

CATHOLIC DIOCESE OF MEMPHIS

Stop the Bleed

Matthew 25:40

"Whatever you did for one of the least of these My brethren, you did for Me."



Why Stop the Bleed?

Uncontrolled bleeding is the leading cause of preventable death after injury.

- A person can bleed to death in as little as 3–5 minutes
- EMS response may take longer
- Immediate action saves lives
- Anyone can become a first responder



Personal Safety First

Your safety comes first.

- Ensure the scene is safe
- Use gloves if available
- Call 911 immediately
- Ask someone to retrieve a trauma kit or AED



Recognizing Life-Threatening Bleeding

- Blood spurting
- Blood pooling rapidly
- Clothing soaked with blood
- Partial or complete amputation
- Victim becoming pale, confused, or unconscious



The ABCs

Before treating bleeding:

- Airway
- Breathing
- Circulation
- If bleeding is life-threatening, control it immediately.



Three Ways to Stop the Bleeding

Direct Pressure

Wound Packing

Tourniquet



ISRAELI BANDAGE



ARTERIES

VEINS

CAPILLARIES



- Spurting blood
- Pulsating flow
- Bright red color

- Steady, slow flow
- Dark red color

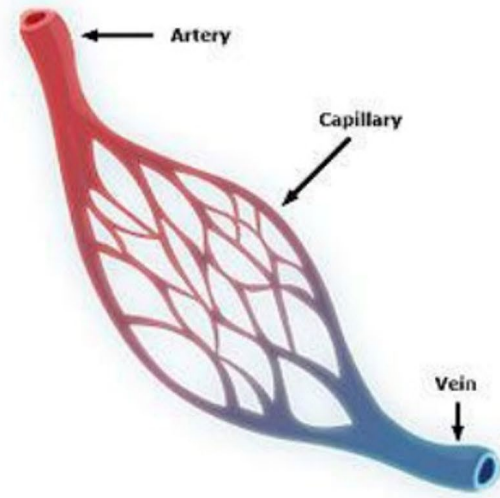
- Slow, even flow

Capillary Bleeding

- Slow
- Typically oozes
- Blood clots quickly
- Examples:
 - Scratches
 - Minor cuts
 - Abrasions

Treatment:

- Clean with soap and water
- Bandage





Venous Bleeding

- Rupture of 1+ veins
- Less severe than arterial
- Steady blood flow
- Darker red blood
- Easier to control



Treatment:

- Direct pressure
- Compression bandaging
- Follow-up with doctor



Arterial Bleeding

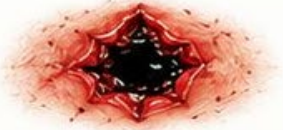
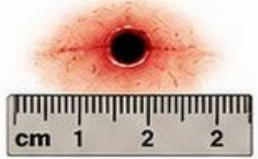
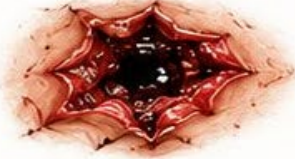
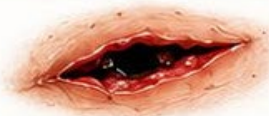
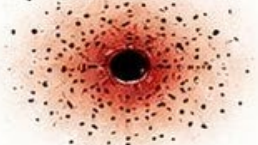
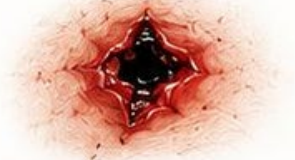


- Most serious
- Punctured/severed artery
- Bright red blood
- Distinct spurts/pulses correspond to heart beat
- Can lose large volume of blood in short period



Treatment:

- Treat athlete for shock
- Apply direct pressure; find and use pressure points
- Activate EMS
- Apply tourniquet if bleeding cannot be controlled by direct pressure or use of pressure points

ENTRY WOUND		FEATURE	EXIT WOUND	
	The point where the projectile enters the body.	 LOCATION	The point where the projectile leaves the body.	
	Usually smaller and more regular in shape compared to exit wounds.	 SIZE	Usually larger and more irregular than entry wounds due to projectile tumbling or deforming inside the body.	
	Edges are typically clean and may show an abrasion collar (a ring of abraded skin around the wound).	 EDGES	Edges are often ragged or everted (turned outward).	
	Often circular or oval.	 SHAPE	Can be irregular or slit-like.	
	May have soot, tattooing (stippling), or powder burns around the wound if the shot was fired at close range.	 CHARACTERISTICS	Generally lacks soot or tattooing because the projectile has lost its propellant gases.	
	The wound track starts here and goes inward.	 WOUND TRACK	Marks the end of the wound track.	

3. WOUND TRACK EXPLANATION

A projectile enters the body (**ENTRY WOUND**), travels through tissues and organs, and finally exits the body (**EXIT WOUND**).



The actual path may be straight or distorted depending on the angle of fire, distance, type of weapon, and structures hit (bone, organs, etc.).



Direct Pressure

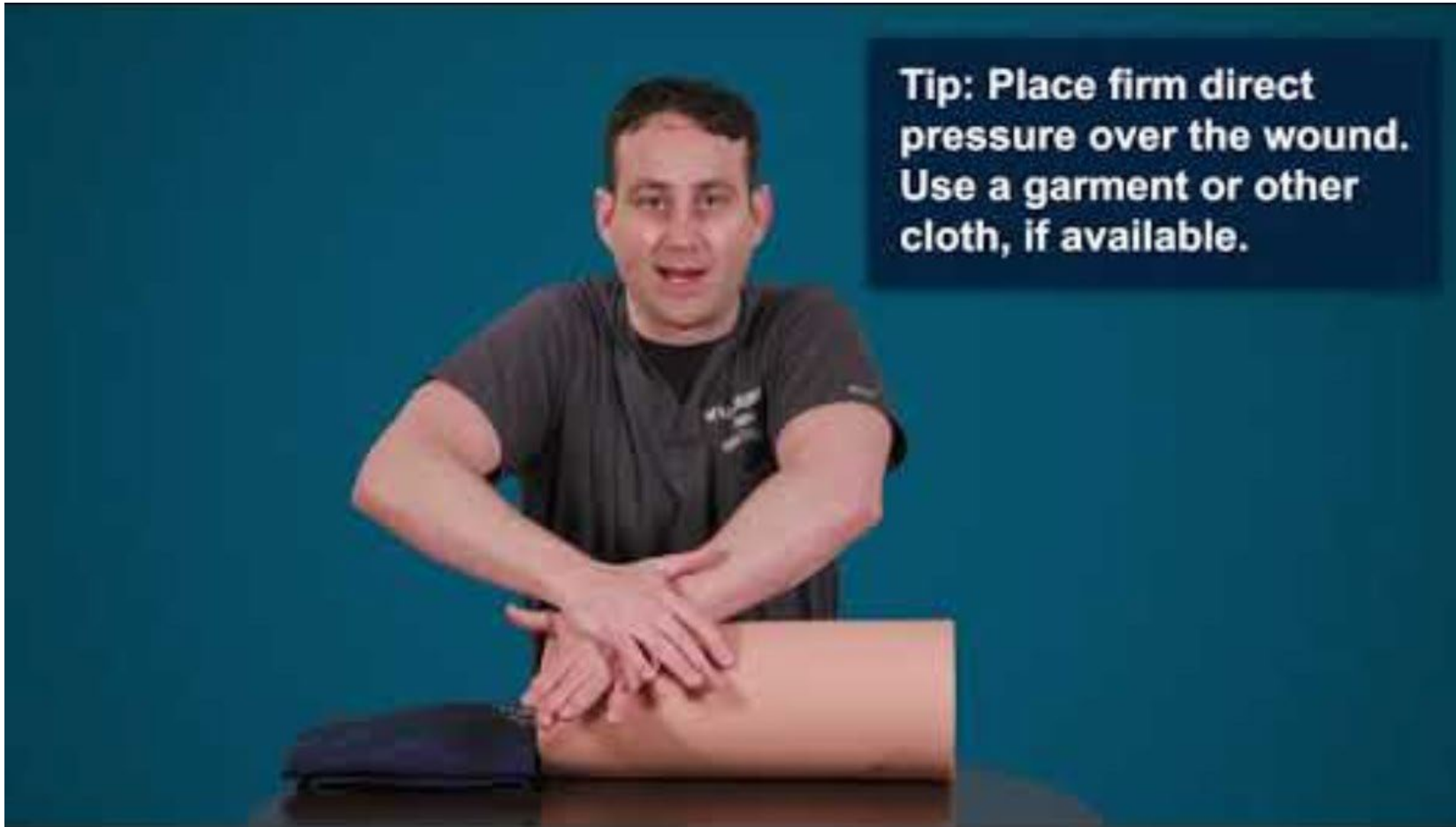
Use:

- Clean cloth
- Gauze
- Hands if nothing else available

Apply:

- Firm pressure
- Do not peek
- Continue pressure until EMS arrives

How to Apply Direct Pressure





Wound Packing

Used for:

- Groin
- Shoulder
- Armpit
- Neck (with caution)

Steps:

- Locate bleeding source
- Pack gauze tightly into wound
- Apply firm pressure for at least 3 minutes

How to Pack a Wound





Tourniquet Use

- Severe arm or leg bleeding
- Direct pressure fails
- Multiple victims
- Unsafe environment
- Combat Application Tourniquets (CAT) are preferred

The Combat Application Tourniquet (C-A-T) is a one-handed, highly effective device designed to stop severe extremity bleeding in emergency and combat situations.





Tourniquet Placement

- High and Tight
- OR
- 2–3 inches above the wound
- **Never place over a joint**

Tourniquet Application

- Place strap
- Tighten strap
- Twist windlass until bleeding stops
- Secure windlass
- Record application time (sharpie)

Common Tourniquet Mistakes

- **DO NOT** Place over a joint
- **DO NOT** Place too loosely
- **DO NOT** Remove after applied
- **DO NOT** Cover the tourniquet
- **DO NOT** Forget to note the time



Signs of Shock

Cool skin
Weak pulse
Confusion
Anxiety

Treatment

Lay patient flat if possible
Keep the patient warm
DO NOT give them food or drink





Trauma Kits

- CAT Tourniquet (Multiples)
- Combat Gauze
- Compressed Gauze
- Pressure Bandage
- Chest Seal
- Trauma Shears
- Gloves (Multiples)
- Sharpie Marker
- Emergency Blanket





Conclusion

As members of a church family, we are called to care for and protect one another. While we pray that we never face a medical emergency involving severe bleeding, being prepared is an important part of good stewardship and service. In a life-threatening situation, the actions taken in the first few minutes can make the difference between life and death.

Thank you for taking the time to learn these life-saving skills and for your commitment to making our church a safer place for everyone. The knowledge you have gained today may one day allow you to preserve a life and provide hope during someone's darkest moment.

Galatians 6:2 (NIV)

"Carry each other's burdens, and in this way you will fulfill the law of Christ."



Thank You

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