Crossroads Charter Schools

Traumatic Blood Loss / "Stop the Bleed" Protocol for Crossroads Charter Schools

Applicable Staff: Annual Stop the Bleed training including training on the proper application of dressings and tourniquets will be provided for the following staff:

School Nurses, Campus Safety Officer, at least 2 teachers/staff per elementary school, at least 4 teachers/staff at CPA, Chief Operations Officer, Athletic Director

Additionally, all district staff will complete an annual online traumatic blood loss training module.

Traumatic Blood Loss (Life-Threatening Bleeding) Definition: Significant bleeding that may quickly result in serious injury or death if not controlled, including but not limited to:

- Spurting or pumping blood
- Blood that is flowing continuously
- Blood pooling on the ground or soaking clothing or bandages quickly

Stop the Bleed Kits: Contain latex-free gloves, bandages, tourniquets, permanent markers. One kit with each building AED, at each school's reception desk, and in each school's Health Office.

Emergency Response Procedure for Traumatic Blood Loss

Step 1 - Check:

- Ensure the scene is safe before going to check the person who is bleeding

- Is the bleeding life threatening: spurting, pooling, or flowing quickly?

Step 2 - Call for Help:

Assign someone to each of the following tasks:

- Call 911
- Have AED and Stop the Bleed Kit brought to scene
- Call front desk/building administration
- Parent/guardian/emergency contact of individual being treated

Step 3 - Provide Care

Overview for Care:

1. Apply direct pressure to the wound using latex-free gloves if available. Must apply enough pressure for bleeding to stop. Press firmly and continuously.
2. When available place a clean bandage on the wound and press firmly and continuously.
3. Firm, steady, continuous pressure is what stops bleeding. You can use direct pressure, a tourniquet, or both to control bleeding.
    - Direct pressure is used to control life-threatening bleeding on the head, neck or trunk.
    - A tourniquet is used to control life-threatening bleeding on the arms or legs. Continue to apply direct pressure until the tourniquet is on and tightened.
    - Direct pressure may also be used to control non-life-threatening bleeding.
4. When a trained person arrives with a tourniquet, they should apply the tourniquet tight enough to completely stop the bleeding, 2-3 inches above the wound. A second tourniquet may be used if the bleeding is not controlled by a tourniquet and direct pressure.
5. When applying a tourniquet use the permanent marker to write the time the tourniquet was applied on the tourniquet, a visible tag, or the patient's skin.
6. Stay with the injured person maintaining bleeding interventions, monitoring responsiveness and breathing, and reassure the individual until EMS arrives.
7. NEVER remove a tourniquet after it is applied. It must be done by a physician.

More Details for Care:

- Carefully remove any clothing that is covering the individual's wound. If an object is embedded in the wound, DO NOT REMOVE OBJECT – it could cause catastrophic bleeding.
- Hold pressure on bleeding with gloved hands, place a sterile dressing/bandage over the wound (found in Stop the Bleed kits) when dressings arrive.
- Do not apply pressure on an embedded object or to an eye injury
- If the dressing becomes soaked in blood, do not remove it; add another dressing and continue to hold pressure.
- Wound packing is indicated for penetrating wounds where bleeding cannot be controlled using direct pressure alone (see wound packing section).
- Encourage the individual to lay down–this will reduce blood flow to the wound and help to minimize the effects of shock.
- If appropriate, raise the injured limb so it is higher than the level of the heart.
- Keep individuals warm by placing a blanket or coat over them.
- If possible, regularly monitor the individual's vital signs including respiratory rate, pulse rate, and level of consciousness. Take blood pressure if possible. Record times and results, or assign someone to record them for you.
- If an individual's level of consciousness deteriorates, place them in the recovery position (on side with head slightly tilted back to keep airway open) and continue to monitor vital signs. <u>If the individual stops breathing, start CPR.</u>
- Remain with individual until EMS arrives

Wound Packing

Wound packing is indicated for penetrating wounds where bleeding cannot be controlled using direct pressure alone. Ideally used for the groin and axilla (armpit), where tourniquets

are ineffective and direct pressure can be difficult to maintain. Do not pack wounds on the neck, chest, or abdomen–there is a risk of airway compromise when packing neck wounds, and wound packing is unlikely to be effective on the chest or in the abdomen.

Packing a wound:

- Insert fingers into the wound to provide direct pressure on the blood vessels; ideally, the artery or vein (or both) should be compressed against a bone while packing.
- Pack the wound tightly with gauze. Continue applying pressure during the packing process, alternating fingers if necessary. Ensure the packing material reaches as deeply into the wound cavity as possible.
- When the wound cannot accommodate any more packing material, apply very firm direct pressure to the wound and packing material for at least three minutes to allow the clotting process to begin. If bleeding continues, consider packing more material into the wound.
- Secure the wound packing with a pressure dressing.

Tourniquet Application

Direct pressure and/or wound packing should always be considered the first line of care for wound treatment. If direct pressure and/or wound packing does not stop the bleeding a tourniquet can be applied. A tourniquet can be applied if the injured limb is partially or completely amputated or causing potentially life-threatening hemorrhage (squirting, pulsating blood). Tourniquet can only be applied to limbs.

Applying a tourniquet:

- Applying a tourniquet can cause nerve and tissue damage whether applied correctly or not. Tourniquets should only be applied when the injury is life threatening.
- Tourniquet can be applied over clothing, ensure nothing bulky is in the pockets

- Unfold tourniquet, place limb through the circle of the tourniquet
- Apply a tourniquet 2-3 inches proximal to the wound, not directly over a joint. The tourniquet should be applied between the wound and the heart
- Pull the band tight over the limb not over the rod clip. The band should be tight enough no more than three fingertips can slide under the band; if it is not retighten
- Turn the rod until the bleeding stops
- Secure the rod in the clip and lock in place
- If bleeding is not controlled or the pulse distal to the wound is present tighten the rod
- Wrap the band between the clip and rod
- Velcro the time band over the clip, securing in place, add time of application to the band. Write time directly on skin if no time band present.
- Never loosen the tourniquet; must be done by a physician
- Using a tourniquet can cause pain, but it can save lives.

Once an individual has been taken by EMS, chart the incident in Infinite Campus. Complete and submit Staff/Student Injury Report. Bleeding control kit must be restocked after each use.

Current Stop The Bleed Team (3/2026)

- **Central Street:** Jenny Taylor, Trissi Hardin, Angelique Webb
- **Quality Hill:** Judith DelPorto, Jonathan McClinton, Dani Levy
- **CPA:** Jennifer Ferry, Keanan Weir, Michael Valdivia, Jordan Blount, Marisah Henderson
- **Central Office:** Kevin LaBranche, Jose Leos, Jose Torres
- **In-Person Training:** May 6, 2026