SAM Splint
4 x Gauze, Pad - 4 in. x 4 in. (Pack of 2)	4 x Gauze Pad - 5 in. x 9 in.	50 x Flexible Fabric Bandages, 1 in. x 3 in.	2 x BurnTec Dressing - 4 in. x 4 in.
1 x CPR Microshield Mask	50 x Antiseptic Towelette	25 x Antiseptic Ointment	2 x Roll 1 in. Surgical Tape
2 x Instant Cold Pack - 6 in. x 9 in.	1 x Eye Wash Solution, 4 oz	2 x Sterile Oval Eye Pad	4 x Pair, Responder Nitrile Gloves - Large
1 x Pair, Responder Trauma Shears - Large	20 x Hand Sanitizer	25 x Burn Gel	1 x Emergency Survival Blanket (52 in. x 84 in.)
1 x Black Permanent Marker, Large	1 x First Aid Pocket Guide	1 x Just In Time Bleeding Control Instructions	1 x Trauma & First Aid Kit Contents Inventory Card
1 x Inspection Card			



Combat Application Tourniquet (C.A.T)

For severe bleeding, take these first-aid steps and reassure the injured person. Call 911 or emergency medical help for severe bleeding that you can't control.

1. **Remove any clothing or debris on the wound.** Don't remove large or deeply embedded objects. Don't probe the wound or attempt to clean it yet. Your first job is to stop the bleeding. Wear disposable protective gloves if available.
2. **Stop the bleeding.** Place a sterile bandage or clean cloth on the wound. Press the bandage firmly with your palm to control bleeding. Apply constant pressure until the bleeding stops. Maintain pressure by binding the wound with a thick bandage or a piece of clean cloth. Don't put direct pressure on an eye injury or embedded object.
 - Secure the bandage with adhesive tape or continue to maintain pressure with your hands. If possible, raise an injured limb above the level of the heart.
3. **Help the injured person lie down.** If possible, place the person on a rug or blanket to prevent loss of body heat. Calmly reassure the injured person.
4. **Don't remove the gauze or bandage.** If the bleeding seeps through the gauze or other cloth on the wound, add another bandage on top of it. And keep pressing firmly on the area.
5. **Tourniquets:** A tourniquet is effective in controlling life-threatening bleeding from a limb. Apply a tourniquet if you're trained in how to do so. When emergency help arrives, explain how long the tourniquet has been in place.
6. **Immobilize the injured body part as much as possible.** Leave the bandages in place and get the injured person to an emergency room as soon as possible.



Direct Pressure

1. Apply **DIRECT PRESSURE** and **ELEVATE**
2. Indirect Pressure
 - If bleeding continues apply **PRESURE** on the supplying artery



Advanced Bleeding Control

- Bleeding control kits can be found in all AED Cabinets on District Grounds. Direction for use is found inside each bleeding control kit
- The North American Rescue Public Access Bleeding Control Kit is a lifesaving kit that provides intuitive and easy-to-use tools that are proven to help save lives. Included are step-by-step illustrated “just in time” pictorial instructions, so even untrained providers can help save a life.



Advanced Bleeding Control Cont.

Israeli Bandage

The Israeli Emergency Bandage is an innovative, combat proven first-aid device for the staunching of blood flow from traumatic hemorrhage wounds in pre-hospital emergency situations. This all-in-one device consolidates multiple first-aid devices such as a primary dressing, pressure applicator, secondary dressing, and a foolproof closure apparatus to secure the bandage in place.



▶ 1

Wound Packing – Step 1

- Immediately apply direct pressure to the wound, using gauze, clean cloth, elbow, knee — whatever it takes to slow or stop the hemorrhage — until you have time to get out your wound packing supplies.
- Place your gloved fingers — with or without a dressing — into the wound to apply initial pressure to the target area (with your target being the vein, artery or both) and compress the source of bleeding.
- Whenever possible, utilize a bone to assist with bleeding control.



Wound Packing – Step 2

- Your goal is to completely and tightly pack the wound cavity to stop hemorrhage. Using either hemostatic or plain gauze, begin packing the gauze into the wound with your finger, while simultaneously maintaining pressure on the wound.
- It's critical that the gauze be packed as deeply into the wound as possible to put the gauze into direct contact with the bleeding vessel. By doing so, you're simultaneously putting direct pressure onto the bleeding vessel and allowing the hemostatic agent to work.



Wound Packing – Step 3

- The key to successful wound packing is that the wound be very tightly packed, applying as much pressure as possible to the bleeding vessel. This pressure against the vessel is the most important component of hemorrhage control.
- This explains why plain gauze (without an impregnated hemostatic agent), when tightly packed, is also quite effective.



Wound Packing – Step 4

- Apply very firm pressure to the packed wound for 3-8 minutes. This step pushes the packing firmly against the bleeding vessel and aids in clotting.



Wound Packing – Step 5

- After applying pressure for 3-8 minutes, place a snug pressure dressing over the wound. You may consider splinting or immobilizing the area, if possible because movement during transport can dislodge the packing and allow hemorrhage to restart.



Wound Packing – Step 6

- Should the bleeding continue, hemostatic gauze manufacturers recommend removal of the original packing and repacking with fresh gauze. The rationale for this is that they assume it wasn't packed properly the first time, or perhaps the packing didn't quite get to the bleeding vessel.



Impaled Objects

- Impaled objects are items that have punctured the body's soft tissue and are still embedded. Depending on the location of the impalement and the size of the object, emergency medical response may be necessary.
- Small, impaled objects—splinters, for example—can be removed without going to the emergency department. Larger impaled objects will require a physician or other healthcare provider to properly remove it.



Impaled Objects – Treatment Protocol

- Call 911 and Public Safety
- Ensure scene safety and don PPE
- Do not remove impaled object unless:
 - The patient requires CPR and the object is in the way
 - The object is the airway and is preventing the person from breathing
- If an impaled object is in the eye: do not put any pressure on the impaled object or the eyeball. Cover both eyes with a bulky dressing, taking care not to put any pressure on either eye. Remember not to put any pressure on the impaled object. Covering both eyes keeps the injured eye from moving and causing more damage.
- If an ambulance is not available or the patient must be moved, it will be necessary to secure the object. Start by shortening the object if possible. The more of an object that sticks out of the body, the more leverage it has to do damage to surrounding tissues.
- After the object is as short as possible, secure it to prevent movement. The more movement of the impaled object, the more soft tissue damage it does and the more bleeding it will cause.
- Follow the steps for basic first aid.

