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| James Beauchamp is a lifelong resident of Texas and the Permian Basin, and the program is " Telling the Story of the Permian Basin:  Advancing State and Federal Funding to the Permian Basin." He is a former state and federal legislative aide, and in 2003, James became the President of the Midland-Odessa Transportation Alliance, with the task of advancing critical infrastructure in the Permian Basin.  During his tenure, MOTRAN has worked to bring over $2 billion in additional funding to the region.  There will be a buffet lunch for $20: cash, credit cards or Eventbrite tickets will be accepted at the door. I**F YOU HAVE A FAVORITE SPEAKER OR TOPIC THAT YOU WANT TO SHARE, PLEASE CONTACT ME.  WE ARE ALWAYS LOOKING FOR SPEAKERS/TOPICS FOR OUR MEETINGS**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ September in Review Midland Fire and Rescue Battalion Chief Jamie Farmer was our speaker, and his topic was "Stop the Bleed." He felt that the topic was one that could be used universally—at work, for mass shootings and home injuries. He started with the acronym of **ABC**. **A**—Alert. Be alert, call 911, if you can do CPR and it is safe for you to do so, start it and have someone else call 911. Just make sure that it is safe to call 911. Recently a teenaged boy was injured, and a group of people stood around him, videoing his death, and **not** one person called 911 to help him. **B**—Bleeding causes oxygen, heat and glucose loss. **C**—Compress the artery that is bleeding. If the bleeding is life threatening, just packing the wound won't do much good. You need a tourniquet (or two) to stop the bleeding. If the wound is on a leg, you may need two tourniquets to stop the bleeding. Always apply the tourniquet between the heart and the injury. The next acronym he gave us was **MARCH:** **M**assive hemorrhaging—If there is a large pool of blood around the victim in a mass causality situation, there is no point in trying to do CPR on them, because that probably have "bled out" or lost most if not all of their blood, along with their body heat, oxygen and glucose. **A**—Airway. In a mass causality situation, and there is a person with a large pool of blood around them just adjust the head to open an airway and see if they start breathing on their own, if **NOT move on to the next person.** **R**—Respirations, see above. **C**—Circulation. The purpose of CPR is to circulate oxygen to the body, and especially the brain. **H**—Hypothermia/ Head trauma. Blood won't clot if the person is cold, so cover them with a blanket or some sort of covering. Also, turn them onto their side, with the arm on the bottom to be used as a pillow for their head, and so they won't aspirate (get vomit into their lungs), and bend the top knee to brace them in that position. This is called the recovery position. My thought is: if it is cold outside, they need to by lying on part of the blanket to keep the ground or floor from absorbing the body heat. So position the blanket so that you can roll them over on it. Jamie said that is a mass causality situation, when he sees a person in this position, he moves on to another person, because a person lying on their side is in a relatively stable condition. Shock is a condition where there is inadequate tissue profusion with little O² going into the tissues or body and CO² coming out. There are four stages of hypovolemic shock: The first is **Compensated:** The body has lost 500 cc or less (this is what is taken when you donate blood). The mental status is alert, the pulse is full, heart rate is normal. If 1,000 cc or 1 quart or liter is lost then the heart rate will be more rapid. With a loss of 1,500cc of blood the person will be anxious, heart rate will be up, respirations will be up and their blood pressure will be low. **Decompensated**—With a 2,000 cc loss, the person will be confused and lethargic, with a weak pulse, increased heart rate and respirations. With 2,500cc, the person will have lost about half of the blood in their body. 9% of people who have leg or arm injuries die from that injury, due to loss of blood. If there is an arm or leg injury, apply the tourniquet as close to the heart as you can get it, (go as high as you can go): because a tourniquet then allows you to be "hands free" and can work on another area on that person, or to pack the wound that is bleeding. Jamie said that the prescribed position to do that is position yourself between the injured person's legs, and then pack the wound. He said that he preferred to do it from the side, because it allowed him a greater working area, and a defensive position to use his side arm to defend himself and the victim if necessary. When packing a wound, the literature states to use a "clean or sterile" material. Jamie said, "Use whatever you have around you, clean or dirty, because the first thing the doctors at the hospital will do is order antibiotics.  If you don't have a tourniquet, use direct pressure on the wound, and try to get as deep into the tissues as possible. Legs may take as many as **two** tourniquets, just to control the bleeding. Jamie said, "Don't make the injuries look pretty; your main purpose is to keep the person's blood in their body. **Tighten the tourniquet until the bleeding stops.** **Once you have the tourniquet on, DON'T LOOSEN IT OR TAKE IT OFF!**  If you have put the tourniquet on properly, it is supposed to **hurt**! Don't put a tourniquet on knees or elbows or over bulky pockets, empty the pockets, and as you do, check for weapons.  Jamie showed us several different types of tourniquets, his favorite is the CAT combat application G-7 which sells for $25-30, which can be self-applied, but not good for the elderly or a child.. Also there is the SOFTT 1st  and 2nd Gen for lower extremities, it has a wide band and is approved. The SWATT tourniquet is a wide band that sells for $10-12. If you have a blood pressure cuff that operates manually, that can be used. **Never use a narrow band, as that will cause nerve damage.** Jamie suggested time stamping the tourniquet application if you are in a remote location. He told us of one soldier who had a tourniquet on for THREE DAYS, with no nerve damage .If the wound is on the neck or shoulder; you will not be able to use a tourniquet, so you are going to have to pack the wound. There are products for that purpose such as Quick Clot (for civilian use), or Combat Gauze ( for military use) but these products run about $25-30 PER package and are good for only about 5 years. He recommended Kerlix or Celox which run about $1/ pkg. Bullets leave cavities, so when checking for bullet wounds, keep your fingers **together** as you run them down an arm or leg; if your fingers are spread out (like an "angry kitty") you could miss a bullet wound. Exit wounds are much larger than entry wounds. When packing a wound, the hardest part is putting your finger into the wound, and angling it toward the heart. Make a gauze ball and follow the finger in the wound. Pack as much as you can into the wound and as fast as you can., and then apply a pressure dressing, some of which cost $10-15 each, or use an ACE bandage which costs $4. When using ACE bandages, twist them to create more pressure, and if they have Velcro on them use it. Don't use tampons for packing wounds, they can only be used on nose bleeds. Battalion Chief Farmer then talked about kits that companies can keep on hand; one such kit is from Bleeding Control.Org for about $95. He suggested having wall mounted kits close to the defibrillators if companies have them. If companies or individuals make their own kits, he suggested keeping them practical and as inexpensive as possible, since the supplies will need to be replaced after use. |
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