

Dent-Phelps R-III “Stop the Bleed” Protocol



Based on Missouri House Bill 266 and the Department of Elementary and Secondary Education (DESE) guidelines, the “Stop the Bleed” protocol requires schools to implement measures to address traumatic, life-threatening blood loss. The Protocol is designed to train bystanders (staff) to act as immediate responders. Stop the Bleed matters because, severe, uncontrolled bleeding is the leading cause of preventable death after injury, with victims able to bleed to death in under five minutes – often before professional responders arrive. Stop the Bleed empowers bystanders to act as immediate responders, using simple techniques like direct pressure, packing, or tourniquets to save lives.

Preparation and Requirements:

- **Bleeding Control Kits:** Schools must place kits in high-traffic or high-risk areas. Kits must be inspected annually and restocked after use. Dent-Phelps R-III has 4 kits. **Locations are next to the AED across from the main office, AED next to the boys’ locker room in the gym, in the cafeteria next to custodians’ office and in the bus barn.** These kits are easily accessible and are unlocked.
- **Training:** Designated school personnel (nurse or trained staff) must receive annual training in bleeding control techniques. Training may include online instruction and focuses on the “ABC” method. Stop the Bleed procedures are part of Dent-Phelps RIII’s emergency plans and included in drills. Dent-Phelps R-III works in close collaboration with Salem Memorial District Hospital EMS.
- **Safety:** Before assisting someone else, ensure your own safety.

The “ABC” of Bleeding Control (Protocol Steps):

- If a person is bleeding severely, follow these steps immediately:
 - **A - Alert 911:** Call 911 immediately or instruct someone else to do so.
 - **B - Bleeding (Find the Source):** Look for where the blood is coming from. Open or remove clothing to expose the wound.
 - **C - Compress (Stop the Bleed):**
 - **Direct Pressure:** Apply firm, steady pressure directly onto the wound using a clean cloth or hands (wear gloves if available). Use body weight to increase pressure.
 - **Packing:** For large, deep wounds, pack the wound with hemostatic gauze, plain gauze, or a clean cloth, then apply direct pressure.
 - **Tourniquet (Arms/Legs Only):** If bleeding is severe (bright red, spurting) and not controlled by pressure, apply a commercial tourniquet.
 - Place 2-3 inches about the wound (between the wound and the heart).
 - Tighten until bleeding stops, then lock the tourniquet.
 - Note the time of the application.

Post-Incident/General Protocol

- **Maintain Pressure:** Do not stop applying pressure until professional emergency responders arrive.
- **Liability Protection:** Personnel acting in good faith are immune from civil liability, except in cases of gross negligence.
- **Information Maintenance:** District will maintain this protocol on our website.

Key Prohibitions

- **Do not** remove a tourniquet once applied; only medical professionals should do this.
- **Do not** use a tourniquet to stop the bleeding if the wound is not on an arm or leg (torso, neck or groin).

***This protocol is based on the American College of Surgeons (ACS) “Stop the Bleed” program.
www.stopthebleed.org**

Response for non-emergent bleeding

If emergency treatment is **not** needed, bleeding can usually be stopped by applying steady, direct pressure and elevating the wound. The following steps will protect the skin wound and protect you from exposure to another person’s blood.

Before you try to stop the bleeding:

1. Wash your hands well with soap and water, if available.
2. Put on medical gloves, if available, before applying direct pressure to the wound. If gloves are not available, use many layers of clean cloth, plastic bags, or the cleanest material available between your hands and the wound.
3. Have the injured person hold direct pressure on the wound, if possible, and elevate the injured area.
4. Use your bare hands to apply direct pressure only as a last resort.

To stop the bleeding:

1. Have the injured person lie down and elevate the site that is bleeding.
2. Remove any visible objects in the wound that are easy to remove. Control the bleeding before trying to clean the wound.

3. Remove or cut clothing from around the wound. Remove any jewelry from the general area of the wound so if the area swells, the jewelry will not affect blood flow.
4. Apply steady, direct pressure and elevate the area for a full 15 minutes. Use a clock—15 minutes can seem like a long time. Resist the urge to peek after a few minutes to see whether bleeding has stopped. If blood soaks through the cloth, apply another one without lifting the first. If there is an object in the wound, apply pressure around the object, not directly over it.
5. If bleeding has not slowed or stopped, continue direct pressure while getting help. Do all you can to keep the wound clean and avoid further injury to the area.

Mild bleeding usually stops on its own or slows to an ooze or trickle after 15 minutes of pressure. It may ooze or trickle for up to 45 minutes.

Occasionally a puncture wound causes bleeding underneath the skin, but only a small amount of blood comes out of the wound. When this happens, the area around the puncture wound may become swollen and bruised. If the bleeding causes blood to collect in the wound site (wound hematoma), the risk of an infection increases.

While following the steps to stop the bleeding, watch for signs of shock in the injured person, including:

- Passing out (losing consciousness).
- Feeling very dizzy or light-headed, like the person may pass out.
- Feeling very weak or having trouble standing up.
- Being less alert. The person may suddenly be unable to respond to questions, or they may be confused, restless, or fearful.

For any questions or concerns, please contact Safety Coordinator Alicia Pryor, RN at 573-729-4680 Ext. 1004 or apryor@dentphelps.k12.mo.us.

