Transcript

The conference will begin in two minutes . Thank you. Welcome and thank you for standing by. All participants are in a listen only mode until the question and answer portion. The call is being recorded. I will now turn the call over to Dr. S Edgington -- Beth Edgerton Thank you. A good afternoon or good morning we are glad you are joining us for our webinar, introducing Stop the bleed to the EMSC community. My name is Dr. Beth Edgerton I am the direct of child and adolescent health where the federal EMSC program is located within the health resources administration. We are one of the many federal agencies that participate in the development of this nationwide initiative . It is a great opportunity to show the result of a collaborative effort among federal and nonfederal partners. It's also the initiative that took a 360 degree view to a problem our nation faces. The gathering and evidence-based on the care with bleeding and much of the data came with experience. The collaboration of federal agencies not only from a medical perspective, Homeland Security and many professionals that touch our community, physicians, nurses, EMT and law enforcement. This initiative really engaged the community members who are often the first at the scene one bleeding needs to stop. I would like to take a few moments to go over housekeeping items for the webinar.

People are connected to Adobe, make sure your audio is off so we don't hear anything. People are entering their name under chat and we appreciate that but we were also's take questions later on, do not put your phone on hold because we will hear your organizations music and that is distracting. Take a moment to copy down the Adobe connect contact information in case you have challenges.

 There is continuing educations are in that venue we have specific learning objectives that our speakers will address. Understanding how to assess the materials and know how to teach the course. Described the need for Stop the bleed and describe how the average citizen can be prepared to help if the occasion arises spirit finally, understand who should take the B-CON course. This webinar is providing continuing education for prehospital one hours designated for EMS providers . We were also able to obtain continuing education for nursing credits that is a credit of one hour and there are no conflicts of interest or disclosures with this credit. Finally there are no commercial supporters of any off label product used during this process. This site is important for those who receive contact hours for continued education. You must attend the entire webinar. You need to sign in using the Adobe connect chat function including your name and city and then you need to complete a participant evaluation online and that is the address presented again at the end. This survey is open for seven days so through April 6 for you to be able to receive credit and you will be emailed to credit .

I would like to take a moment to thank our speakers who will share their expertise on the development of the initiative and the importance for your communities. First I would like to introduce Dr. Mary Fallat , she is at Louisville, Dr. Lenworth Jacobs is academic affairs and Dr. Richard Hunt is a senior medical advisor at the office of the assistant secretary of preparedness and response . When this program first started

 he was a champion to bringing us all together and making it what it is today. Would again like to thank this -- and this over to Mary Fallat to continue with the presentation.

Thank you, the first objectives I will discuss are described by the EMSC community should be involved in teaching the stop the bleed program and to understand how to access the materials and learn how to teach the course.

I would like to provide a little history which Dr. Jacobs may expand on later. In April 2013 , a few months after the active shooter disaster on December 14, a few months after the active shooter disaster on December 14, 2012 at Sandy Hook elementary school in Newtown Connecticut, the joint commission to create a national policy to enhance survivability from intentional mass casualty and active shooter events was convened by the American College of surgeons in collaboration with the medical community and representatives from the federal government, national Security Council, U. S. military , the FBI and government and nongovernmental emergency medical response organizations among others. The committee was formed under the guidance of Dr. Jacobs to create a protocol for national policy to enhance survivability from act of shooter and intentional mass casualty events. The committee is called the Hartford consensus and has four reports downloadable from the Internet. Later you will hear more about the origins of the course . This educational program represents the collaborative efforts of many organizations and represents the current best practices recommendations for how to manage life threatening hemorrhage. I will take you through a few of the slides included in the course.

 One of the most common causes of preventable death after a traumatic injury is uncontrolled bleeding. Everyone should know how to recognize life-threatening bleeding and should be able to take the appropriate steps to control bleeding until help arrives. I predict that everyone on this call will be capable of one day teaching this course and I hope that you will do that.

 Many injury mechanisms can result in serious bleeding. While mass shootings currently get a lot of attention serious bleeding is much more likely to result from everyday injuries such as those that occur at home at work or on the road. These are the basic principles that should govern your response if you find yourself in one of these situations. First, make sure that the scene is safe. Ensure your own safety before trying to help someone else. This is similar to what you do [ Inaudible-Static ]. The next step is to get help if you were not in a position to take care of this yourself call for backup or have someone call 911 for assistance. Look for the site of bleeding in the side of the bleeding will frequently dictate how you will need to control it. Once you have located the source controlling the bleeding will involve the application of direct pressure, the placement of a tourniquet, the packing of an open wound in a combination of all of these techniques. We will discuss each of these points in more detail.

Here are two illustrations of potentially life-threatening bleeding. On the left you will see blood spurting or pumping out of the wound and on the right you see a large injury to an extremity with blood soaking the sheet underneath. In the course, left side there is a video that will actually show you or reenact blood spurting out of the wound.

Let's talk more about ones that can cause death due to bleeding. Leading from wounds located on the arms or legs can usually be controlled by applying direct pressure on the wound itself or by placing a tourniquet on the arm or leg above the wound and tightening it into the bleeding stops.

 The photograph on the right is of a patient with a near complete amputation of the lower leg that resulted from a car crash. Bleeding from extremity wounds should be controllable and are a major focus of the training. On the other hand, injuries to the groin, shoulder, armpit and neck are often referred to as junctional wounds. This is where the arms, legs and head join the torso and hence the name junctional. These are common injuries and armed conflict but can also occur as a result of bombings as was noted following the Boston Marathon in 2013. Fortunately these events and injuries are not common. A tourniquet cannot be applied in these locations and the different management approach to active bleeding for these is required. In order to record -- control bleeding you need to pack or fill the wound and apply direct pressure.

Wounds located on the chest or abdomen can be associated with internal bleeding and you cannot control internal bleeding outside of the hospital setting. Most important action that you can take in these cases is to quickly recognize the potential for internal bleeding. If you were the first responder picture to alert other providers in the hospital that any wounds that you may have identified that in cases where multiple victims are injured this is an important IIIs concern in these patients to be transported to the hospital before patients with more controllable sources of bleeding.

Direct pressure can control bleeding from anywhere on the body. Firmly apply their hands applied to a bleeding wound can control arterial bleeding even from large blood vessels such as those in the neck and growing. Remember, you must hold pressure continually until you are relieved by another medical response -- responder. Do not relieve the pressure to see how well it is working continue pressing firmly on the one to control bleeding. Applying pressure to a bleeding wound is painful and will cause pain to the victim but is necessary in order to stop the bleeding. A conscious victim should be reassured that you are trying to help them . This series of photos demonstrates the procedure. In this case the immediate responder is using his shirt. If the wound is really large and deep you can stuff or packed the wound with a cloth. This will get the classic deep down into the wound where does bleeding and helps to transmit pressure that you apply to the depths of the wound to better control the bleeding. Once you have either cover the wound or packed the wound you must apply continuous pressure right on the wound using both of your hands. This means pushing down on the wound as hard as you can. Once again it is important to understand that if the victim is awake both packing the wound and applying direct pressure will hurt a lot. Talk to the victim and explain what you are doing as you are doing it and let them know that this will help to stop their bleeding. They are bleeding and you are working to save their life.

Let's talk a bit about modern tourniquets. Tourniquets are devices that put pressure on blood vessels above the site of a serious wound in order to stop ongoing bleeding. When a tourniquet is properly applied it will prevent all blood from getting into the injured arm or leg and that stops the bleeding due to the injury. Excessive bleeding can result in shock due to decreased oxygen and vital nutrient delivery to the organs of the body in combination with decreased blood pressure, permanent organ damage and eventually death. On this a slide are depicted some of the types of commercially available tourniquets . These three brands of tourniquets have been studied by the U.S. Army Institute for surgical research and have been shown to consistently worked the best. While other tourniquets are available and may be less expensive, these three have been carefully evaluated and shown to be effective. PCAT tourniquet is the favorite choice of the U. S. military. It is quite easy to use. It uses a self adhering or Velcro buckle to fit a wide range of extremities. The winless ride takes up the slack in a pry -- apply pressure

 and is secured in place by a winless strap. Using one of the recommended tourniquets is safe. Commercially available tourniquets are preferred over improvised tourniquets because they do not work as well and are less effective. If you apply the tourniquet and have made it as tight as possible and the bleeding is still not controlled you can apply a second tourniquet . If one is available apply it just above the first and tightening as before. To tourniquets will occasionally be required to stop bleeding on a large leg or thigh. If a second tourniquet is not available apply pressure to the wound as we have previously described.

This is a demonstration of the correct use of a tourniquet. [ Video playing ] Sac welcome, I am Lenworth Jacobs the vice president of academic affairs at Hartford Hospital and healthcare. I am here to talk about a serious issue. There have been a number of intentional mass casualty events which have caused the number of casualties. The purpose of this exercise is to increase survival --

Check your mute feature, we can hear someone's audio.

In this video I will show you how to use a tourniquet. The bleeding -- there are four major components to this type of tourniquet. The band, the windlass and clasp sex by the injured extremity through the loop,

Wishes describe what is happening on the video.

I apologize because I am not seeing the video in front of me here. I will walk you through it. The whole approach is to slide the winless over an arm or leg two or 3 cm proximal to the wound. If you put it right over you can pull it tight and then use the time, if you will to connect it to itself. Once that is done there is a windless or rod and it has to be moved three times, depending on the size of the limb but generally three times. The first time does not really hurt, the second time it will hurt and the third time it definitely will hurt. How do you know it works? No more bleeding cut if you do not feel a post that is good that means there is no arterial inflow and no venous outflow. There will be no bleeding but there will also be no perfusion of the limb. You should then take a sharp your pencil for something and write on the tag the time that you did this. If it is just one person is not that big of deal but frequently you may have five or six, 10, 15 people so when the patient gets to the hospital the question is who do you see first. The one that is had the tourniquet on the longest cut that is who

 should come off first. That is the essence of what tourniquets are about. They are simple to apply that you do need to practice it once or twice on your colleague or yourself, because even though you have done it is easy to remember that the time people will be doing this and the people you will be teaching, they are usually laypeople, there is a lot of blood, there is confusion and everyone is scared. So, practicing once or twice or three times muscle memory embeds that and then it is pretty easy to effectively apply the tourniquet. >> Apologies for the feedback, we will include the links to the videos in the presentation that will be on the website afterwards.

So, for many decades tourniquets were not recommended for bleeding control. This is because most tourniquets were made of improvised materials and the success of the intervention was not reliable. The experience obtained during the Iraq and Afghanistan conflicts is proven that a approved commercially approved tourniquets can be one of the most important life-saving tools for wounds involving extremities. It comes down to a choice between bleeding to death in the risk of damage to an arm or leg, it is obviously better to leave the tourniquet in place and risk damage to the arm or leg than to have the victim bleed to death. Practice or training tourniquet should not be used during a real incident as repeated used during practice may cause a tourniquet to fail. These are common mistakes made by first responders applying tourniquets. Not using a tourniquet when there is life-threatening bleeding and the patient continues to bleed. Waiting too long to apply a tourniquet while the patient continues to bleed. Using a tourniquet for minor bleeding while the latter is a mistake, if you are not sure if bleeding is life-threatening it is better to apply a tourniquet and to allow someone to continue to bleed. In most cases a tourniquet will be on for only a short period of time.

 In past first aid classes it used to be taught that if you placed a tourniquet on an extremity you should loosen it every 15 to 20 minutes. The thinking was that this would let blood back into the arm or leg and keep it alive longer. Do not do this.

 By loosening the tourniquet you just allow more blood to leak out of the wound which is dangerous and bad for the them. -- the victim.

 Hemostatic dressings are dressings that help stop the flow of blood. They are usually made with quick clot or some sort of product that helps to clot blood. This video will show how to help packing wound.

[ video playing ]

 This video is showing how to pack a wounded when direct pressure is unsuccessful. . Once may be packed with either a hemostatic gauze or playing gauze roll. Remove the patient's clothing at the wound site, gently remove any blood while trying to preserve any clots that have already formed in the wound. Locate the site and source of most active bleeding. Packed the gauze onto the bleeding point and tightly into the wound. >> The provider is unwrapping gauze and packing it into all of the crevices of the wound firmly which contributes to helping to stop bleeding. Apply direct pressure until the bleeding stops. The hemostatic agent impregnated gauze is used then apply direct pressure for up to three minutes. If playing gauze is used apply direct pressure for up to 10 minutes. After direct pressure has been applied for the allotted time period, release the wound to ensure that the bleeding has stopped. If the initial packing fails to control the bleeding -- apply direct pressure for up to 10 minutes. If the bleeding is controlled, leave the packing in place, wrap a compression dressing over the packing to secure it in the wound . >> [ end of video] Techniques to control bleeding in a child are very similar to what has been presented for adults. If a tourniquet can be properly applied the same tourniquet can be used for an adult or child. If the child is too small for the tourniquet to be applied properly, direct pressure on the bleeding wound will almost always work to control the bleeding and wound packing is the same in both adults and children. Exposure to blood is not uncommon in the situations. While the overall risk of disease transmission is well it is always a possibility. If you experience direct exposure to someone else's blood , once you have been relieved you should immediately and thoroughly wash the exposed area with soap and water to remove all blood. Notify the receiving hospital of the exposure so that both you and the victim can be evaluated for potential infectious diseases. The only thing more tragic than a death is a death that could have been prevented. I would like to leave you with some closing thoughts on this portion of the program. First, would like to encourage all of you to take this course if you have not already to teach this course and to advocate for the placement of Bleeding Control Kits in public areas or areas at risk. This may include purchasing small kits for personal or home use or larger kits for public spaces such as sporting venues, churches, schools and other areas where people come together.

This course can be taught by any medical professional who successfully completes the provider course. Core sites can be found on the website. Current and a EMT instructors for PHTLS, TCCC or TECCC do not need to complete the provider course before teaching it as the similarity of content for the next update will be released sometime this fall. Lastly, you are encouraged to visit bleeding control.org, the site is maintained by the American College of surgeons and frequently updated with new information regarding this important topic. At this point I would like to turn over to Dr. Jacobs.

Thank you, Mary, this is

 Lenworth Jacobs it is a pleasure and honor to be with all of you. I want to take a little while to outline what we were trying to achieve and what our progress has been. As Mary said, the key was to develop a national policy which fundamentally said that no one should bleed to death. When we convene this group , this was a multidisciplinary group involving both government agencies and private sector police fire etc. Rick Hahn to you will hear from later did a phenomenal job in his role in the White House

 to convene many people to make this happen. The concept is a three-legged stool. The first is law enforcement , law enforcement's primary mission was to control the scene make sure there is no longer an active shooter and then preserve the scene for law enforcement purposes. It did not include hemorrhage control , so in essence, once the job of controlling the job was completed they did not become involved

 in stopping bleeding. We work very closely for the major city police forces, over 500,000 members, and they are ubiquitous across the country. We are able to get them to modify their policy so that it would include stopping hemorrhage , and that will -- pages taken from the U. S. military and their buddy system. Every United States soldier who goes to war now, carries a personal Bleeding Control Kits. If somebody is injured, a soldier is injured, somebody stops the bleeding either with direct pressure or a tourniquet as you have seen. They then move on and the medics, and deal with that patient and take them in a helicopter to a Army surgical hospital. The concept of a buddy stopping bleeding is a military concept that was adopted to the private sector, now law enforcement will stop to help somebody who is bleeding. >> Obviously, if that becomes a modification in policy, you now have to train law enforcement officers how to stop bleeding and equip them appropriately so that they can stop the bleeding. Those two things have been done well over 300,000 law enforcement officers, the FBI has been trained and are taking this very seriously and it has been a great thing moving forward.

The second is fire and emergency services. Obviously, this is a difficult concept because EMTs or emergency medical technicians, paramedics, etc. they are first responders but they are not protected by Kevlar vests or things like that, nor are they trained or is it part of their job to preserve a scene for evidence. Classically, what would happen is EMS would be delayed away from the scene until the scene was clear and safe. That meant a fair amount of time was lost and in Columbine that was 40 minutes. People bled to death . Similarly, in the Los Angeles airport a TSA person was shot and you can see him but the response was held because the scene was not safe, so it is a difficult one because you do not want to put a healthcare provider who is not appropriately

 protected into harms way, but you do not want to have somebody who is bleeding from a severe injury continue to bleed and die. So, that has been adopted by EMS services and there are three zones now, red is a hot zone, that is a highly dangerous area and yellow is a warm zone and that is secure but it is not totally secure. Then, third, green is safe so you want to get the health care provider, EMS which are EMTs, paramedics, etc., firemen, to move from the green area to the yellow area and that gets them to stop bleeding and deliver care earlier. That is the second leg of the stool. What became immediately obvious in a number of these things, like Paris, San Bernardino, the posts in Orlando and France, what happens is having made a major event with major hemorrhage is very different than a heart attack . There is no particular -- it is a bad situation -- but it is not unsafe for other people. Everybody knows where it is and you can direct incoming services to that specific point in the get it quickly and start CPR or do what they wish. In this, it is not clear where the event is, it is in a mall but where? It takes a while for people to get their and that can be five, 10 or 15 minutes. People are on the scene earlier, getting specifically to the bleeding patients can take a lot longer. So, it became clear, and by the way in these kinds of injuries you can bleed to death and five So, it became clear, and by the way in these kinds of injuries you can bleed to death and 5 to 10 minutes because there are huge vessels bleeding. It became very clear that in this circumstance the person who is most likely to stop the bleeding is the person beside you, that is the public. They are not particularly trained for that, it is not what they had in mind But it turns out that they are what we call an immediate responder. We did a national survey of the public and it turns out that 92% that this is a all ZIP Codes courageous, demographics, were wanted to and were prepared to help somebody who they did not know if they were bleeding severely that they were prepared to do that and wanted to be trained and would take the time to be trained and they did not want to do any harm. So, that was very heartening to us and was also very clear in Boston that the citizenry became involved,

 260 people were taken to hospital and three died of but the three who died died at the scene. No one who got to the hospital died . That is a very important number. So the public as an immediate responder is very, very important. So, now we have developed this de-con or bleeding control basic course for the public and it is about 30 or 45 minutes maybe one hour and the reason it is that short is that is about what people will give you between church and cooking that between something and watching the ballgame. The timeframe is short and the content is short and very focused. It is three things, use your hands, use a thermostatic dressing and use a tourniquet. That is it we want to inform the public with public service announcements. Want to educate them using the basic course and all of this material is free on the website and downloadable and all of this material is free on the website and downloadable@bleedingcontrol.org. Finely cut you want to empower them to go ahead and do it. In the same way that society empowers the immediate responder to do CPR or somebody who is choking in a restaurant, you are empowered to do the Heimlich and that is a good thing. We want that to happen with hemorrhage control. That is sort of a short version of what the four meetings or documents from the Hartford consensus brought forward. We are in debt to Rick hunt and the national Security Council, the president to meet a directive and the vice president who endorsed it and it national security, the U. S. military, the FBI and that all of the other groups who came together to really try their best to develop a policy which would increase the survival from active shooter intentional mass casualty events and severe bleeding from any cause and that could be falling on a stick in your backyard, a chainsaw, a kitchen knife to inadvertently setting -- severing artery for its any cause it doesn't have to be a terrorist act , it could be from a motor vehicle. That is sort of what these three portions of the related stool are. I will pass this on now to Rick.

Thank you, this is a Rick Hunt and I appreciate EMSC putting the webinar on. It's a privilege to speak to the community. Dr. Jacobs, with his leadership for the Hartford consensus and the deep commitment that he has caught before Stop the bleed was ever birth and subsequent to its being launched, has deeply appreciated and you will see some of this work from what has been mentioned. In terms of who should take the course, ideally the entire general public will know how to Stop the bleed. Our national preparedness is really to share the responsibility of all levels of government, private and nonprofit sectors and individual citizens. It is really important enough that the national Security Council staff recognized that we needed to identify an initiative to save lives and build resilience that engage the entire community and individual citizens in the entire general public. Toward that end we developed a bystander workgroup convened by the national Security Council staff comprised of expertise across departments, agencies and within the White House itself. As the initiative unfolded we held a multiple roundtables and the first was effectively what we called a test asking if it made any sense to move this out over the entire general public, it engaged many different agencies, and was followed by a roundtable physician organization leaders, 14 physician organizations that were represented and then healthcare, public health and safety,

 911 centers, EMS law enforcement , and then we convened another roundtable on the development of the logo itself realizing how important it was, then a corporate roundtable engaging those who are engaged with the trauma sector and also the automatic defibrillator center realizing there were similarities. On October 6, 2015, on the lower right corner we know you can't read it's the facts sheet of the office of the press Secretary of the White House from October 6.

You will see here represented the logos of the federal departments and agencies engaged in the initiative from the outset. Each of them had multiple representatives per department or agency and I guarantee these were subject matter experts in the area, the people that we picked out were absolutely true medical experts for the physicians roundtable that we had multiple physicians organizations along with federal departments and agencies and physicians in completing the physician to the vice president and to the president, the range of types of physicians organizations in terms of disciplines include many organizations some I didn't even know existed until we had the roundtable. Why did we focus on bleeding? It's important to note that in the evolution of the project we try to identify something that could really help save lives and build resilience from -- for our nation and engage the general public and something that they could actually do so we focused on things that basically have -- unless the person sitting or standing next to you intervenes cut you could dive, so there are very few diseases, injuries such as a actually do that. We deliberated at length around cardiac arrest, opiate overdoses, bleeding, anaphylaxis, and a couple of others. We decided to focus on bleeding for the following reasons. One was it met the five minute or less category, it also had a twofer or two-pronged positive approach. First of all there are everyday occurrences, motor vehicle accidents, glass windows, and disasters. Bomb blast injuries and active shooter's so there were everyday plus disasters and then also wouldn't it be a good thing if some of those horrors of war in Iraq and Afghanistan where we learned many things that could be brought back to our country to help our civilian sector this would be a good thing to have. Simple actions impacted outcomes these are the reasons that we decided among multiple opportunities to focus on bleeding. >>

 The initiative objective was that we wanted the general public to know the Stop the bleed and its associated logo. The general public would know how to stop life-threatening bleeding. The general public will have access to effective personal Bleeding Control Kits. Before we came up with that phrase, most people would recognize the phrase as first aid kits. The general public would have access to effective public access Bleeding Control Kits, not just individuals that we need them in public spaces as well. Every Bleeding Control Kits will provide just in time audio and visual training Much like happens with automatic defibrillators throughout our country.

So where we come with some of the goals, the general public will know the phrase a Stop the bleed and its associated logo. One thing to point out with the logo is we very purposely put a hand in the middle of the logo to symbolize the importance of direct pressure. The Department of Defense actually owns the logo and we did that purposely

 to ensure that the logo would not be used for nefarious purposes. The logo is free and essentially you need to sign an agreement that says that you will use it for its intended purpose. I actually have an agreement myself but many large entities, many very large entities, now have an agreement with the Department of Defense on this. Up to 100 I believe at this point. You may have an individual licensing agreement or your organization's licensing agreement by contacting the individual listed on the slide. Let Ramin Know that I sent you and you will be happy to provide you with what you need.

How do we actually make that happen, part of that has to do with media such as the Washington Post that putting in infographics on the website or not on the website but the newspaper cut to reach a very large audiences. I can't think of a better way of getting the public to know how to stop life-threatening bleeding beyond using media that everybody watches and that includes television. >> I think we will skip the video but posted a link so that we don't have more audio feedback.

Sure. Understood.

To those of you who have not seen the video, the public service announcement produced by code black

 and when I say produced by, this is with substantial input from the federal government on the content of it and other subject matter experts. It is a very high quality and features the cast of code black. I understand the link will be up there after the webinar cut but you can download it from YouTube and CBS cut it is widely available and in the public domain and it is accurate .

The general public would have access to effective personal Bleeding Control Kits. On a dark highway in rural America in the middle of the night you will not have a public access kit so the minimum contents, this was back in 2015, early 2016, when these were developed and that was before we had progress but that was the minimum contents not to say there couldn't be more but it included an effective tourniquet, 6 inch dressing, astral gods, trauma shears, gloves and a bag. The important concept of making it accessible to individuals. Make it accessible.

The general public would have access to effective public access Bleeding Control Kits. Realizing that you are not all going to have a personal Bleeding Control Kits on your person in large public spaces, the concept was for easy identification, have them positioned next to a EDs/ AEDs we worked closely with the American Heart Association who was very much on board with this concept. The reason is it puts a concept on both and how bleeding control become a lifesaving station. The concept of multiple personal Bleeding Control Kits being in one package. If individuals have purchased or otherwise acquired a personal Bleeding Control Kits, having some familiarity with the kit already, if in a public space a bad thing happened and you pulled off a public access kit, you would have some familiarity right off the bat with what would be in the kit and some awareness of how to stop the bleeding already. The last concept, every Bleeding Control Kits will provide just in time audio and visual training. There is actually, right now quite a bit of research and there have been some prototypes on kids with both visual and audio training and I think it would be pretty reasonable that a

 defibrillator video can teach someone how to shock someone just in time and the same can also teach someone on the spot how to Stop the bleed. There is no electricity with that but at any rate, next slide. >> It is a national campaign company have moved out on it and it has been really exciting to see the energy activity around the this since its launch. But what do you do specifically? For EMS medical directors I would say this a slide was actually developed in collaboration with the Journal J EMS

 where there was an article put out about Stop the bleed and we talked about what medical directors should do or could do with this initiative. I think it applies to many others in the education field etc. It is not just for medical directors but some of the very specific steps include get the logo that distribute it widely, engage communities in a campaign,

 adopt local schools organizations and teach it, initiate peer to peer education for public health and primary care, share the info graphic widely, then EMS oversight of these kits is important. When a bystander actually does take action, thinks that person. >> There was a point in the deliberations with national security staff and the bystander work group are we really struggled with the what is it, what should we pick as an initiative. I mentioned we took a look at a number of potential options. We looked at where is the data, the data was not exactly where we needed it to be and we struggled with that quite a bit and we thought we should get input from the outside. I was given the opportunity to discuss with a professor from Harvard Kennedy school and Harvard business school who authored why was Boston's strong and the concept with doubts about us moving forward or not. I will paraphrase what he said which I think speaks to the initiative. Our challenge and opportunity is not just about saving lives from immediate life that's. It is not just about cost-benefit analysis and it goes far beyond increasing survival from daily occurring in catastrophic tragedies. It is about building resilience of people through increasing personal and community efficacy and effectiveness. Is about building on a foundation of the public's propensity to act and willingness to intervene peak Ann Scott is about building a community narrative, speaking to the notion of a nation of people who are self-propelled and you have a spirit of taking over -- taking care of each other especially in the most desperate moments of me. This is who we are as a nation. With that, Thank you very much.

Thank you we appreciate all of the speaker comments. If people have questions put them in the chat box. I did capture a few questions that need clarification during the presentation. Maybe you can define a first responder, people were confused about this being the public or a professional car you sending a different message or strategy for the two different groups who are the first to respond whether it be law enforcement, EMT or a community member. Clarification on that?

Yes I think this related stool was welcome the White House initiative is about the general public. The entire public, much like stop drop and roll, cardiac arrest, the entire general public we very much view this as a lifesaving tool that the entire public should have. Once you start getting into the word responder, who is the responder , what is the federal definition of first responder, what is the legal definition etc. The Stop the bleed initiative is about the entire general public. That does not mean it is really important to educate those in hospitals and educate firefighters, police, law enforcement, it does not take away from that. This is additive to that

 but the Stop the bleed initiative was for the entire general public. I think it is moved out quite a bit along the lines with initiatives in schools and the code black

 PSA that was viewed by almost 6,000,000 people inside of 90 seconds time. The Washington Post to that puts an info graphic out for the entire general public, hopefully that clarifies.

I will throw one more question out and maybe, Mary Fallat can address this, EMS for children is engaging in this and I think sometimes there are common barriers to treating children. Dr. Jacobs it was very transparent as he should be about the application of the tournament -- tourniquet and the pain, is there old history of what the tourniquet will do or how to manage pain if I am trying to help but I don't want to do harm and how you address those issues. Then we have questions about the different types of training available. >> I think perhaps one of the best tools that you can use in children is imagery fraction, you focus with them on things that they like, pets, music, you engage them in conversation and take their mind off of the fact that you are causing pain. That can be one of the most effective tools, it is part of integrative health and I find it works well with children. Does that get to the root of your question?

Exactly. It sounds like the Stop the bleed is a simple message and I think the added tagline is important for those of us who treats children and even a little more difficult to foresee when we are inflicting pain with them. There are questions from the audience on the different forms of training whether it is B-CON , or those provided by EMT or others,

 I don't know if there are comments on the different types of training available.

I can take a shot of -- @Is that, these are variations of basically the same route, if you will. The tactical combat casualty care course which is military is a little longer because obviously you have a lot of time with people , you are talking about a four-hour course that has a lot of things other than just stopping the bleed. The EMT course is a little shorter, two hours or a little more and it does a couple of other things. We felt that when we were going out to 200 million or 300 million people of the public that when we asked them they said it was too long. We had to get this down to about one hour from the time that you walk into the time you walk out and maybe less we then, as a group had consensus and others distilled what is absolutely essential to stop bleeding. That came down to pressure with your hands, hemostatic dressings and tourniquets. So that is how it evolved . The other part of the training was not only do you have to show them but the people have to demonstrate it back to you so that it is not just a passive affair it is an active affair of demonstrating that I am competent to hold pressure etc. Once you do that, even just with one turn on the tourniquet, people say well I see what you mean, that could hurt, the other piece is what we have found is probably the simple most important thing is just talking to the patient, saying I am here to help you we will get this done, simple stuff, the patient recognizes that they are in trouble and you are a helper, that is the good Samaritan law if you will. You don't have to be a doctor, nurse, EMT or paramedic to do that. That is anybody. The public really does recognize that.

Great. I also want to emphasize what Dr. Hunt presented that I think many of the meetings that he led in the discussion are realizing from some of our dramatic mass casualty of events throughout the U. S. and internationally, the need for how to activate the bystanders and how to give them something to do and then the evidence with using this in those situations has been quite impressive especially the Department of Homeland Security has been trying to keep some data. I again want to give accolades to this effort that it's not only building upon military knowledge and translating that to the civilian, engaging the public, simple messaging and really the evidence-based to lead to these efforts. I again would like to thank all three doctors for their presentations, there are many details would like to get to but one hour is a short time. I also want to thank the center for hosting the webinar and all of you for taking the time. You can see that the survey monkey is therefore your credit and if there is any other further information or detail that we can provide for you please let us know. Thank you for your patience regarding tech knowledge he, it is always a challenge but we have solid speakers who were able to adapt. Operator do you have closing comments for us? >> No, that does conclude our call for today, thank you for participating that you may disconnect at this time. Speakers, please stand by for your post conference. >> [ event concluded ]