ORIGINAL SCIENTIFIC ARTICLE

Initial Steps in Training the Public about Bleeding Control: Surgeon Participation and Evaluation

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BACKGROUND: With increasing active shooter and intentional mass casualty events, as well as everyday injuries resulting in severe bleeding, there have been calls for the public to learn bleeding control techniques. The aims of this project were to offer bleeding control training to surgeons attending the Clinical Congress of the American College of Surgeons (ACS), to determine if the trained surgeons believe that teaching bleeding control to the public should be a priority of the ACS, and to assess the surgeon trainees' perceptions regarding the appropriateness of the course for a public audience.

STUDY DESIGN: This was an educational program with a post-course evaluation to determine if the bleeding control course is appropriate for a public audience.

RESULTS: Three hundred forty-one surgeons were trained. All were trained and successfully performed a return demonstration. Regarding perceptions of the participating surgeons that teaching bleeding control to the public should be a priority of the ACS, 93.79% of the 322 surgeons responding indicated agreement with this proposition. Regarding whether or not the training was at an appropriate level of difficulty for the public, 93.13% of the 320 respondents to this item agreed that it was appropriate.

CONCLUSIONS: The surgeons who were trained were very much in favor of making training the public a priority of the ACS. With additional training of surgeons and other health care professionals as trainers, and the engagement of the public, the goal of having a citizenry prepared to stop bleeding can be achieved. (J Am Coll Surg 2017;■:1–7. © 2017 by the American College of Surgeons. Published by Elsevier Inc. All rights reserved.)

In the spring of 2011, President Obama issued Presidential Policy Directive 8 (PPD 8), which refocused efforts to deal with all natural and manmade disasters through a fully integrated approach to national preparedness. The directive called for all levels of government, the private and nonprofit sectors, and individual citizens to be responsible for preparedness, the notion being that everyone can contribute to safeguarding the country.[1]

Soon after the Sandy Hook Elementary School shootings, the American College of Surgeons (ACS) assembled the Joint Committee to Create a National Policy to Enhance Survivability from Mass Casualty Shooting Events. After the Boston Marathon bombings, the focus of the committee was expanded to include all intentional mass casualty events, and was later expanded further to include all causes of bleeding, including everyday events. The Committee's work supported PPD 8 in that preventing death from bleeding can mitigate loss of life in large-scale multiple injury events as well as in a tragedy involving a single victim. Deliberations of the committee, which has met 4 times since the spring of 2013, have come to be known as the Hartford Consensus.[2-5] The chief principle of the Hartford Consensus is that no one should die from uncontrolled bleeding. The general public is viewed as critical to saving lives, and the concept of the public as immediate responders was supported.

To further support PPD 8, The National Security Council convened 2 roundtable meetings held in Washington, DC during the late winter and spring of 2015.[6]

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Abbreviations and Acronyms

ACS = American College of Surgeons
B-Con = bleeding control
COT = Committee on Trauma
CoTECC = Committee on Tactical Emergency Casualty Care
PPD = Presidential Policy Directive
TCCC = Tactical Combat Casualty Care

The purpose of the meetings was to garner support for building national resilience by enhancing the ability of the general public to save lives. This national initiative was referred to as Bystanders: Our Nation's Immediate Responders. The first meeting called together physician leaders of the major medical organizations in the US along with personnel of the federal government and the National Security Council. The second meeting was also attended by federal personnel, staff of the National Security Council, and invited leaders of 35 national organizations involved in emergency management such as emergency medical services, fire service, law enforcement, medicine, nursing, and public health. For both meetings, the ability of the public to stop life-threatening bleeding was seen as a way to build national resilience. Subsequently, in the fall of 2015, the White House initiated the Stop the Bleed campaign, which encouraged the public to learn bleeding control techniques in recognition of the fact that people can die quickly from uncontrolled bleeding.[7] The work of the Hartford Consensus was foundational to this campaign.

The ACS, in response to the Stop the Bleed campaign and working through the Hartford Consensus, adopted the effort to educate the public about bleeding control as one of its important outreach efforts. As an initial method of introducing the public and professionals to the concepts of bleeding control, the ACS created a website, Bleedingcontrol.org.[8] The site includes all the documents produced by the Hartford Consensus, news articles about bleeding control efforts, and most importantly, step-by-step instructions on how to stop bleeding.

To encourage widespread education of the public in bleeding control, the ACS, through its Committee on Trauma (COT), made teaching the public a requirement for all ACS-verified trauma centers. The next step was to ascertain that there would be enough qualified instructors to achieve this goal. To this end, the ACS planned to teach the principles of bleeding control in the field to surgeons who attended the ACS Clinical Congress in Washington, DC in October 2016. Several questions were posed for the project:

1. Can a large group of surgeons be trained as instructors at a national meeting?
2. What are the necessary steps and resources to do so?
3. Do the trained surgeons perceive that teaching bleeding control to the public should be a priority of the ACS?
4. Do the trained surgeons perceive that the class taught to them would be at an appropriate level of difficulty for a public audience?
5. Aside from offering the bleeding control course, how else could the ACS facilitate the public's confidence and ability to stop bleeding?

The purpose of this article was to discuss the bleeding control class taught to surgeons and to answer the preceding questions.

METHODS

As a first step, it was decided that the governing boards of the ACS needed to be informed of the plan to teach bleeding control to surgeons at the annual Clinical Congress and then subsequently, to the public. A presentation was made to the ACS Board of Regents and the ACS Board of Governors. The Board of Regents, of which there are 24 members, formulates policy and oversees the affairs of the ACS.[9] The Board of Governors, of which there are 277 members, serves as a liaison between the Fellows of the ACS and the Board of Regents.[9,10] The Governors act as a channel through which Fellows can raise issues and concerns to the Regents. Through this presentation, endorsement of the Regents and Governors for the bleeding control initiatives was sought and obtained.

Similarly, it was considered necessary to inform the ACS Committee on Trauma (COT). The mission of the COT is to improve the care of the injured patient, including that rendered in the prehospital environment, where immediate bleeding control must take place.[11] In addition, it was necessary to highlight to the COT membership the new verification requirement that each ACS trauma center must teach bleeding control to the public. Therefore, a presentation was made to the COT. The COT has 108 members from all 50 states. After the presentation, the COT endorsed the bleeding control proposal. Two other groups that were instructed about the bleeding control initiative were the ACS's Young Fellows Association and the Resident and Associate Society. The former group represents the interests of Fellows less than 45 years of age, and the latter group serves to introduce surgical trainees and young surgeons to the ACS programs and leadership as well as to provide a means for their opinions and concerns to be recognized.[12,13]