

Stop the Bleed campaign aims to educate public



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Our region recently was struck by two violent tragedies in less than a week. In Canonsburg, an officer was senselessly gunned down in the line of duty and his partner critically injured while responding to a call during an act of domestic violence. As we have learned from police, the suspect in this case attempted to hurt more individuals by using a failed propane improvised explosive device (IED) hidden in his car. Just 22 miles away in Homestead, a man injured five people at a mental health facility during a mass knife stabbing.

These are just two more incidents added to the growing list of recent local intentional mass injury events (IMIEs) Western Pennsylvania has witnessed. The events are familiar to all of us: the Franklin Regional High School stabbings, the LA Fitness Shootings, the Western Psychiatric Institute and Clinics shootings. Earlier this year, five family members were murdered during

a shooting spree in Wilkinsburg.

As of November, our country has experienced 427 mass shootings (where four or more people are injured by a firearm during a single episode) which have claimed 540 lives in the current year. Data from the FBI demonstrates that these incidents are increasing in both their frequency and their lethality. These IMIEs cannot be predicted. There is no predilection for either urban or rural settings. Most troubling is that there is an increasing trend toward the use of weapons other than firearms in the commission of these crimes, such as large vehicles driven into crowds and IEDs, which further complicate how public safety agencies manage these events.

After the tragic shootings on Dec. 14, 2012, at Sandy Hook Elementary School in Newtown, Conn., where 20 children and 6 adults were murdered, a group of high level stakeholders from federal and state government,

all sectors of public safety (EMS, law enforcement, fire) and physicians met in Hartford, Conn., and held the first of three meetings on how to improve survivability during mass shooting events. This first meeting of the Joint Committee to Create a National Policy to Enhance Survivability from Mass Casualty Shooting Events (more commonly referred to as the Hartford Consensus) reviewed data from mass shootings from around the country looking for what, if any factors, could be impacted or applied to positively influence survival. They reviewed data which included law enforcement response time, time to threat suppression, time to EMS arrival and autopsy results. Conclusions drawn from this data contributed to a body of consensus recommendations which was first released in 2013.

The Hartford Consensus identified evidence that there was, in most instances, a delay in hemorrhage control at nearly all mass shooting scenes.

As health professionals know well, a person can bleed to death in less than five minutes. Their conclusion was simple: Early hemorrhage control is critical. The most novel of these recommendations was to actively engage the immediate responders, the uninjured lay public bystanders, who may be in the immediate vicinity of the event and train them in simple bleeding control techniques so that they can be used as a multiplying force to save more lives. Through the leadership of Lenworth Jacobs, MD, a trauma surgeon at Hartford Hospital in Connecticut near where the Sandy Hook shootings occurred, this work came to the attention of the White House. Subsequently,

the initiative evolved into the **Stop the Bleed** campaign, which was launched from the White House in the fall of last year (<https://www.whitehouse.gov/blog/2015/10/06/stop-bleed>).

Stop the Bleed aims to educate and train the public to both recognize when life-threatening bleeding is occurring and then how to control it through compression and tourniquet application. Images which have emerged from both the Pulse nightclub shooting in Orlando and the Boston Marathon bombing demonstrate clearly how non-medically trained bystanders applied homemade tourniquets and dressings to injured and severed limbs to effect control of life-threatening

bleeding. These actions demonstrate the willingness of the public to engage when the need arises.

Coordinated through the partnership of all trauma centers in our region through the Charles Copeland Regional Trauma Council, and in conjunction with hospitals and emergency medical services across Western Pennsylvania, Ohio and West Virginia, UPMC is helping to lead the delivery of programming that teaches the lay public as well as our law enforcement community these simple and most basic skills. However, training in bleeding control is not enough. The right tools must be positioned strategically so that they

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are available when needed. To fill that need, UPMC has donated \$1.3 million dollars over the next three years to place "Bleeding Control Kits" which are packed with topical hemostatic agents, tourniquets and gauze in every public school building and a tourniquet on the belt of every law enforcement officer in Western Pennsylvania. The Jewish Health Care Foundation also has generously committed \$100,000 to this important initiative. Our vision is to have these bleeding control kits positioned in publically accessible locations in the same way automated external defibrillators have been. The overall goal of the initiative is to make bleeding control techniques as common a skill as cardiopulmonary resuscitation (CPR), and to promote the mantra of the **Stop the Bleed** campaign that "everyone can save a life." No one should die a preventable death from bleeding, and **Stop the Bleed** is making this goal a reality.

As physicians and health care professionals, we have a responsibility to innovate and lead discussions which result in meaningful public health policy. The problem of IMIEs is a national public health crisis and physician engagement to influence elected

leaders toward meaningful legislation designed to enhance the public safety from IMIEs, train first responders and the public in basic bleeding control techniques is essential. Support the **Stop the Bleed** campaign in Western Pennsylvania. To learn more, visit www.stopthebleedtoday.com. Requests for training and information about implementation in your community are available on the site. Together, we can insure that everyone has the skills to save a life.

*The authors are members of the UPMC **Stop the Bleed** Steering Committee.*

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Editor's Note: Other local hospitals also are participating in the **Stop the Bleed initiative, including Forbes Regional Hospital and Allegheny General Hospital.*

The opinion expressed in this column is that of the writer and does not necessarily reflect the opinion of the Editorial Board, the *Bulletin*, or the Allegheny County Medical Society.

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