



Stop the Bleed

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Stop the Bleed

American College of Surgeons 

AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA

Recognizes

Mary Smith

For successful completion of the
ACS Stop the Bleed Course

Presented on 12/12/2025 , by

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AGENDA



- Liability concerns
- Protocol: *scene safety, 911, PPE & STB*
- Current statistics
- Types of bleeding
- Stop the Bleed: *“press, pack, and pull”*
- Atypical circumstances



Call 911



Apply Pressure with Hands



Pack Wound and Press



Apply Tourniquet

California: GOOD Samaritan Law

HS 1799.102 - “No person who, in **good faith** and **not compensated**, rendering emergency or non-emergency medical care at the scene of an emergency shall be held **financially** responsible for any **civil** damages that result from any **act** or **omission** of care.”

***In 2000, President Clinton amended the law to include the use of an AED.**

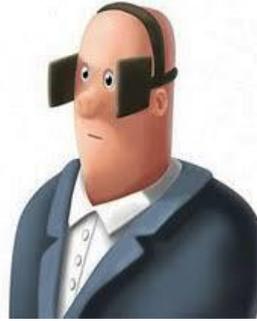
NOTE: This law protects laymen 24/7/365 and “off-duty” medical providers.

- 1. Expressed/Implied consent is required**
- 2. No monetary gain/benefit**
- 3. 26 years-old, or older (if possible)**
- 4. Sound mind & body**
- 5. Provision of care is within limits of applicable training**
- 6. Rescuer cannot have caused, or contributed to, the medical issue**
- 7. Care is non-malicious, non-violent, and non-negligent**
- 8. No “on-duty”, licensed, or certified medical professional has yet to arrive**



*California: **BAD Samaritan** Law?*

Residents do NOT have a legal duty to rescue, help, or assist during a medical emergency **UNLESS** acting as an “on-duty”, licensed, or certified medical professional.



*(Even then, this is **ETHICAL** obligation, not a **LEGAL** one.)*

The ONLY ‘duty to act’ that exists in CA are ‘upstander’ laws: crimes against children, elderly, or victims of sexual assault.

CA: Bleeding Control Kit *Law*

AB 2260 - *Tactical Response to Traumatic Injuries Act*



In Jan. 2023, California became the first state to require all newly built public and private buildings (200+ capacity) be equipped with a minimum of 6 (six) bleeding control kits.

Kits are to be located next to an AED and include the following:
non-latex gloves, a bandage (non-hemostatic), scissors, a tourniquet, a marker, and instructional materials



**Although vague, the law also mentions protection from civil liability while using the kit.*

Who can respond and control bleeding?

Three types of responders who, when properly trained, are crucial to saving victims with severe bleeding:



Trauma professionals

Hospitalists; emergency department physicians, nurses, and technicians; and trauma surgeons



Professional first responders

Law enforcement, emergency medical service personnel, fire fighters, and rescue workers



Immediate responders

Civilian bystanders present at the scene who perform external bleeding control for victims at the point of wounding before the arrival of professional responders

1. Scene Safety



2. Make the Call



3. FA/STB kit & PPE



911: Jobs to be done

1. **‘Rescuer’**: *No hesitation about getting involved, fear of legal action, or panic regarding bodily fluids/gases*
2. **‘Assistant’**: *Retrieve AED, first aid kit, friend/relative, on-site pharmacist, management/supervisor, etc.*
3. **‘Operator’**: *ONE person; Do not hang up until first responders arrive (CalFire, EMS, law enforcement); say “KEY” words!!!*
4. **‘Security Officer’**: *Keep the Peace & Crowd Control! Calm down/reassure relatives; Deal with arrogant, ignorant gawkers who are filming/recording.*
5. **‘Usher’**: *Meet Fire/EMS in parking lot, or at entrance, and escort to patient.*

Please allow “off-duty” medical professionals (EMTs, nurses, fire personnel) to take over while paid first responders are en route. These people will always identify themselves. If a Good Samaritan volunteers, allow them to help as well.

NO ONE needs to have a valid First Aid or CPR card to assist.



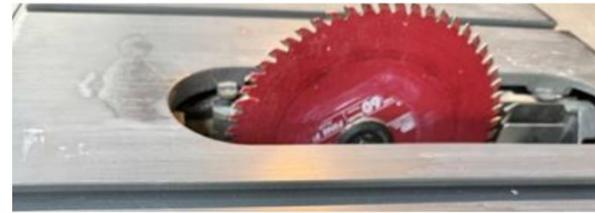
**Images may be disturbing.
Discussion may be upsetting.**

The leading cause of preventable death during a medical emergency is **severe blood loss**.

- 🔴 30-55% of deaths following traumatic injury
 - 🔴 24-hour mortality is 15%
- 🔴 60,000+ deaths in the United States each year
 - 🔴 1.5 million worldwide

(NIH, 2023)





Mass shootings are the #1 cause of significant blood loss fatalities.

💧 A “mass” shooting is defined as **four**, *or more*, victims (not including the shooter).

💧 #1 workplaces (28%), #2 schools (22%), #3 private residences

💧 2025: 425 mass shootings in the US

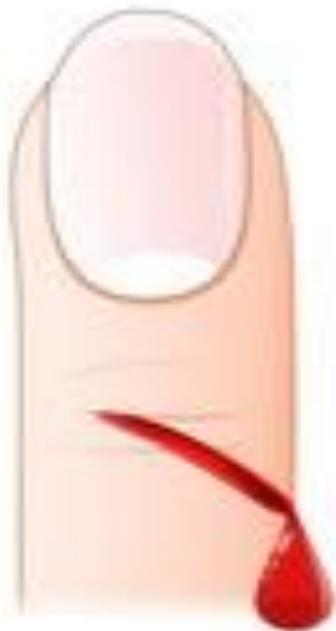
Gun violence-related deaths: 26,295 injuries and 38,801 fatalities

💧 As of Feb. 25, 2026: 53 mass shootings

Gun violence-related deaths: 1,826 injuries and 3,005 fatalities

💧 Top three in 2025 = Texas (35), California (32), Illinois (27)

TYPES OF BLEEDING



Capillary

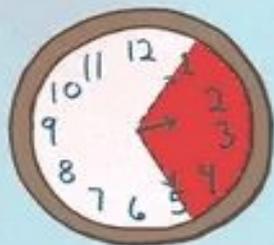


Venous



Arterial

When Is a Bloody Nose an Emergency?



**Nonstop bleeding
for 30 minutes**



**Significant
blood loss**



**Caused by
severe trauma**



**You have high
blood pressure**



**You can
taste blood**





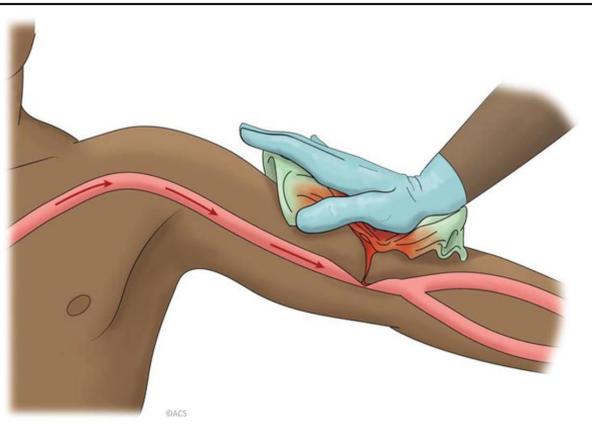
1. Scene Safety

2. Call 911

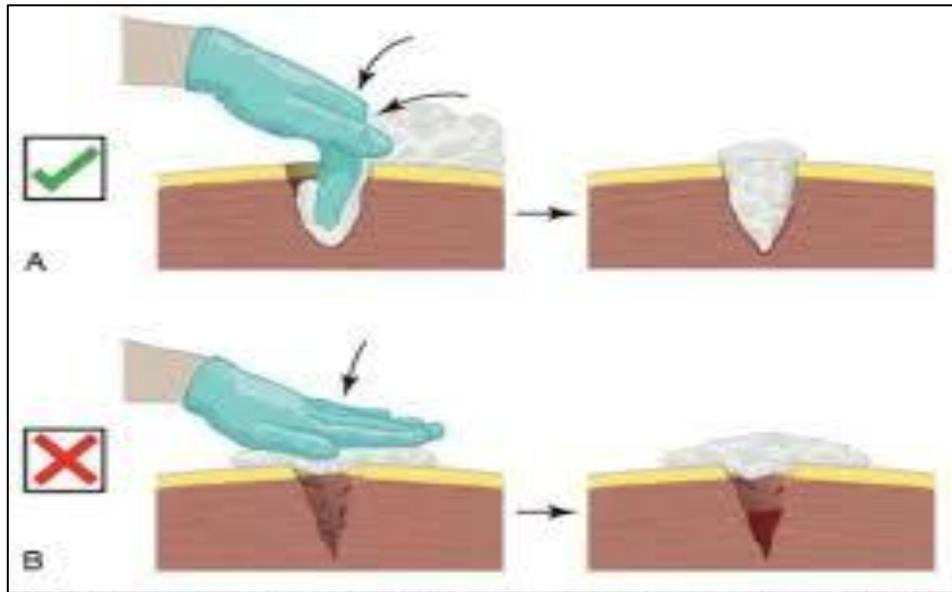
3. PPE



4. Apply Pressure



5. Pack the Wound

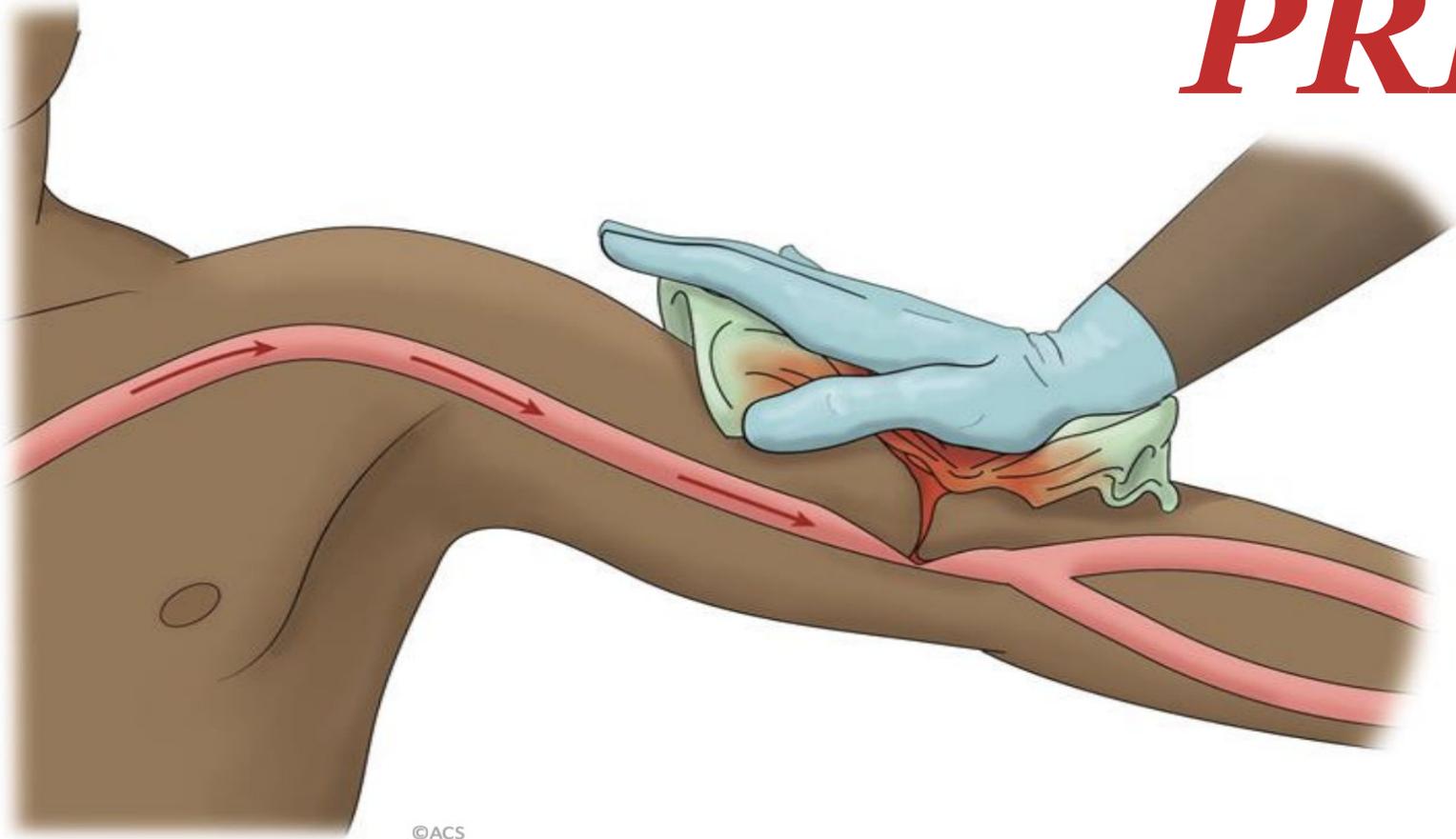


6. Consider a Tourniquet



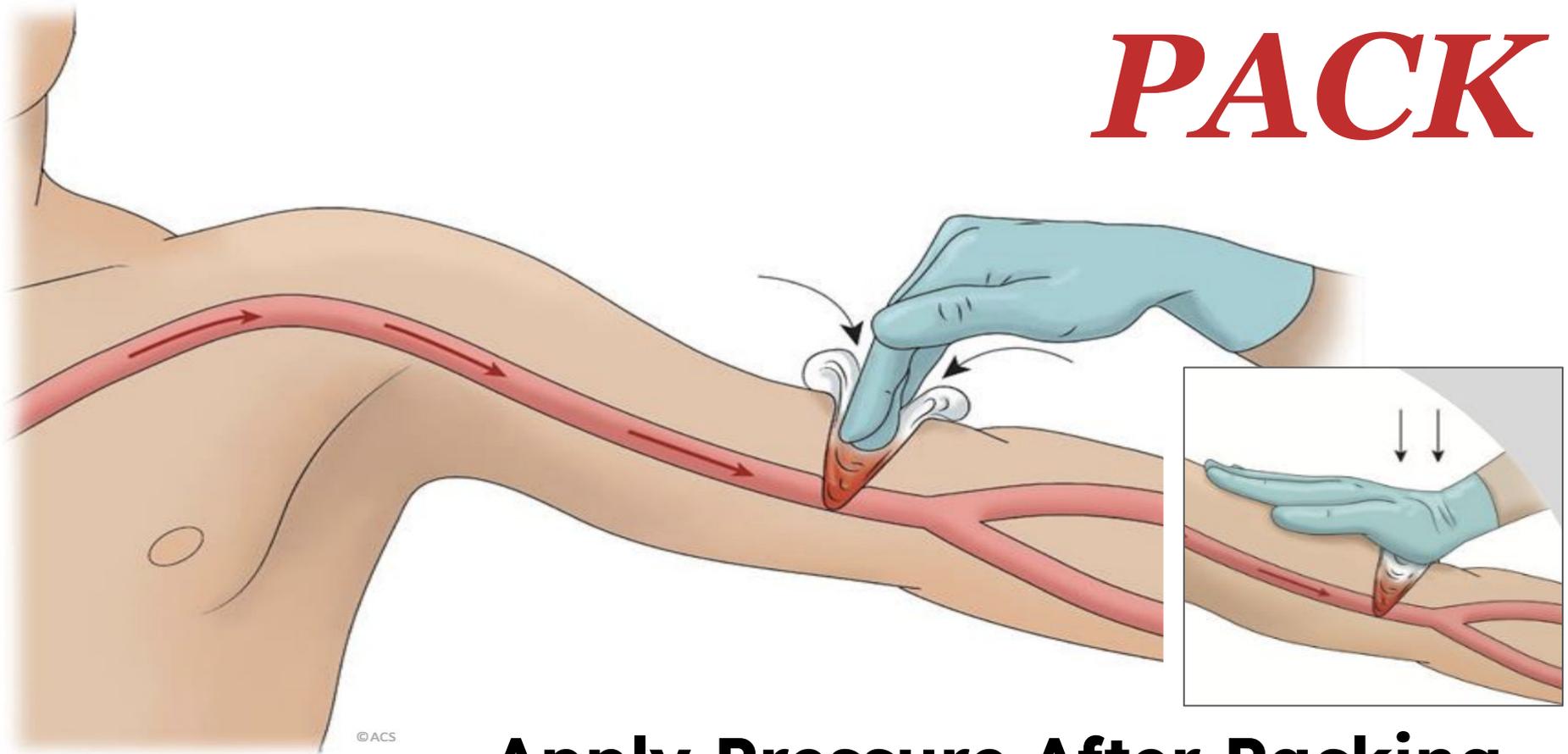
Direct Pressure

PRESS



Wound Packing

PACK

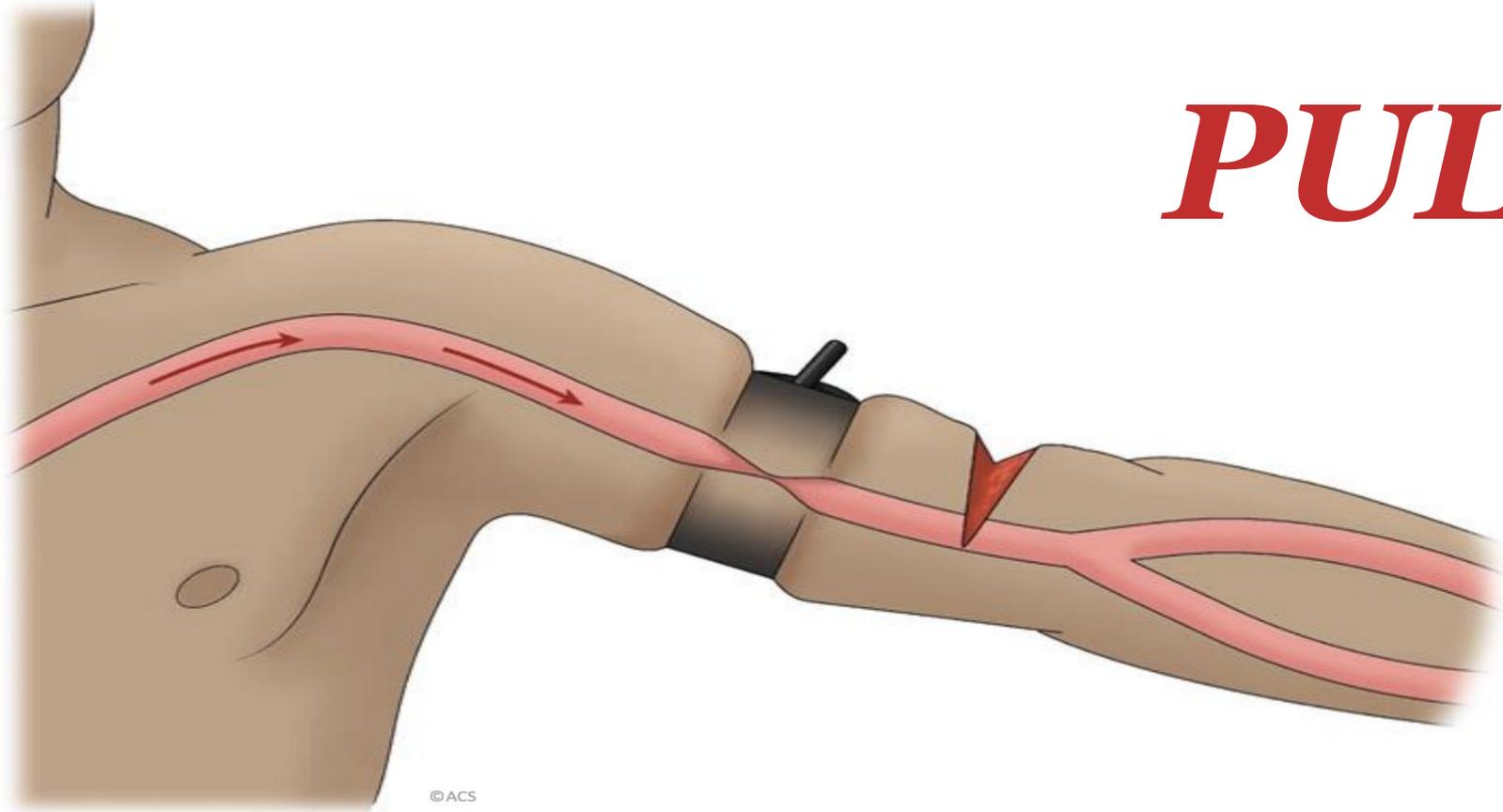


©ACS

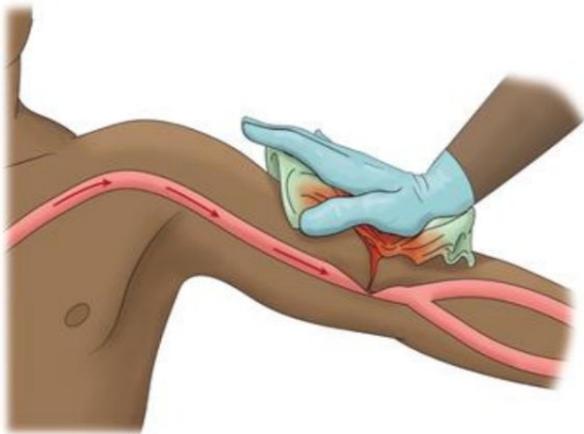
Apply Pressure After Packing

Tourniquet Application

PULL



Bleeding can kill, but **YOU** can **Stop the Bleed**



PRESS

Apply direct pressure



PACK

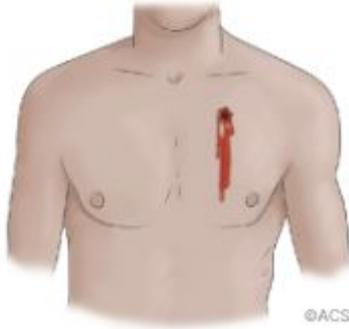
Pack the wound



PULL

Apply a tourniquet

Atypical Circumstances (Frequently Asked Scenarios)



Pop Quiz!

In order, what are the six steps to assist during a bleeding emergency?

1. Scene safety
2. Call 911
3. PPE
4. Apply pressure
5. Pack the wound
6. Consider a tourniquet



The worst thing to do is NOTHING.

SEE SOMETHING. DO SOMETHING.



Thank You

