


Church Safety Team
Protecting the Sheep

4: Medical Response
The Safety Team Member's Response Part 1
Prepared by Bob Soule



WARNING: This training series examines the topic of church attacks and preparedness. Graphic Violence from actual incidents is depicted and discussed for informational and educational purposes in some of these presentations. Children should not view this presentation except when allowed by their parent and/or guardian.

Updated: July 2024

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4: Medical Response The Safety Team Member's Response Part 1

In this presentation you will learn:

- About Medical Emergencies.
- A Simple Patient Assessment.
- The ABC's of Care.
- About Bleeding Control.
- About Tourniquets.
- The ABC to Stop the Bleed.

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Medical Emergencies

The "golden hour" is the term often used in trauma or emergency care to suggest that an injured or sick person must receive definitive treatment within the first 60 minutes from the time of injury or appearance of symptoms. It was believed that once this time has lapsed, the risk of death or long-term complications will significantly increase.

There have been few studies to determine whether this is true or not, but as a first responder, who treated too many people to count in my thirty-eight years; that would not have survived their traumatic injury or serious medical event if they were not:

- Provided initial care by the First Responder then,
- Turned over to the advanced care of EMS personnel, who transported and then turned them over to,
- The highest trained Hospital Emergency room personnel.

The church will experience medical events and the ability to initiate the EMS response effectively and efficiently will have a profound impact for the patient.

If you have no training in first aid and/or CPR; you are encouraged to seek training that will not only benefit the members of the church, but also your family and friends who will experience a medical emergency.


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A Simple Patient Assessment

If someone has been injured or has experienced a medical emergency, the following points will assist you in your assessment to determine the seriousness of the illness or injury:

1. **Scene Safety** – Is the area safe so that you can approach the patient without you, yourself from getting injured? (e.g. downed electrical wires, chemical gas, fire, unstable structure)
2. **Your initial observation of the patient** – What is the patient doing? Are they walking, and talking? Can they answer questions?
3. **Patient assessment** – If the patient is alert and conscious; ask them "What is wrong?"
4. **Is the injury, or medical symptoms appear serious enough to initiate the request for EMS services?** Have a caller call "911."
5. **Your actions** – What can you do to stabilize the patient? It may be as easy as just staying with them, keeping them calm, by YOU staying calm. Give them reassurance, by the calm and quiet resolve in your voice and physical actions.
6. **If the person is not responding, and maybe in cardiac arrest, summon assistance from other members who have received training in this type of incident.**
7. **Prepare the path of access the patient by EMS personnel is clear and gives them an unobstructed way to get to the patient.**


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The ABC's of Care

During the initial patient assessment; the ABC's focus on the three important systems of our body that need to be uncompromised for a person to survive. You can do an initial assessment of the "ABCs." They are:

- A. Airway.** Does the patient appear to be breathing normally? Are they complaining of not being able to breathe, or complaining of shortness of breath?
- B. Bleeding.** Does the patient appear to be bleeding? How bad? Is there a large flow of blood, or pool on the ground near them?
- C. Circulation.** Does the patient appear to be perfusing adequately? Their skin color, is a good indicator. Is the appearance pale, are they coherent? Are they conscious, able to talk to you? Are they not talking, but still breathing? If unconscious, are they breathing? Do they have a pulse?

These three points can be observed on a person and you can easily implement this assessment by just interacting with the patient. If the patient is experiencing symptoms that is compromising anyone or all of these points, call "911" and get EMS help.


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Bleeding Control


The American College of Surgeons (ACS) states that uncontrolled bleeding is the top cause of preventable death following an injury.

There are three main types of bleeding: capillary, venous, and arterial bleeding. The main difference between the three is the type of blood vessels where hemorrhaging occurs, which can impact severity.

Capillary bleeding takes place in the capillaries, which are tiny blood vessels that connect the arteries to the veins. Venous bleeding happens in the veins, which carry blood back to the heart. Arterial bleeding occurs in the arteries, which transport blood from the heart to the body.

These three types of bleeding, or hemorrhaging, differ not only in location but also in how they flow and in their severity. Specifically, capillary bleeding trickles from the body, venous bleeding flows steadily, and arterial bleeding comes out in spurts.

Capillary bleeding is the most common type of bleeding, and it is typically easy to control through the application of pressure. Bleeding from the veins and arteries can be severe. When this occurs, it is important for a person to receive immediate medical attention.


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Save a life

What everyone should know to stop bleeding after an injury



Ensure your safety.



Look for **life-threatening bleeding**.



Is a **trauma first-aid kit** available?



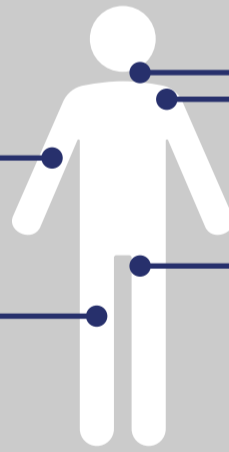
No



Yes

Where is the wound?

Arm
Leg



Neck
Shoulder
Groin

- ▼ Use any **clean cloth**.
- ▼ Apply steady **direct pressure** directly on the wound.

Is a **tourniquet** available?

Yes

No

- ▼ Apply **above the bleeding site**.
- ▼ **Tighten** until the bleeding stops.

- ▼ **Pack the wound** with bleeding control (hemostatic) gauze (preferred), any gauze, or clean cloth.
- ▼ Apply steady **direct pressure**.

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Bleeding Control

Capillary bleeding typically happens due to injury to the skin, and it is much more common than the other types. Capillary bleeding characteristically oozes from the damaged body part.

Not only is capillary bleeding the least severe, but it is also the easiest to control because it comes from blood vessels on the surface rather than from deep inside the body. Capillary bleeding is what you see with road rash, scrapes, and abrasions.

Treatment for Capillary Bleeding involves the following:

1. Cleanse the wound with soap and water or a cleanser that is nontoxic to the skin.
2. The wound may need irrigation under pressure to remove contaminants, which will help prevent infections.
3. The final step is to apply pressure with a latex-gloved hand and sterile dressing.
 - a. Generally, application of direct pressure to the injury site is sufficient to control the bleeding.



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Bleeding Control

Capillary Bleeding Examples





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Bleeding Control

Venous bleeding is less severe than arterial bleeding, but it can still be life threatening. For this reason, it requires immediate medical attention.

With bleeding from a vein, the blood is dark red in color. The veins return blood to the heart and does not contain as much oxygen. Blood flow is a steady oozing or flowing from the injury site.




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Bleeding Control
Arterial bleeding is the most severe and urgent type of bleeding. It can occur because of a penetrating injury, blunt trauma, or damage to organs or blood vessels.

Because the blood comes from the heart, it is distinctive from the other types of bleeding. Arterial blood is bright red due to its oxygen content. The blood flow from the injury site will be in pulsing spurts, which is the pressure the heart exerts through its contractions to drive the blood through the circulatory system of our body.



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Tourniquets

Tourniquets are an effective means of stopping uncontrolled life-threatening external bleeding from an injury to a limb. Tourniquets can be used in emergency situations to help slow or stop excessive bleeding. They work by putting pressure on blood vessels above the injury site, limiting how much blood can pass through them.

A tourniquet should be used if pressure from the hands or bandages does not significantly slow or stop excessive bleeding. People should also use a tourniquet if a person has:

- Lost a lot of blood.
- Spurting or pulsating blood.
- A deep or large wound.
- Multiple sources of bleeding or wounds.
- Lost consciousness while bleeding.

Prehospital tourniquet application has increased significantly in the last decade. Tourniquets are routinely carried by emergency medical services (EMS), law enforcement and fire services. Their use has proven to be safe with low rate of complications, and data also suggest that there is an associated increased survival benefit, decreased blood loss and decreased limb specific complications.

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Tourniquets Continued

Two of the most common Tourniquets used by Emergency Medical Services, Law Enforcement, and the Military are the:

1. The C-A-T (Combat Application Tourniquet) Tourniquet and
2. The SOF-T (SOF Tactical) Tourniquet



SOF-T Tourniquet



C-A-T Tourniquet


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C-A-T Tourniquet Components

1. **Windlass Clip** secures the windlass on the tourniquet after it has been wound to apply pressure to the strap to stop the bleeding.
2. **Buckle** is used to loop the strap through and allowing the strap to be secured to itself after the slack is taken out on the affected limb.
3. **Windlass Rod or Windlass** is wound to allow the strap to tighten sufficiently to stop the uncontrolled bleeding on the affected limb.
4. **Windlass Strap** is secured to the Windlass Clip to prevent the Windlass Rod from becoming dislodge and loosening inadvertently.
 - a. The time the tourniquet was applied to the affected limb should be written on the strap in marker or pen.



The diagram shows a C-A-T tourniquet with four numbered callouts: 1. Windlass Clip, 2. Buckle, 3. Windlass Rod, and 4. Windlass Strap. The windlass rod is a long, thin metal rod with a handle. The windlass clip is a small metal piece that fits onto the end of the windlass rod. The buckle is a large metal piece that the strap loops through. The windlass strap is a small piece of fabric that is attached to the windlass clip.

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SOF-T Tourniquet Components

1. **Performance Compression Band.** Reinforced polyester webbing maximizes compression during the application process.
2. **Slack Indicator Wedge.** The contrasting wedge offers a visual confirmation you have pulled all excess slack from the band.
3. **Rugged Buckle.** The buckle's shape stabilizes the Performance Compression Band at any angle of engagement.
4. **Windlass.** The windlass is used to tighten the band, applying the clamping force.
5. **Tourniquet Retention Assistance Clip™ (TRAC).** Conveniently holds the windlass in place until you can secure it into the Tri-Ring Lock™.
6. **Tri-Ring Lock™.** Completes the tourniquet application by securing the windlass into the Tri-Ring Lock.
7. **Time tag.** A tag for documenting the tourniquet application time.



The diagram shows a SOF-T tourniquet with seven numbered callouts: 1. Performance Compression Band, 2. Slack Indicator Wedge, 3. Rugged Buckle, 4. Windlass, 5. Tourniquet Retention Assistance Clip (TRAC), 6. Tri-Ring Lock, and 7. Time tag. The windlass is a long, thin metal rod with a handle. The TRAC is a small metal piece that fits onto the end of the windlass. The Tri-Ring Lock is a large metal piece that the TRAC fits into. The time tag is a small piece of fabric that is attached to the windlass.

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Applying a Tourniquet

In emergency situations, the best type of tourniquet to use is a one with a windlass. A windlass is a winch-like rod that helps tighten the tourniquet.

Most medical tourniquets with windlasses consist of flattened fabric or plastic strapping with a clasp or buckle, a windlass, and a clip to hold the windlass.


1. Find the source of bleeding.
2. Expose the source of bleeding by tearing away or removing clothing.
3. Wrap the tourniquet around the impacted limb 2-3 inches (5-7.6 centimeters) above the source of bleeding.
4. If someone is alert and conscious, tell them that the following step may be very painful.
5. Twist the windlass on the tourniquet gently to the right to further tighten the tourniquet.
6. Once the bleeding substantially slows or stops, secure the windlass by attaching it to the windlass clip on the tourniquet.
7. Take note of the time by writing on the tourniquet itself, or by recording it on a phone or device.

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Applying a C-A-T Tourniquet




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Applying a SOF-T Tourniquet



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ABC to Stop the Bleed*

A – Alert 911. Call 911 or have someone call for you.

B – Bleeding.

Look for:

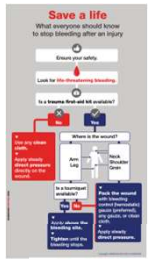
1. Continuous Bleeding.
2. Large-volume bleeding.
3. Pooling of blood.

There may be multiple areas the patient is bleeding. Clothing may hide life-threatening bleeding. There may be other wounds the patient may be bleeding from.

- * Check the patient's groin, body, neck, arms and legs.

C – Compress. The steps to control bleeding are to:

1. **Direct Pressure.**
 - a. Apply direct pressure on the wound.
 - b. Focus on the location of the bleeding.
 - c. Use just enough gauze or a cloth to cover the injury.
 - d. If the pressure stops the bleeding, maintain pressure until EMS personnel arrive and take over care.



Resource found in [Notes Package](#)

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ABC to Stop the Bleed® Continued


2. Packing the Wound. For large wounds, direct pressure may not stop the bleeding and packing the wound will be needed for effective bleeding control.

- a. If bleeding is from a large wound pack gauze tightly into the wound until the bleeding stops.
- b. Use caution when packing the gauze. There may be sharp objects or bone fragments within the wound cavity.
- c. Once the bleeding stops, maintain pressure on the injury until EMS personnel arrive and takeover care of the patient.

3. Tourniquet Application. Tourniquets should be used for extremity bleeding that can not be stopped by direct pressure or wound packing or **if the situation does not allow you to maintain pressure on the injury.**

- a. Apply the tourniquet to the arm or leg 2-3 inches above the injury.
 - 1) Do not apply over a joint (knee or elbow).
- b. Tighten until the bleeding stops.
- c. Never remove a tourniquet once it has been applied.
- d. If bleeding does NOT stop, apply a second tourniquet above the first tourniquet.
- e. Tourniquets HURT.
- f. Can be applied over light clothing.
- g. Can be applied to yourself or other persons.


Stop The Bleed® Online Course: <https://www.stopthebleed.org/training/online-course/>

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Questions?

Should you have any questions, you may contact me at:

Email: laptop1@rsoule.us

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The next Training Series Presentation is:

4: Medical Response The Safety Team Member's Response Part 2




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Sources and Further Reading Continued:

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