Recommended Guidance for Response for Severe Bleeding
In the School Setting

The information below is provided to assist schools and school districts in developing policies, procedures, and choosing equipment for responding to severe bleeding emergencies. Bleeding emergencies should be addressed as part of the district’s or schools emergency response plan consistent with federal and state laws, including professional practice acts about medicine and nursing.

An effective bleeding control program in schools should be based on the use of current best-practice guidelines from recognized organizations with expertise in emergency care, appropriate resources, proper training, and ongoing oversight.

NYS Education Law Article 19, §902, requires that all public school districts must employ a physician or nurse practitioner as a school medical director to oversee school health services. Therefore, the medical director must be involved in the development of policies and protocols related to health issues, including the management of bleeding emergencies.

Recommended Procedures
- The equipment chosen should be based on school medical director review and approval.
- Determine the types, placement, and oversight of equipment to assure ready access and create a plan to monitor expiration dates of items if applicable.
- Provide appropriate training and subsequent review of the use of equipment to ensure the safety of those providing care, including review of Bloodborne Pathogen Training.

Training
Schools may choose to train school staff in techniques to control life-threatening bleeding, allowing those at the scene to help save lives before first responders arrive. Training should include, but not be limited to review of:
- District procedures for notifying EMS
- Supply/equipment locations
- How to identify severe bleeding
- Correct use of gauze with pressure
- Correct use of tourniquets (if permitted by district policy)
- Correct use of hemostatic gauze (if permitted by district policy)
- How to document any actions taken

Examples of training programs include but are not limited to
- www.bleedingcontrol.org
- www.dhs.gov/stopthebleed
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Additional information on First Aid Kits
Schools may add bleeding control supplies to “First Aid” kits or bags supplied in areas outside the school health office to provide immediate access for staff while waiting for emergency medical services to arrive. In general, bleeding control supplies should include disposable gloves, gauze (regular or hemostatic), and a tourniquet. Personnel will require training on a regular basis in order to effectively and correctly use the bleeding control supplies and equipment.

Additional information on plain gauze and hemostatic gauze (such as QuickClot®)
Gauze, either plain or hemostatic, is used in conjunction with direct pressure and wound packing to treat wounds that are not amenable to tourniquet application. This applies to areas of the body like the neck, armpit or groin. The use of gauze dressings and the application of direct pressure to a wound is usually adequate to control severe bleeding until EMS arrives.

Hemostatic gauze has been treated with compounds that help blood clot faster than conventional gauze.1 Although an excellent tool, districts should take into account the cost of Hemostatic gauze and the need to monitor the expiration date to assure efficacy. Districts that elect to make hemostatic dressings available are strongly encouraged to have their medical director provide school personnel with written protocols regarding the use of such dressings in an emergency.

Additional Information On Tourniquets
Commercially manufactured tourniquets are preferred over improvised tourniquets because improvised ones do not work as well and are therefore less effective. Commercially available tourniquets usually consist of a strong, wide band that is secured around the extremity and then tightened using a windlass or mechanical ratcheting mechanism. The Combat Application Tourniquet (C.A.T.®) and the SOF Tactical Tourniquet (SOFTT®) have been studied by the U.S. Army Institute for Surgical Research and have been shown to work well on a consistent basis. The CAT tourniquet has been shown to be effective when used on school-aged children between the ages of 6-16.2 Severe extremity bleeding in younger/smaller children can usually be controlled temporarily with gauze and direct pressure.

Footnotes
1. All medications administered in school require a patient specific or non-patient specific order. See NYSED Guidelines for Medication Management in Schools. Hemostatic products are considered OTCs by the FDA and require a patient-specific order for physicians to order and for nurses to administer. They do not fall under those medications that may be ordered, dispensed, or administered under a non-patient specific order in NYS. The link to Education Law Article 139, § 6909 Nursing and Education Law Article 131, Medicine §6527. Special provisions.
Resources for Further Learning

New York States Center for school Health Resources on Emergency Care in School
Emergency Planning and Response or www.schoolhealthny.com/bleed
This page includes resources for developing emergency plans for responding to emergencies in and out of school, sample first-aid supply lists and samples of emergency medical services protocols and procedures. It includes information on management of severe bleeding.

General Information on Bleeding Control Initiatives

BleedingControl.org
American College of Surgeons site dedicated to the Stop the Bleed® initiative. This site contains educational materials, current news articles and further resources to support bleeding control education and programs.

DHS.gov/Stopthebleed
Homeland Security page dedicated to the Stop the Bleed® initiative.