

# Resolution

1 **TITLE: Public Access to Bleeding Control Kits**

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3           Whereas, Uncontrolled external bleeding is a major cause of preventable death in traumatic injury  
4 (Bulger et al, 2014);

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6           Whereas, Bystander control of bleeding can significantly influence survival of someone with traumatic  
7 injury (American College of Surgeons, 2015);

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9           Whereas, Control of hemorrhage is easily and rapidly accomplished with minimal resources (U.S.  
10 Department of Homeland Security, 2016);

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12           Whereas, Bystander education is a Department of Homeland Security national priority (Department of  
13 Homeland Security, n.d.);

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15           Whereas, Death from hemorrhage is preventable with appropriate preparation and education (Levy &  
16 Jacobs, 2016);

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18           Whereas, Bleeding control kits should be provided for public access in all areas where lifesaving  
19 equipment is currently located, such as where automated defibrillators are housed (Jacobs & Joint Committee,  
20 2015);

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22           Whereas, Our nation’s threat from intentional mass casualty events is high; therefore, there are  
23 potential opportunities in the prehospital sector for bystander interventions to control external hemorrhage  
24 (Jacobs & Joint Committee, 2015);

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26           Whereas, A person involved in a traumatic event can exsanguinate in 5 minutes or less; it is essential to  
27 have the right equipment easily accessible to help prevent the loss of life (Taillac, 2014);

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29           Whereas, Ready access to tourniquets and other hemorrhage control materials, in addition to  
30 education would provide the public with a means of assisting in a case of uncontrolled bleeding (Levy & Jacobs,  
31 2016);

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33           Whereas, Focusing on the management of uncontrolled bleeding provides an opportunity to impart  
34 knowledge from military medicine to our citizens, enabling them to perform simple but important actions that  
35 can significantly increase a trauma victim’s chance of survival (Jacobs & Joint Committee, 2015); and

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37           Whereas, Immediate responders trained in hemorrhage control will not remain bystanders, while  
38 waiting for emergency medical services to arrive at the scene of a traumatic injury. Actions taken by those  
39 responders can prevent death by exsanguination (Levy, 2016).

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41           *Resolved*, That ENA issue a position statement or topic brief in support of public access to bleeding  
42 control kits and bystander education;



2017 General Assembly

*This resolution was reviewed and meets the criteria for being compatible with ENA’s purpose, mission, values, objectives, bylaws and standing rules, federal and state laws, and financial feasibility.*

# Resolution

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*Resolved*, That ENA continue to promote awareness of this need and the benefit of provision; and

*Resolved*, That ENA advocate for public access to the education and equipment necessary for hemorrhage control, and endorse bystanders acting as immediate responders.



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50 **Resolution Background Information:**

51 Death will result from uncontrolled hemorrhage if response is delayed. Uncontrolled bleeding is recognized as  
52 the prime cause of avoidable death in victims that experience penetrating traumatic injury (U.S. Department of  
53 Homeland Security, 2015b). Bystander education in control of external bleeding is a goal of many respected  
54 organizations, such as the American College of Surgeons Committee on Trauma, the Department of Defense,  
55 and the Department of Homeland (Department of Homeland Security, n.d.). Educational courses are available  
56 from these entities at low or no cost and are easily disseminated; however, support is needed for this  
57 education as well as pathways for the provision of bleeding control kits in public access areas.

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59 Advocates for the wider application of bleeding control measures encourage inclusion of the public in strategic  
60 planning, referring to the success of life-saving measures following the Boston bombing event. Preplanning  
61 meant trained bystanders with bleeding control supplies were strategically placed all along the route. Review of  
62 this type of mass casualty event supports this strategy based on evidence that early hemorrhage control  
63 improves survival rates (Jacobs, 2013).

64  
65 Any person can be trained to respond in a bleeding emergency. Supplies for bleeding control kits should be  
66 purchased from a reputable company and can be costly. Collaboration between agencies and entities can  
67 streamline the process of procurement and placement, ensuring that public access to hemorrhage materials  
68 and education in bystander hemorrhage control is fully integrated into the emergency response plans for a  
69 community. Presidential Policy Directive 8 (U.S. Department of Homeland Security, 2015a) supports efforts  
70 towards a sharing of responsibility between all levels of governing bodies, public and private business, and the  
71 community. The value of including individual citizens in preparedness must not be overlooked; rather, the  
72 import of this component must be acknowledged and given greater prominence (Jacobs, 2013).

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74 **Relationship to ENA Bylaws, Mission, Vision, and Strategic Initiatives:**

75 The ENA vision statement highlights the organization’s commitment to partner in efforts promoting community  
76 safety. This resolution supports research, development, and promulgation of education programs and provides  
77 resources from ENA to actively engage citizens. ENA’s visibility is increased by a focus on an evidence-based  
78 response to community safety concerns. Finally, it will continue the promotion of ENA as a primary provider of  
79 leadership, education, and research in matters of public health and safety.

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81 **Financial Considerations/Operational Impact:**

82 ENA previously attended a White House event on this topic in April, 2015 and information was disseminated in  
83 ENA publications. A link to the campaign is also available on the ENA website.

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85 Development of a position statement or topic brief would range from \$4000-\$13,500.

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87 ENA Government Relations time and resources would be required to effectively advocate at the federal level in  
88 favor of public access to education and the availability of necessary equipment for hemorrhage control and to  
89 endorse bystanders to act as immediate responders. This would be an approximate cost of \$4,175.

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# Resolution

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