Stop the Bleed

American College of Surgeons

Version 3.0

Instructor Guide

StoptheBleed.org

STOP THE BLEED®
is an official program of the
U.S. Department of Defense

Acknowledgements

The following contributors were key to the creation of Version 3.0 of ACS Stop the Bleed; the diversity of expertise and insight was instrumental in the development of a course that is focused on the learner, to be used worldwide.

Melissa Anderson, MSN, BSN
Erin Andrade, MD, MPH
John Armstrong, MD, FACS
Matthew Bank, MD, FACS
Brittany Bankhead, MD, MS
Samy Bendjemil, MD
Roberta Berr, BSN, CEN
Stepheny Berry, MD
Timothy Browder, MD, MACM, FACS
Christopher Brown, BS, CC-P
Eileen Bulger, MD, FACS
Eric Campion, MD, FACS
Jean Clemency, Assoc VP Trauma Program
Jimm Dodd, MPAS, MA, US Army (RET)
Warren Dorlac, MD, FACS, USAF (RET)
Marie R. Gilliam, MHSA
Sunny Goodyear, MSN, RN CCRN
Suny Edwards, MD, MS, FACS
Lori Gottlieb, BSN, RN
John Griepentrog, MD, FACS
Dale Hill, MEd, MEP, Paramedic
Kenji Inaba, MD, FACS,
Lenworth Jacobs, MD, FACS
Jeffrey Kerby, MD, PhD, FACS
Shelbie Kirkendoll, DO, MS
Lillian Liao, MD MPH
Patrick McGonagill, MD, FACS
William Oley, MD, FAAFP, FAWM, DiMM
Peter Pappas, MD, FACS
Brant Putnam, MD, FACS
Christine Reeves, Chair of Texas STB Coalition
Gregory Schaefer, DO, FACS
Kevin Schuster, MD, MPH
David S. Shapiro, MD, MHCM, FACS, FCCM
Brian Simonson, MBA, NRP, CHEC
Tricia Smar, MSW, CHES
Dustin Smoot, MD, FACS
Anna Stimac, BA
Christine Trankiem, MD FACS
Michael Vella, MD, MBA
Shannon Wilfong, BS, CCLS
Scott Wilson, BA, EMT-P
Tracy Zito, MD FACS

Introduction

Thank you and congratulations on becoming an ACS Stop the Bleed Instructor for Version 3.0. This guide is intended to help novice and experienced instructors alike. The content below includes key elements on each slide, considerations for each class and audience, and scenarios that can be used to illustrate the empowerment, techniques, and equipment needed to respond to bleeding emergencies. In addition, general discussion points are included to drive any further dialogue about the class.

This guide includes contributions from many instructors, learners, leaders, and staff, and the content is intended to make the teaching experience better for instructors and students.

Before beginning any class:

1. Add the class into the ACS Stop the Bleed Instructor Portal.
    a. Visit www.stopthebleed.org
    b. Log into the portal by clicking 'Instructor Login'
    c. Enter your email address and password
        i. Click 'Add Class' and be prepared to enter:
            1. Sponsoring organization, class location and details, contact information for the lead instructor, and date/time
            2. Class capacity, remembering the 1:10 instructor to student ratio
            3. Choose public vs. private. Please note, classes listed as public will appear in the class search tool.
        ii. Complete the attestation—assure that you will adhere to the class curriculum as written and not deviate from the slide content as stated. Further, the content is the product of the ACS COT, etc.
    d. Log out
    e. If you are unable to log in, contact the American College of Surgeons Stop the Bleed staff at stopthebleed@facs.org.

Immediately prior to any class:

1. Have your students sign in using the sign-in sheets, available for download. Including email contact and best phone number will help you in recruiting eligible instructor candidates.
2. ***IMPORTANT***
    a. ACS Stop the Bleed is a course based upon empowerment and engagement in the community of bystanders who will become part of the continuum of care. Learners sometimes report being squeamish or apprehensive about blood, injuries, or contact with bodily fluids, which can complicate bloodborne pathogen training. As instructors and champions for the class, it is important to recognize important considerations:
        i. Some students may be triggered by content in this class. This may be due to past trauma or exposure to violence, injury, military or law enforcement experience, or personal danger. Informing the participants about the possible triggering experience can be focused on the individual needs of your audience:
            1. Example to utilize:
                a. The content in this course will include a brief review of injury, violence, bleeding, and the role of the bystander in bleeding emergencies. While the images are artists' renderings, they illustrate bleeding. Should you feel uneasy or otherwise concerned about your wellness during this course, please check in with the instructor or a supportive person after the class. We have done our best to ensure the class is focused on empowering people to help.

3. At the end of every class, be sure to offer eligible candidates the opportunity to become an instructor, a list of eligible professions can be found on the ACS STB instructor portal. Be prepared to discuss eligibility and the importance of committing to teach this class in their own communities. Instructorship is a commitment, and eligible candidates should be made aware. Eligibility requirements can be found in the instructor application on the website.
    a. New instructors should work with local champions and experienced instructors to ensure they learn to teach effectively and follow the course requirements.

Immediately following every class

1. AFTER the class is completed, you must CLOSE THE CLASS in the instructor portal.
    a. Click 'Close,' and enter the required student data, and submit. The only student data you will need to add is the number of students who completed your class.
    b. If your class had zero attendees, click 'Cancel' on your course listing to cancel the class.
2. To repeat a similar class, use the 'copy class' feature. Be sure to engage eligible instructor candidates and provide your contact information for anyone who may want to offer a class for their respective organizations.

Class Content

The following pages contain a slide-by-slide summary of the course content, including key content elements, considerations for instructors, situational scenarios, and guiding principles for discussion. Other questions may arise, answer participant questions to the best of your ability. If there are questions you are unable to answer, please send them to the ACS Stop the Bleed staff to provide a response to the participant. The response can be saved for future courses, if the question is presented again.

Any edits or changes to the ACS Stop the Bleed course content or materials must be approved by the American College of Surgeons prior to implementation.

ACS STOP THE BLEED Title Slide

Key content elements

- URL, Logos, ACS Branding

Instructor considerations

- Remember to point out the proprietary nature of this presentation and it must be used appropriately.

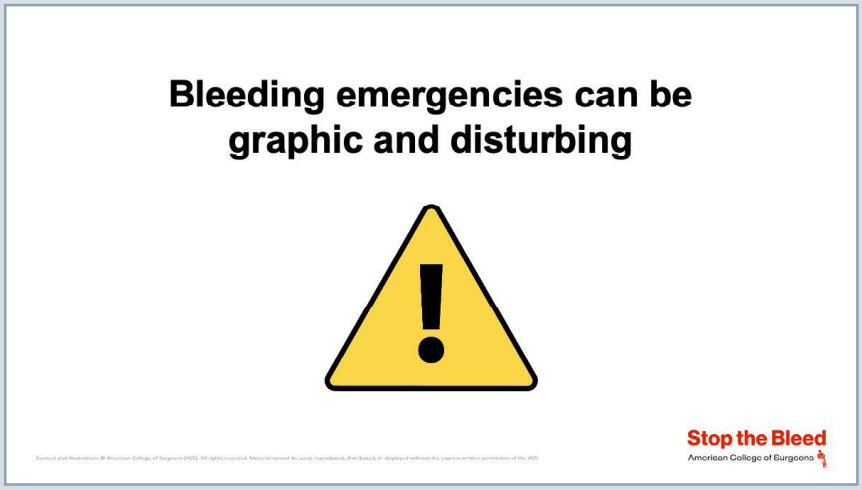
Situational scenarios for presenting

- N/A

Guiding discussion areas

- Why are we here?
  — This is an important empowerment step before you start the presentation.
- The instructor manual will ensure all instructors address key content elements and maintain the ACS STB Course continuity. Content in this manual and on the slides **are not intended to be read word** for word but should be used as guidance. The instructor should be responsive to the audience and the environment and make appropriate adjustments.
- This manual includes the presentation needed to deliver the didactic portion of the *Version 3.0* ACS Stop the Bleed course. Slides can be printed when needed. *Please note that all material included in this slide presentation and all content on the instructor portal is proprietary and owned by the American College of Surgeons, and any use without explicit written permission from the ACS is strictly forbidden, and will be met with legal action.* **When instructing or referencing the course, it should be referred to as the ACS Stop the Bleed Course.**

Graphic Images Noted



Key content elements

- It Is essential to note that images may be disturbing but preparing learners for what they might see is necessary.

Instructor considerations

- Injuries vary—it will be important to share that some injuries may be serious, and others not as much, but ALL bleeding should be stopped as soon as it is noticed. Keeping calm is an important step for both rescuer and victim.

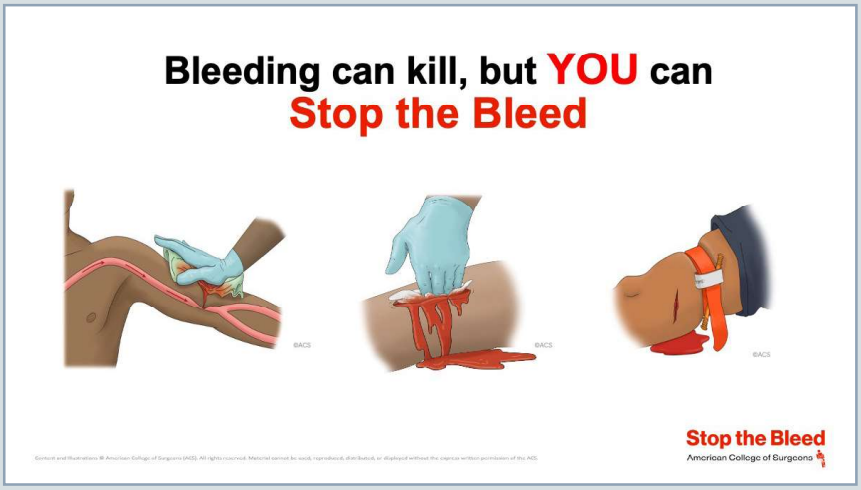
Situational scenarios for presenting

- No matter the setting, we must be prepared, and the steps are simple. Realize that bleeding emergencies do happen in everyday life

Guiding discussion areas

- Asking learners about scenarios they may encounter in their everyday lives can help make this course more approachable. Schools, workplaces, sports, outdoors, hobbies, etc.
- This presentation will involve artistic drawings and descriptions of injuries and bleeding. Although this may be disturbing to some people, it is necessary to prepare students for actual bleeding situations effectively. Remember, the goal is to stay calm and help the person by controlling bleeding until help arrives. We'll walk you through some simple steps that anyone can learn.

Bleeding Can Kill



Key content elements

- Image of bleeding and a person applying pressure, packing a wound, and of an applied tourniquet.

Instructor considerations

- This slide is about empowerment. Bleeding is one of the biggest dangers after a serious injury. If someone loses too much blood, they can go into shock or even die. Serious bleeding can lead to death in just a few minutes. The good news is that you can be a hero in an emergency! This course will teach three simple steps to control bleeding until help arrives. By applying pressure directly to the wound, packing when possible, and applying a tourniquet, you can stop the bleed and save someone's life.

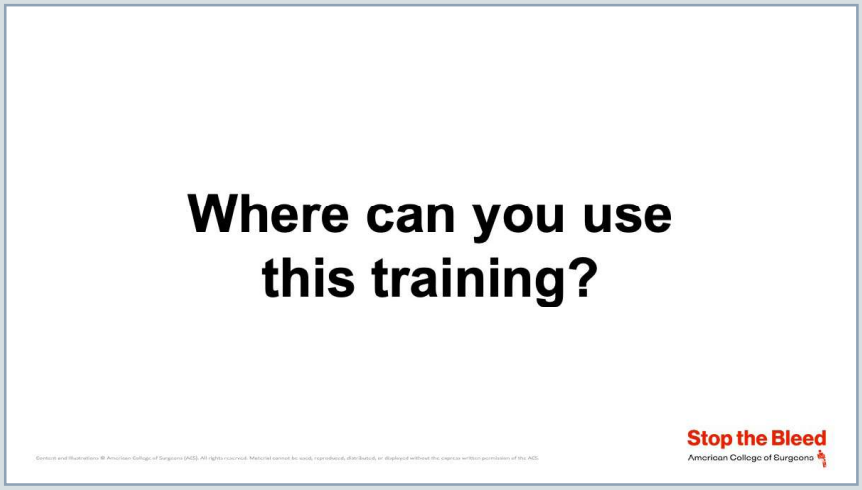
Situational scenarios for presenting

- N/A

Guiding discussion areas

- Speak to the importance of acting quickly to identify and stop bleeding.
- These actions empowering and enabling.
- This course will provide the participant with three mechanisms to effectively control bleeding: direct pressure, wound packing, and tourniquet application.

Where Can You Use this Training?



Key content elements

- Engage the audience for their first steps. ASK THEM THIS QUESTION and hear a few answers.

Instructor considerations

- Know and understand your audience and use examples that reflect where bleeding control may be necessary for their environment. Some specific environments may include schools and playgrounds, manufacturing machinery, restaurants and kitchen injuries, home projects, etc.

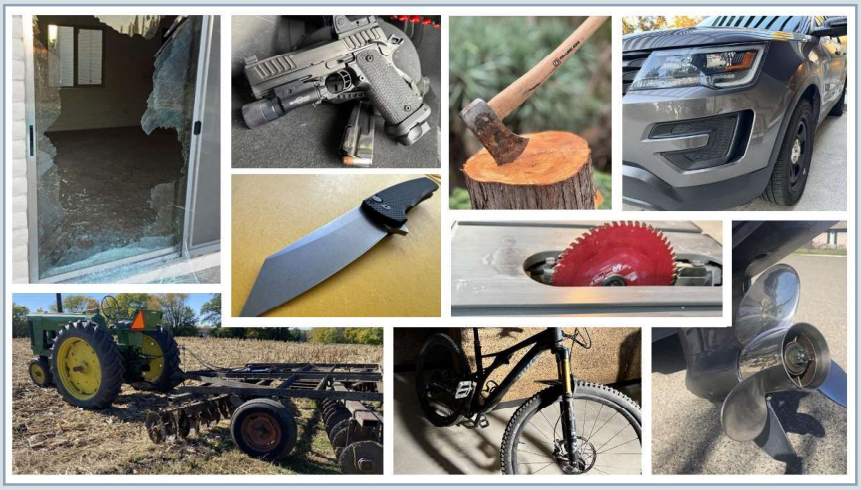
Situational scenarios for presenting

- N/A

Guiding discussion areas

- What are some everyday situations where serious bleeding might occur?
  - — *(Examples: car accidents, kitchen injuries, falls, active violence, workplace accidents, natural disasters, etc.)*
- How much time do you think a person has before serious bleeding becomes life-threatening?
  - — *(Answer: In some cases, as little as 3-5 minutes.)*
- Speak about the importance of quickly identifying and stopping bleeding. Use this course to empower and enable the participant to act during a bleeding emergency.

Bleeding Emergency Examples



Key content elements

- Images to demonstrate the diversity of injury causes.

Instructor considerations

- Bleeding emergencies can happen anywhere, at any time. These pictures show just a few examples, from accidents in the kitchen or while biking to injuries from tools or even a fall. That's why it's important to be prepared to act quickly if you see someone bleeding badly. Knowing what to do lets you take control of the situation and help save a life, no matter where the injury happens.

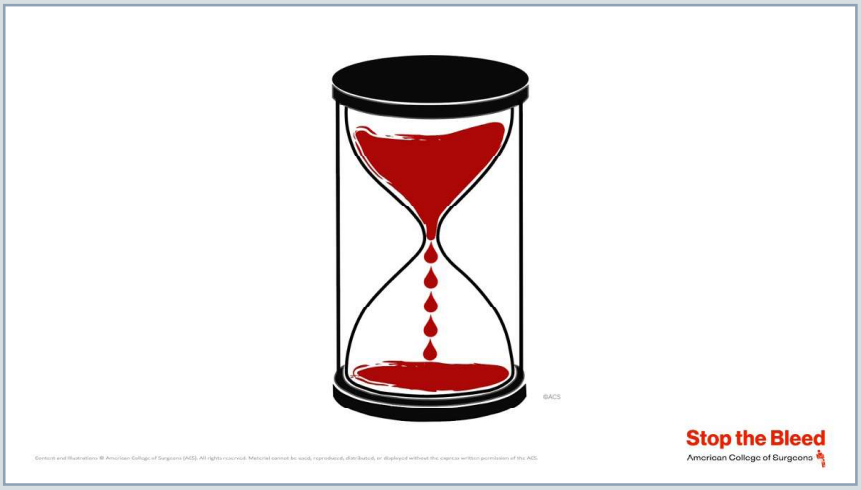
Situational scenarios for presenting

- Imagine your last 48 hours—were you in any of these environments? Were your parents? Kids? Siblings? Students? Coworkers or friends?

Guiding discussion areas

- Can you think of situations where severe bleeding might occur (e.g., car accidents, workplace injuries, active shooter events)?
- Why is immediate action crucial in severe bleeding situations?
- Why do you think knowing how to stop severe bleeding is important?

Time—the Clock



Key content elements

- **Severe bleeding can become fatal in as little as 3-5 minutes.**
- This is **faster than most emergency medical services (EMS) can arrive,** making **bystander intervention crucial** in saving lives.
- **Example:** If someone suffers a deep wound in a car accident, waiting for paramedics without intervention could lead to life-threatening blood loss before they arrive.

Instructor considerations

- Too late is too little. It's important to remember that time is blood loss, and STB can help you help others. Time is critical to the victim, and acting quickly is important.
- Controlling bleeding **within the first few minutes** dramatically increases survival chances.
- **Acting within the first 60 seconds—**by applying pressure, packing the wound, or using a tourniquet**—**can be the difference between life and death.
- The average response time for EMS varies from 7.2 minutes (Asia), 11.1 minutes (Europe), 9 minutes (Americas), 8 minutes (Oceania), and 19.5 minutes (Africa) but will vary nation to nation. The ideal response time suggested by the World Health Organization is less than or equivalent to 8 minutes, so even in this situation, there is a potential for patients to bleed to death before EMS arrival. (Cabral 2016, Nogueira 2018).
- In remote areas or mass casualty events, it could take even longer.
- **Every second counts!** Bystanders must **act immediately** rather than waiting for help.

Situational scenarios for presenting

- When presenting bleeding emergencies, use **situational scenarios** that help make the training engaging and practical. These scenarios should be **realistic, relatable, and applicable to everyday life.**

Guiding discussion areas

- N/A

Initial Steps: Calling EMS

Key content elements

- As an immediate responder, you will become a part of the chain of survival. That chain includes emergency services—they should be alerted.

Instructor considerations

- Even though you can take steps to control bleeding, it's vital to call for help as soon as possible as the victim requires advanced medical care. The process for alerting emergency medical services can vary depending on your location. EMS professionals are specially trained to provide advanced care and transport the injured person to the nearest hospital or facility.
- Law enforcement and/or fire may be critical in responding to bleeding emergencies, often arriving before EMS. Their involvement can significantly impact survival outcomes by providing immediate aid and securing the area for further medical response. In an emergency, every minute counts. Remember, your quick action in calling for help can make a big difference.
- In many areas of the world, law enforcement and fire may not respond to bleeding emergencies, and other situations may exist—know your area and who responds to emergency calls.

Situational scenarios for presenting

- N/A

Guiding discussion areas

- N/A

Assess the Scene for Safety

Key content elements

- You can't help if you're also injured.
- In a bleeding emergency, ensuring scene safety is paramount and a critical step before moving into action. This ensures that the responder and the victim are protected from additional harm.

Instructor considerations

- Before you help someone who is bleeding, ensuring the scene is safe for you is crucial. This means looking out for any dangers that could also hurt you. For example, is there traffic nearby? Are there any electrical hazards? Waiting for help to arrive is best if the scene isn't safe. You can't help someone if you get hurt yourself!
- Remember that something caused the victim to bleed, and that mechanism of injury is still present and could potentially hurt you or others.
- Effective scene safety and bleeding control can be the difference between life and death in trauma situations, especially when first responders are unavailable or delayed.

Situational scenarios for presenting

- Provide examples for scene safety. Traffic and cars, industrial dangers, fire/smoke, outdoor and weather, glass, violence, etc., nearby.

Guiding discussion areas

- What are the first things you should assess when you arrive at the scene of a bleeding emergency? How would you determine if there are immediate hazards to your safety or the victim's safety at the scene?
- How does the presence of bystanders affect your ability to manage the situation safely?
- How can you ensure that you do not become another victim while managing a bleeding emergency, especially in environments with traffic, dangerous debris, or unstable structures?
- In what situations might you need to move the victim?

These questions encourage critical thinking and open discussion about the importance of scene safety and its role in successful trauma care.

ACS Stop the Bleed Equipment

Look for bleeding control kits. They can be found as wall-mounted or individual kits. They will contain gloves, wound packing materials, and a tourniquet if available. If no kit is available, you can use whatever cloth material you have to pack a bleeding wound.

Key content elements

- The American College of Surgeons, Committee on Tactical Combat Casualty Care, and Combat Casualty Care Research Program have recommended tourniquets based on testing and use.

Instructor considerations

- There are other options when purchasing bleeding control equipment; however, the quality of the equipment may not be tested, resulting in faulty equipment. If the equipment does not have the DoD or ACS STB logo, it has not been vetted and may fail during use.
- Equipment can be ordered through stopthebleed.org by viewing the shop tab at the top of the website.
- The QR Code will take the participant to the ACS STB storefront to order approved ACS equipment
  — This is an opportunity to discuss the availability of kits in your communities.

Situational scenarios for presenting

- Non-recommended tourniquets have failed when applied, causing further injury and not stopping bleeding.

Guiding discussion areas

- N/A

Personal Safety/ Hygiene

Key content elements

- Keeping rescuers/immediate responders safer.

Instructor considerations

- Note that we already spoke about scene safety, but it's important to remember personal safety. Whenever possible, it's a good idea to wear gloves when helping someone who is bleeding. This will help protect you from germs and diseases in the blood. If you don't have gloves, don't let that stop you from helping! You can use a clean cloth or even a piece of clothing to apply pressure to the wound. The most important thing is to stop the bleeding. However, if you do have contact with someone's blood, be sure to tell a medical professional later. They can advise you on any precautions you might need to take.
- Handwashing (before/after) should be encouraged here.

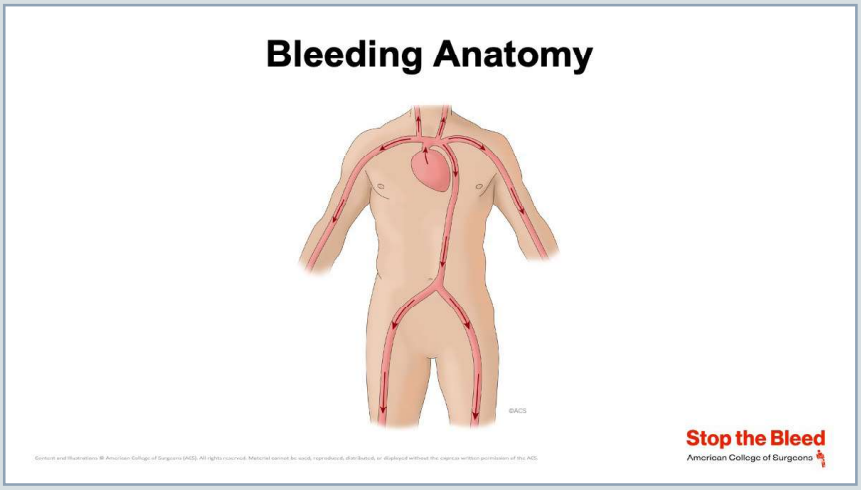
Situational scenarios for presenting

- It is reasonable to discuss getting attention for yourself afterward.

Guiding discussion areas

- In a situation where gloves or other PPE is unavailable, what alternative actions can you take to reduce the risk of exposure to bloodborne pathogens?

Bleeding Anatomy



Key content elements

- Clarify blood flowing and how bleeding results in loss of blood.

Instructor considerations

- Our bodies have an amazing system for delivering blood throughout our body. Think of it like a giant highway. The heart acts like a pump, pushing blood out to all our organs and tissues. This blood carries oxygen and nutrients that our cells need to function. Understanding how blood flows will help us control bleeding more effectively. By applying pressure in the right spot, we can slow down or even stop the blood flow to the wound.

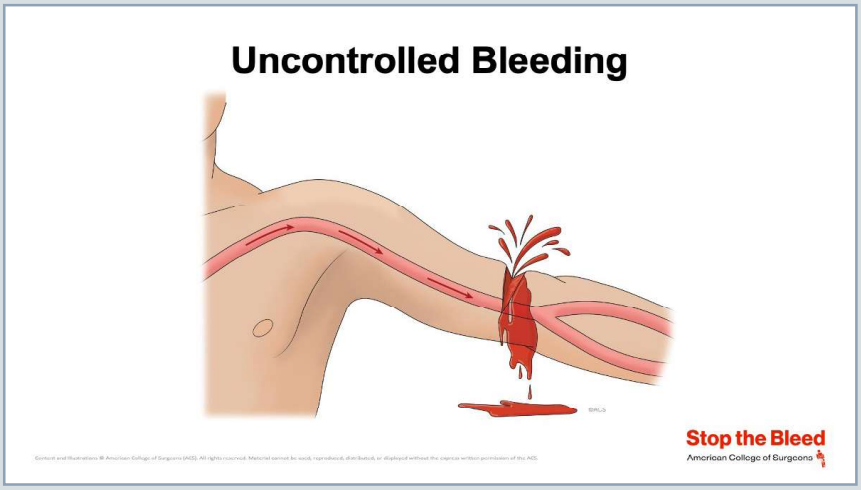
Situational scenarios for presenting

- Blood flow anatomy is depicted here.
- Note the arrows directing blood from the heart, pumped to other parts of the body.

Guiding discussion areas

- *The arrows help to set up the next slide.*

Uncontrolled Bleeding



Key content elements

- Recognizing bleeding.

Instructor considerations

- A sign of severe bleeding is a large pool of blood forming around the wound or on the ground around the victim. Also, be concerned if the person's clothing is soaked with blood. The participants will learn how to identify serious bleeding. This happens because the blood comes from a large artery, which carries blood with a lot of force from the heart. If you see either of these signs, acting quickly to control the bleeding is essential.
- As hands-on training goes on, remind participants that while we start with direct pressure and move to wound packing and then applying a tourniquet, the technique used in any bleeding emergency depends on the situation. Example: A small wound with serious bleeding may respond to direct pressure, but an obviously gaping open wound should be addressed with packing immediately. Tourniquets may be applied immediately in near amputation, or other scenarios.

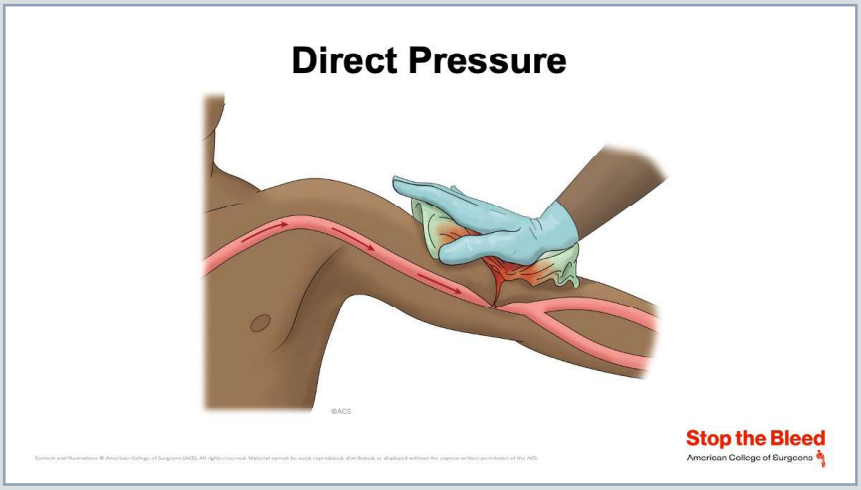
Situational scenarios for presenting

- Uncontrolled bleeding can occur in many different scenarios, and recognizing these situations is crucial for immediate response and intervention.

Guiding discussion areas

- Notice the blood flow demonstrated by arrows and how there are no arrows beyond the injury (i.e., no or limited blood flow).

Direct Pressure



Key content elements

- Demonstrate direct pressure as the first step.

Instructor considerations

- An effective step to control bleeding is called direct pressure. This means placing a cloth or towel (anything that is absorbent) directly over the wound and applying firm, steady pressure with your hand(s). The pressure helps to close off the blood vessels around the wound, slowing down or stopping the blood flow. It is Important to push down hard and hold it there. Don't be afraid to press firmly – it might feel painful for the injured person, but stopping the bleeding is essential.
- Once you begin holding pressure, you should maintain it until help arrives, or until you need to use another bleeding control mechanism, such as wound packing or tourniquet application. The patient or another bystander can help maintain pressure.
- The patient or a bystander can help maintain pressure.
  — **DO NOT** lift the dressing to check; maintain **steady pressure**.
- In emergencies where medical supplies are unavailable, several non-medical materials can be used for direct pressure and wound packing.

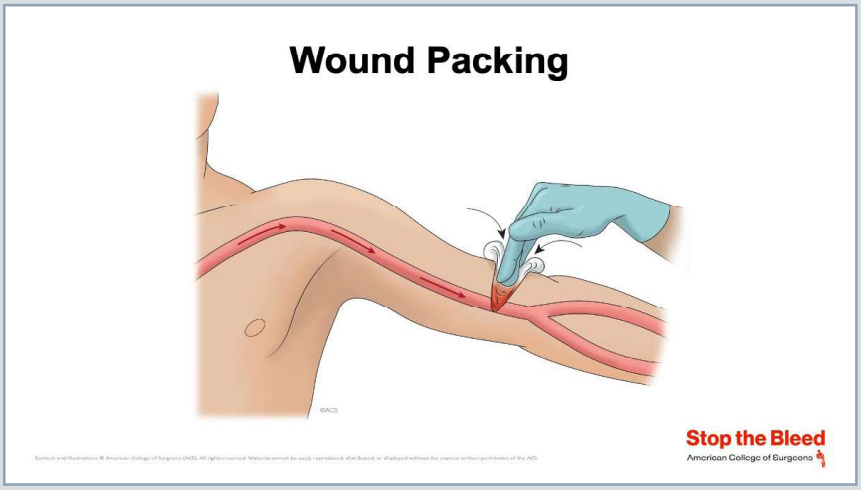
Situational scenarios for presenting

- Notice the rescuer is wearing a glove and has a small amount of material between the hand and the wound.

Guiding discussion areas

- Note that the blood vessel is compressed or flattened, reducing the loss of blood.
- What materials do you have now that can be used to stop bleeding?

Wound Packing



Key content elements

- Demonstrate how to pack a wound if the direct pressure step does not stop bleeding.

Instructor considerations

- If direct pressure with a cloth isn't enough to stop the bleeding, there's another technique we can use called wound packing. This is important if direct pressure over the wound does not stop the bleeding. Wound packing involves gently stuffing gauze or some cloth directly into the wound. Packing the wound creates pressure from the inside, which can control the bleeding. This can be very effective for deep wounds or spurting blood. If gauze is not available, any available clean cloth can be used.
- Do not lift the dressing to check; maintain steady pressure. When reviewing this with learners, emphasize here and with the skills station that this is important—it is intuitive to check.

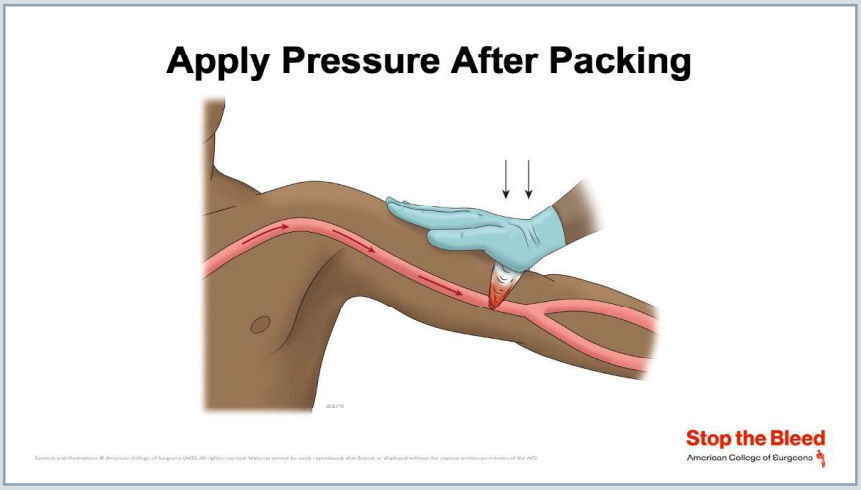
Situational scenarios for presenting

- Using some of that material or gauze from the STB kit to fill up the wound.
- If you do not have a bleeding control kit, several non-medical materials can help control bleeding.

Guiding discussion areas

- What could be used as packing?
- If you had to use something you are wearing now to pack a wound, what would it be?
- Look around the room; what could be used to pack a wound?

Apply Pressure After Packing



Key content elements

- After packing the wound, direct pressure is re-applied and continued.

Instructor considerations

- If a wound has been packed, you should still apply direct pressure over the packing. Place a clean cloth or towel over the gauze and press down firmly with your hand. This will help maintain the pressure on the wound and slow the bleeding. Your goal is to keep pressure on the wound until help arrives. Don't remove the packing – medical professionals will take care of that.

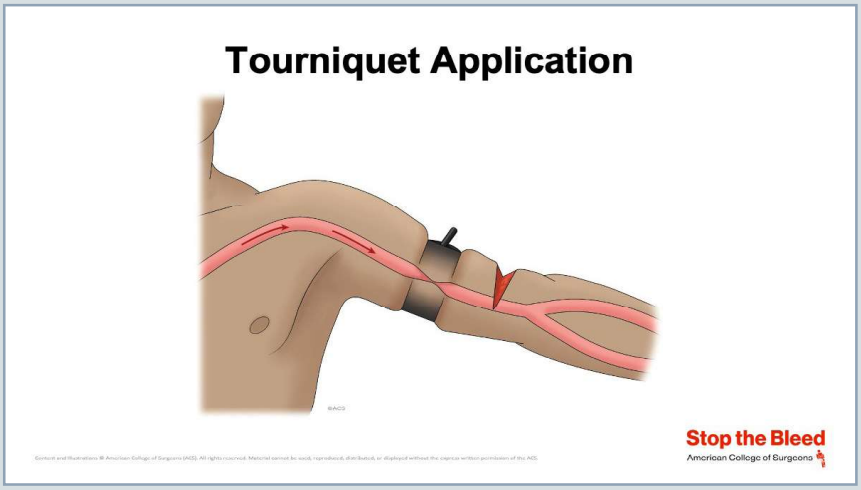
Situational scenarios for presenting

- *Again, do not remove the pressure. Maintain direct pressure unless you are moving on to the next technique (packing, tourniquets) or until medical help arrives.*
- **WHAT IF I AM BY MYSELF? WHAT DO I DO?** (This is a frequently asked question.)
  - If you are alone and there is serious bleeding, you must act quickly to stop the bleeding. If you must leave to find help, ensure the wound is securely bandaged and pressure is maintained. If they are conscious and stable, instruct them to maintain pressure while you go. Look for other people nearby who may assist or help contact emergency services.

Guiding discussion areas

- Respond to any questions or concern expressed by participants.

Tourniquet Application



Key content elements

- Properly applied tourniquets apply pressure to blood vessels, stopping blood flow to the applied area.

Instructor considerations

- Tourniquets are typically used in serious injuries to the arms or legs where direct pressure or wound packing isn't working. A tourniquet cuts off blood flow completely by squeezing the blood vessels shut. This can be very effective for stopping serious life-threatening bleeding. Using a tourniquet incorrectly can cause further damage to the limb or worsen the bleeding. Notice on the slide there is no blood flow beyond the tourniquet.

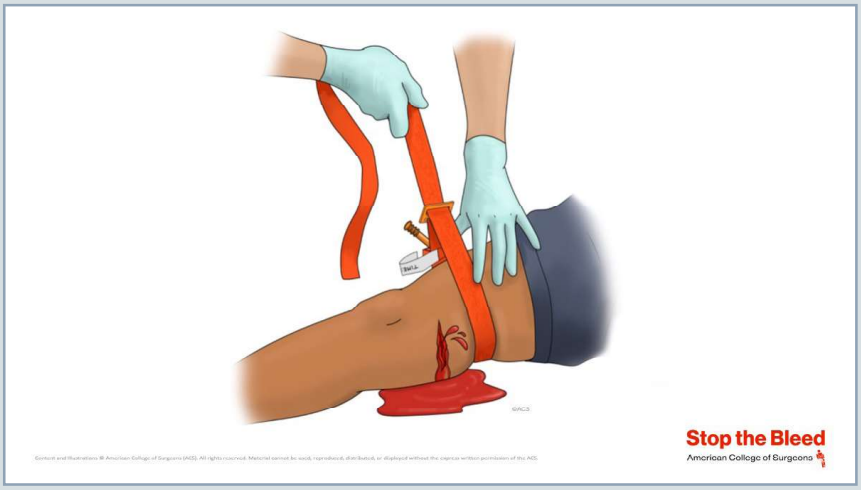
Situational scenarios for presenting

- Tourniquets are available in multiple colors, but the function is the same. Blue tourniquets are typically used for training only and should not be used to control bleeding because they may have been stretched or worn. Commercially available tourniquets come in black, red, and orange.

Guiding discussion areas

- In this slide, the image shows the compression of the blood vessel by the tourniquet, blocking blood flow. The blood vessel shows no arrows of flow beyond the tourniquet site, and the compression of the arm.

Tourniquet Steps: Wrapping the Tourniquet



Key content elements

- Applying the tourniquet.

Instructor considerations

- In a serious bleeding emergency where direct pressure and wound packing aren't working, a tourniquet might be used as a last resort to stop life-threatening bleeding from an arm or leg. Here's an overview of proper placement, and you will be practicing this during the skills portion of the course.
- Talk to the victim and reassure them you are helping them. Let them know what you are doing. Talk to them throughout the application. You can have someone assist with talking to the victim and use those around you to help.
- Place the tourniquet 2–3 inches or 5–7 cm above the wound, avoiding joints (never place over a knee or elbow). If the wound is near a joint, never place the tourniquet above the joint on the upper portion of the limb. Think back to what we learned about blood flow – by putting the tourniquet higher up, we can stop the blood supply to the wound. The strap is then threaded through the buckle and tightened securely around the limb.
- In the event of a bleeding event without anyone around, you can apply a tourniquet to yourself.
- During the skills demonstration and practice, the training limb should be treated like an extremity—in other words, laid down on its side.
- During the skills section, do not apply tourniquets to participants or other instructors.

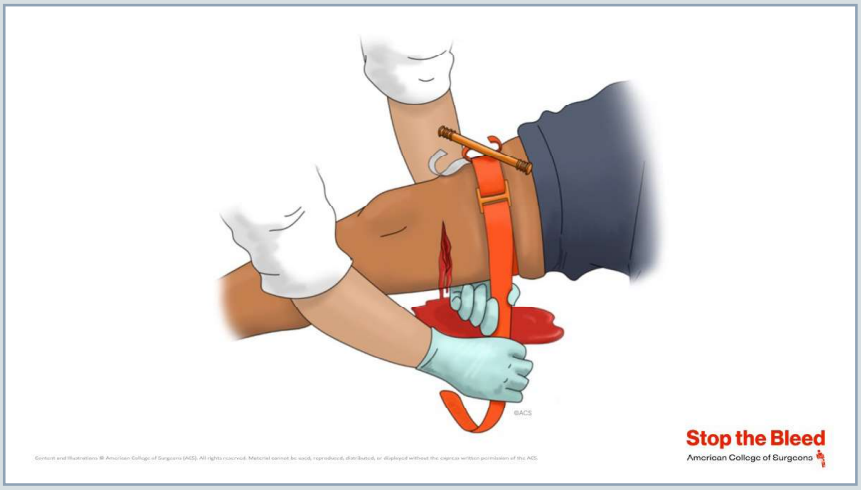
Situational scenarios for presenting

- N/A

Guiding discussion areas

- N/A

Tourniquet Steps: Pull Tight



Key content elements

- Understand that applying a tourniquet requires a TIGHT application.

Instructor considerations

- Continuing our overview of the tourniquet application, Route the self-adhering band around the limb and pass the free end through the buckle. Pull the band tight until it is snug around the limb. Secure the band back onto itself using the hook and loop fastener. Once the strap is threaded through the buckle, pull it tight around the limb. You should not be able to slip a finger between the strap and the skin. This ensures there is no slack in the tourniquet strap.
- Use your free hand to pull the band, tightening it around the limb. Wrap the band around the limb and tighten it firmly; don't cover the windlass or clips. Fasten the band using the hook-and-loop fastener (Velcro).

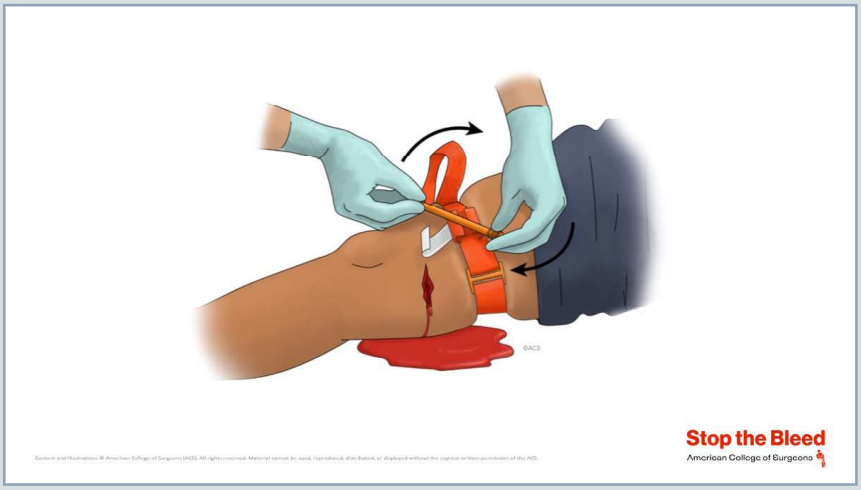
Situational scenarios for presenting

- For discussion on different tourniquet types, refer to the resource at the ACS STB website.

Guiding discussion areas

- These questions are intended to engage the participants and promote understanding and application of the key elements.

Tourniquet Steps: Windlass



Key content elements

- Tightening the tourniquet requires twisting the windlass rod until the bleeding stops. Tightening the tourniquet causes pain.

Instructor considerations

- Once the tourniquet strap is secure and tightened, locate the windlass rod on the tourniquet. This is the rod you'll twist to tighten the tourniquet further. Twist the windlass rod until the bleeding stops. The windlass can be turned in either direction. It's important to be aware that a properly applied tourniquet will cause significant pain to the injured person. Once the bleeding stops, secure the windlass rod in the clip to maintain pressure. Wrap the remaining strap over the windlass rod and secure it with the remaining strap. Place the white tab, that indicates time, over the rod to ensure the tourniquet remains tight and in place.
- Continue talking to the victim, reassuring them that help is coming.
- Emergency Medical professionals can manage pain, if applicable.
- **This information is critical!** ***Never loosen or remove a tourniquet once it has been applied. Loosening the tourniquet could result in more bleeding, which can be very dangerous. Only trained medical professionals will remove a tourniquet.***

Situational scenarios for presenting

- Draw attention to the twisting and the buckle—they are 'up' and facing the rescuer.

Guiding discussion areas

- N/A

Completed Tourniquet

Key content elements

- Remember to discuss marking time and reiterate that a tourniquet should never be removed.

Instructor considerations

- Once you've tightened the tourniquet and secured the windlass rod, write the time of application on the tourniquet. If you do not have a pen or marker, note when you put the tourniquet on the victim and let emergency responders know when they arrive. This is essential information for medical professionals, as it helps them determine how long the limb has been deprived of blood flow. If you don't have a pen, don't worry! Make a mental note of the time and tell the medical professionals when they arrive the approximate time you applied the tourniquet.

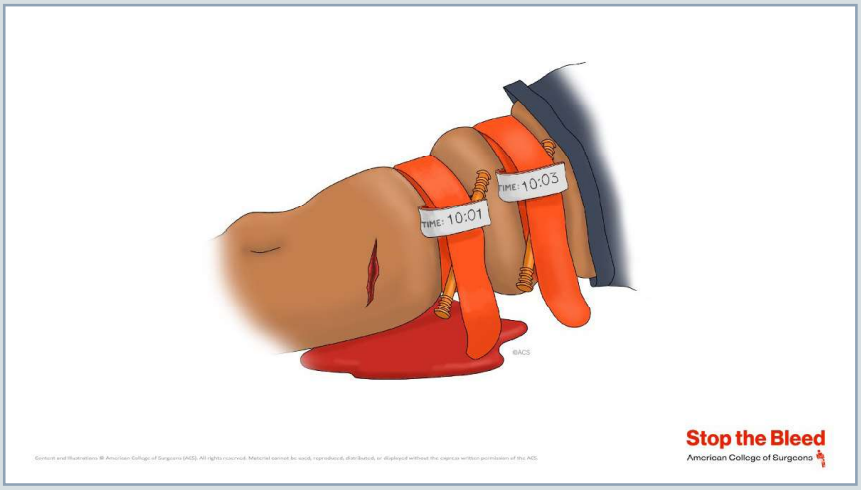
Situational scenarios for presenting

- The victim may experience severe pain and scream and tell or ask the rescuer to remove the tourniquet due to pain; it's very important to remain calm and help them stay calm.

Guiding discussion areas

- If you need to apply another tourniquet because bleeding hasn't stopped, what should you do?

Additional Tourniquet Application



Key content elements

- If the first tourniquet does not stop bleeding; another may be applied above the initial tourniquet.
- Apply the second tourniquet in the same manner as the first one, immediately above the first.

Instructor considerations

- The first tourniquet does not fully stop bleeding (continued bright red or spurting blood).
- The first tourniquet cannot be tightened any further, and bleeding persists.
- The injury is on a large limb, such as the thigh, where one tourniquet may not generate enough pressure.

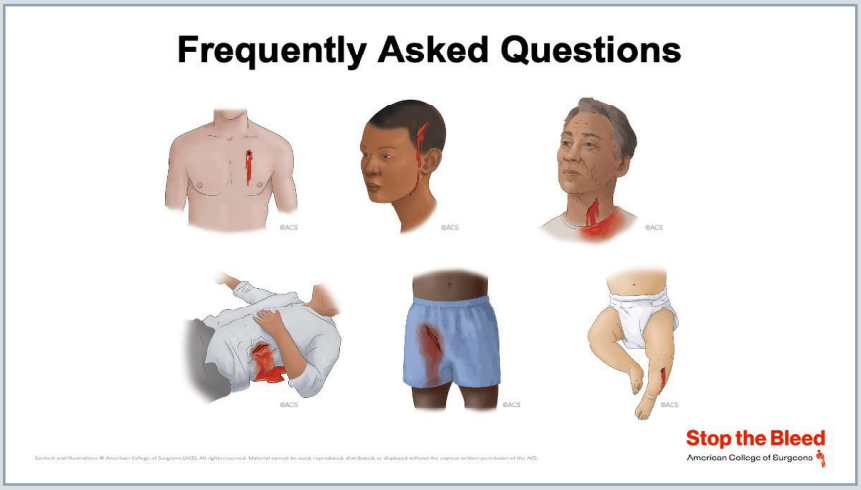
Situational scenarios for presenting

- Recognizing when one tourniquet is not enough and the need for a second.
- Proper placement and spacing of the second tourniquet.
- The importance of reassessment to confirm bleeding control.
- Effective communication with EMS, ensuring timely and accurate patient care.

Guiding discussion areas

- How do you determine that a second tourniquet is needed?
- What are the signs that the first tourniquet is insufficient (e.g., continued bleeding, inadequate pressure)?
- Where should the second tourniquet be placed in relation to the first?
- What considerations should be taken to avoid placing the tourniquet over joints, wounds, or prosthetics?

FAQ



Key content elements

- Address frequent questions and ask for more, empowering rescuers at the start and end of the program.

Instructor considerations

- We've learned that tourniquets are important for serious bleeding in the arms and legs. However, they are not appropriate for all wounds. This slide shows some examples, like chest wounds, abdominal wounds, groin wounds, scalp wounds, neck wounds and even injuries to infants. You won't be able to use a tourniquet effectively for these types of injuries. The best course of action is to apply direct pressure with a clean cloth or towel and hold pressure until help arrives. By applying firm and steady pressure, you can make a big difference. It is important to speak to the victim and let them know that professional help is on the way.
- **IF THE PARTICIPANT HAS ADDITIONAL QUESTIONS, ONLY ANSWER THOSE YOU ARE COMFORTABLE WITH ANSWERING. IF YOU CANNOT ANSWER THE QUESTION, SEND THE QUESTION TO ACS STB STAFF, AND THEY WILL PROVIDE AN ANSWER.**
- ***Send questions to stopthebleed@facs.org.***

Situational scenarios for presenting

- Chest, head/scalp, neck, trunk/torso, groin, children.

Guiding discussion areas

- Does anyone have additional questions that have not been answered?

Disclaimer

Key content elements

- Key points—tourniquet applications vary; improvised devices are important to discuss, and removal/conversion should only be removed by trained surgeons.

Instructor considerations

- Do your research regarding tourniquets in your local areas. What is being used? Where can they be found? If there are guidelines or legislation, this would be a good time to speak about state, county, or city specific legislation, specifically if you are training identified individuals impacted by the legislation, i.e., Texas schools, Colorado schools, and California building requirements.
- Review Good Samaritan Acts as they differ globally. Be prepared to speak on the specific laws.
- As discussed in the ACS STB course, you should never remove a tourniquet; only trained medical professionals should do so. Reiterate as an immediate responder NEVER remove a tourniquet.

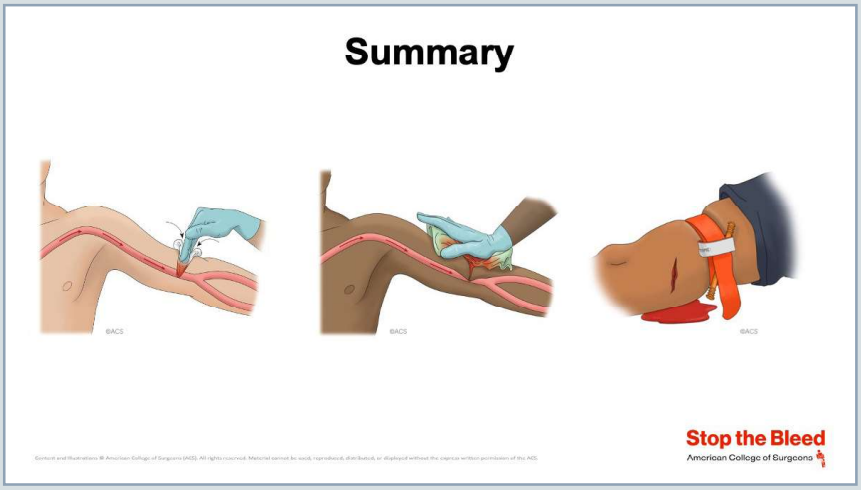
Situational scenarios for presenting

- N/A

Guiding discussion areas

- What types of tourniquets are being used in your area?
- Do you have bleeding control equipment accessible in your community?

Disclaimer



Key content elements

- Key points—critical techniques for bleeding control include the application of pressure, packing of wounds and tourniquet application.

Instructor considerations

- Do your research regarding tourniquets in your local area. What is being used? Where can they be found?
- Reinforce the steps for applying direct pressure, wound packing, and tourniquet application.
- The ACS Committee on Trauma (ACS COT) serves as a key resource for vetting and approving tourniquets for training courses. As the authoritative source, the ACS COT ensures that approved tourniquets meet the necessary standards for effective bleeding control education and training.
- The ACS does not advocate using improvised tourniquets as the efficacy is not guaranteed. Commercial-grade tourniquets should be used. Remember that you have learned two other methods to control bleeding during the course, direct pressure and wound packing, that will help stop bleeding.
- As discussed in the course, you should never remove a tourniquet; only trained medical professionals should do so. Reiterate NOT to remove a tourniquet.

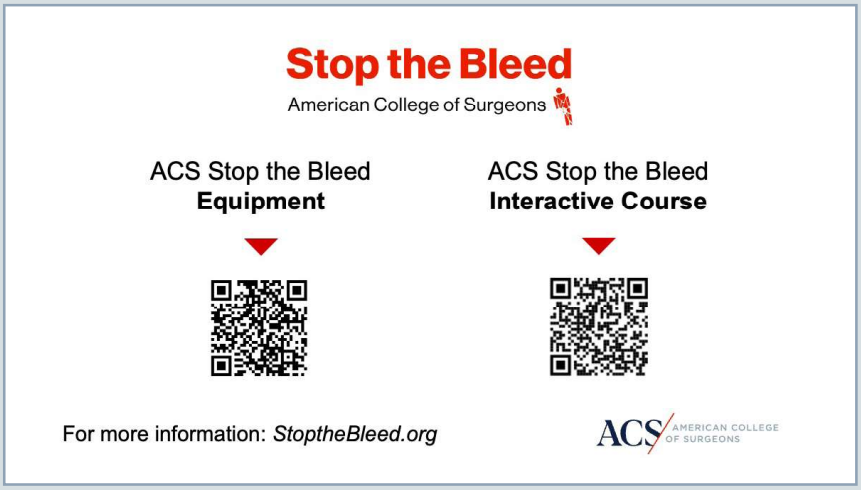
Situational scenarios for presenting

- N/A

Guiding discussion areas

- Ask about which tourniquets are being used or available in your area.
- What can be used to apply direct pressure or used as packing?

For More Information



Key content elements

- Participant learning objective.

Instructor considerations

- The **ACS Stop the Bleed (STB) Course** is designed to empower individuals with the knowledge and skills to recognize life-threatening bleeding and take immediate action to control it until professional help arrives. This program equips participants with critical techniques to save lives in emergency situations.
- The QR codes allow participants to go to the shop page of the ACS Stop the Bleed website to purchase kits and direct the participant to the ACS Stop the Bleed Interactive Course. Additionally, the participant can visit the webpage for information.
- Inform the participants that all sales provide funding to support the ACS Stop the Bleed Program. Through sales, the ACS STB program can complete research, update the program and course materials, and support ACS STB initiatives.

Situational scenarios for presenting

- N/A

Guiding discussion areas

- Do the participants have any questions?
- Focus on questions that are beneficial for the group as a learning tool and answer them concisely.
- Questions that are off-topic may not add value or could disrupt or confuse other participants should be taken offline for discussion after the class.
- If you cannot respond with an accurate answer, remind the participant that you will obtain the answer and provide a reply. Take their contact information for a response.
- You can also refer participants to ACS Stop the Bleed at stopthebleed@facs.org.
- Identify potential instructors and refer them to stopthebleed.org.

Final Slide

Key content elements

- The ACS STB Program emphasizes that the only thing more tragic than a death, is a death that could have been prevented.

Instructor considerations

- Encourage participants to utilize the interactive course as a valuable refresher on the essential steps for controlling bleeding. Remind them that revisiting the material reinforces their skills and knowledge, and they can also promote the course to others, helping to expand awareness and proficiency in bleeding control.

Situational scenarios for presenting

- N/A

Guiding discussion areas

- Encourage participants to advocate for the **ACS Stop the Bleed Program** by sharing its importance with others and motivating them to take the course, helping to expand awareness and preparedness for bleeding emergencies.

Frequently Asked Questions (FAQ)

1. If I provide care, am I risking liability? What about Good Samaritan Laws?
    a. Good Samaritan laws around the world are based upon one or more of the following four concepts:
        i. Good Samaritan laws do not always include the "Duty to Rescue." Good Samaritan is a legal principle to reduce bystanders' hesitation to help when someone is in danger, out of fear of accepting liability and risk of legal action or prosecution if they unintentionally cause harm or are accused of it. Good Samaritan laws have a protection to rescuers that prevents the rescuer, trained or not, from being successfully sued or held liable for wrongdoing.
        ii. Duty to Rescue is a type of law that requires people to offer assistance, and can hold bystanders liable if they do *not* act. This is less common but is in effect in many countries.
        iii. Consent—if a bystander offers help and the victim accepts, this may render the rescuer protected.
        iv. If the victim refuses treatment, this may render the first three tenets moot.
    b. For healthcare professionals, Good Samaritan laws do not apply unless they are acting in a volunteer or bystander capacity, ie, not on the job.
    c. Africa
        i. Many sub-Saharan nations do not have any laws documented, others are unknown.
    d. Asia
        i. China has a national Good Samaritan law as of October 2017, included in the Civil Law General Principles, Clause 184.
        ii. Japan has equivalent laws that include duty to act, and the duty to rescue provisions also include health professionals.
        iii. India has a nationwide law that covers bystander help in most situations during the 'golden hour' with the intention of helping survivorship.
        iv. The United Arab Emirates (UAE) was the first Arab nation to pass a Good Samaritan law in 2020.
    e. Australia
        i. Most Australian states have some form of Good Samaritan protection with similar good-faith and unimpaired parameters.
    f. Canada
        i. All provincial governments have placed Good Samaritan-type laws in place. Be familiar in your area.
    g. European Union
        i. Most nations in the EU have laws in place, and some include a Duty to Rescue.
    h. Israel
        i. The law requires assisting a person in danger, and helpers are eligible for compensation for any damages suffered.
    i. UK
        i. England and Wales include similar laws to the EU.
    j. United States
        i. All 50 states and the District of Columbia have enacted some form of Good Samaritan law. Instructors should familiarize themselves with the specific provisions and legal protections applicable in their local jurisdiction.
    k. Those nations without:
        i. Pakistan, South Africa, New Zealand, Singapore, and the Philippines do not have formal Good Samaritan Laws as of May 2024.

2. Wait… more than one program teaches STOP THE BLEED? Which program do I choose?
   a. Courses provided by the American Red Cross and the Stop the Bleed Coalition contain similar content. This content meets the requirements of both the United States Department of Defense and the American College of Surgeons as the standard for STB instruction. Version 3.0 of the ACS STB Course became available in March 2025. The course is proprietary under the American College of Surgeons and may not be duplicated or utilized by other organizations without the expressed written permission of the ACS. This content is **evidence-based and continually updated** through research to reflect the latest best practices. Official **ACS Stop the Bleed** materials are easily recognized by the ACS Stop the Bleed logo. If the logo is not present, the course is not **ACS-sanctioned**.
   b. Official ACS Stop the bleed logo:

      Stop the Bleed
      American College of Surgeons

   c. Some programs teach STOP THE BLEED® for a fee. The ACS does not apply a fee to taking the ACS STB Course but allows instructors to recoup their costs when hosting a course. All ACS STB instructors are volunteers and should not charge for their services. There are instances where ACS STB is integrated into a more extensive course with additional non-ACS Stop the Bleed training modules, which will incur a charge. ACS STB Staff reviews all courses to which a cost is attached and will validate the charge. Any questions regarding an associated cost to providing ACS Stop the Bleed should be directed to ACS STB Staff.
   d. Donations to the ACS Stop the Bleed Course are accepted. Please contact ACS STB Staff to process the donation. The contact email is stopthebleed@facs.org.
   e. As an ACS Stop the Bleed Instructor, you **ARE NOT** required nor do you need a separate license to teach STOP THE BLEED®. You are not required to report your courses to another organization. The ACS STB Program reports data to the DoD using numbers from the ACS STB Instructor Portal.
3. What is the difference between Stop the Bleed logos?
   a. The STOP THE BLEED® logo consists of the words "STOP THE BLEED" alongside a stop sign symbol. STOP THE BLEED® is a registered trademark of the U.S. Department of Defense, Defense Health Agency. All rights reserved. ©DoD. The American College of Surgeons operates its Stop the Bleed program under a licensing agreement granted by the Department of Defense.
   b. The ACS created the current logo, which includes the trauma-broken person and "American College of Surgeons," to differentiate between programming and ensure the ACS STB program was easily identified. The logo confirms that the course is sanctioned and backed by the American College of Surgeons.
   c. Content and illustrations © American College of Surgeons (ACS). Material cannot be used, reproduced, distributed, or displayed without the express written permission of the ACS. Individuals should contact ACS STB Staff for permission by email at stopthebleed@facs.org.
   d. The ACS STB Course will continue to partner with the DoD and use the DoD logo to promote bleeding control globally.
   e. Many programs offer STB, and other logos may be found. If you have questions about these logos, contact ACS STB Staff by email at stopthebleed@facs.org.
   f. Teaching ACS Stop the Bleed to community bystanders is an empowering and energizing opportunity to add an additional step in the cascade of trauma care in the role of an 'immediate' responder. This is in direct alignment with the trauma chain of survival and the first link, "bystander care." Any opportunity to introduce ACS STB to an individual is important.

4. Tell us about treating bleeding injuries of the torso or abdomen?
    a. Tourniquets are not useful in the treating of injuries to the torso or abdomen,
    b. Direct pressure and packing are effective, and though they won't directly impact some of the types of injuries in the chest and abdomen, they may help decrease bleeding overall, and may help save lives.
    c. The victim with these injuries requires more advanced care, and as an immediate responder your role is to also talk to the victim, keep them informed to what you are doing and remind them that help is on the way.
5. Who can take STOP THE BLEED? Should I allow my children to take the class?
    a. There is no minimum age requirement for STOP THE BLEED, but it is important to know that the class does include images rendered that show bleeding and injury. Instructors have reported teaching students as young as 7 years old.
6. Who can be an instructor for ACS STB? What are the obligations?
    a. Many different public safety, sworn officers, and healthcare workers can become instructors. See the ACS Stop the Bleed website to see how you may be eligible. Physicians, nurses, PAs, pharmacists, podiatrists, paramedics, EMTs, corpsmen, military medics, OT, PT, SLP, therapists, veterinarians, sworn officers, ski patrol, dieticians, lifeguards, and others are all eligible. For more information on becoming an instructor, contact the ACS Stop the Bleed Program.
    b. The expectation after becoming an instructor is that you will hold your own classes, register and close classes, and make an effort to be available for your community to instruct others.
        i. In addition to holding classes, being available for larger events in the state/region, joining other instructors, and answering requests from groups who contact ACS STB for a class in your area.