Regional and Responsive: Creating a Tri-County Bleeding Control Program

MIKKO McFEELY (HE/HIM)

EMERGENCY PREPAREDNESS PROGRAM COORDINATOR, KING COUNTY OFFICE OF EMERGENCY MANAGEMENT

SOPHIA L. LOPEZ, CEM (SHE/HER/ELLA)

COMMUNITY ENGAGEMENT MANAGER, SEATTLE OFFICE OF EMERGENCY MANAGEMENT



Project Overview

For public, high traffic areas

Funded through Seattle Urban Area Security Initiative

- \$643,930
- FY 2020-2024

Covers King, Pierce and Snohomish Counties





Building Relationships

UASI partner agencies collaborate to:

- Identify locations
- Distribute supplies
- Deliver trainings

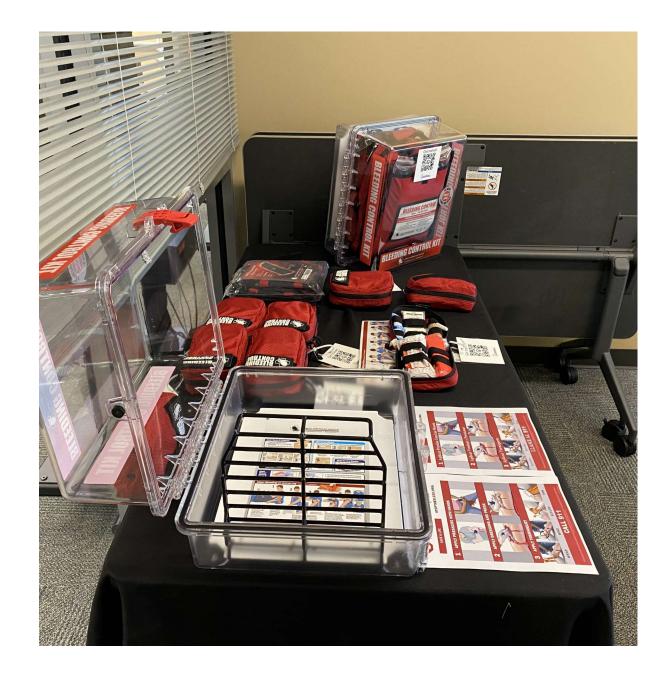
UASI jurisdictions

- Bellevue OEM
- Seattle OEM

SEATTLE URBAN AREA

- King County OEM
- Pierce County DEM
- Snohomish County DEM





Empowering Communities

Kits allow bystanders to provide lifesaving care in an emergency

 Trauma is the leading cause of death for Americans under 45

Community training options

- Online
- In-person



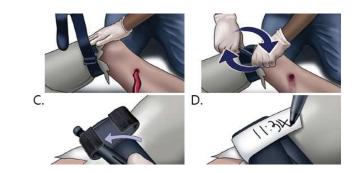
Stop the Bleed Regional Overview

Harborview Program

- 2 hours
 - ER doctor wound review 1 hour
 - Hands-on practice 1 hour (tourniquet and wound packing)

Seattle OEM Program

- Pre-COVID offered proactively, available to public
- Post-COVID shortened, focus on hands-on skill and nonprofits









Seattle's STB Nonprofit Program

Requirements:

- tax exempt 501 (c)(3)
- located in Seattle
- at least 30 people on an average day visiting location OR the location regularly hosts public events for 50+

Receive:

- Site Assessment
- Bleeding control kit(s)
- STB Training for staff

Training Bystanders

25-minute mobile-friendly training

Current: Cards for individual kits, stickers for individual stations

Future: In-person trainings with partner agencies

bit.ly/uasi_rbc

TTLE URBAN AREA



STOP THE BLEED



SAVE A LIFE – Start Course

STOP THE BLEED[®] Interactive Course American College of Surgeons

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Version 2.5

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Resources

Estimated completion time: 25 minutes

Supplementing— Not Supplanting



Existing bleeding control training programs are an asset to the region



Potential training supplies are compared to supplies currently in use



Home » American Journal of Public Health (AJPH) » February 2019

Equipping Public Spaces to Facilitate Rapid Point-of-Injury Hemorrhage Control After Mass Casualty

Craig Goolsby MD, MEd, Kandra Strauss-Riggs MPH, Michael Rozenfeld MA, Nathan Charlton MD, Eric Goralnick MD, MS, Kobi Peleg PhD, MPH, Matthew J. Levy... (show all authors)

[+] Author affiliations, information, and correspondence details

Abstract

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Abstract Full Text References Supplements PDF/EPUB

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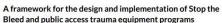
In response to increasing violent attacks, the Stop the Bleed campaign recommends that everyone have access to both personal and public bleeding-control kits. There are currently no guidelines about how many bleeding victims public sites should be equipped to treat during a mass casualty incident.

We conducted a retrospective review of intentional mass casualty incidents, including shootings, stabbings, vehicle attacks, and bombings, to determine the typical number of people who might benefit from immediate hemorrhage control by a bystander before professional medical help arrives.

| | Accepted 177 Freedom ber 2012 |
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CONCEPTS



 Matthew J. Levy DO, MSc^{1,2}
 Jon Krohmer MD³
 Eric Goralnick MD, MS⁴

 Nathan Charlton MD⁵
 Ira Nemeth MD⁶
 Lenworth Jacobs MD, MPH⁷

 Craig A. Goolsby MD, MEd⁸

¹Oppertnere of Tempero, Nediox, John Neplain Ubinarity School Affadolos, Baltison, Kanyani, USA ¹Natisona Charler for bananya Andréa and Alakini, Baltenisha, Mykalu USA ¹Oppartnere of Tempero, Nediox Andréa, Marcia Markal, Malaga, Malaga

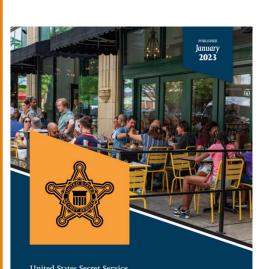
Correspondence Matthew J. Levy, DD, MSc, 5801 Smith Ave, Davis Building Saite 3200, Baltimore, MD 21209; USA Email: levy@[hmi.edu

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Following National Models

- American Journal of Public Health
- Journal of the American College of Emergency Physicians





United States Secret Service NATIONAL THREAT ASSESSMENT CENTER MASS ATTACKS IN PUBLIC SPACES: 2016-2020

U.S. Department of Homeland Security



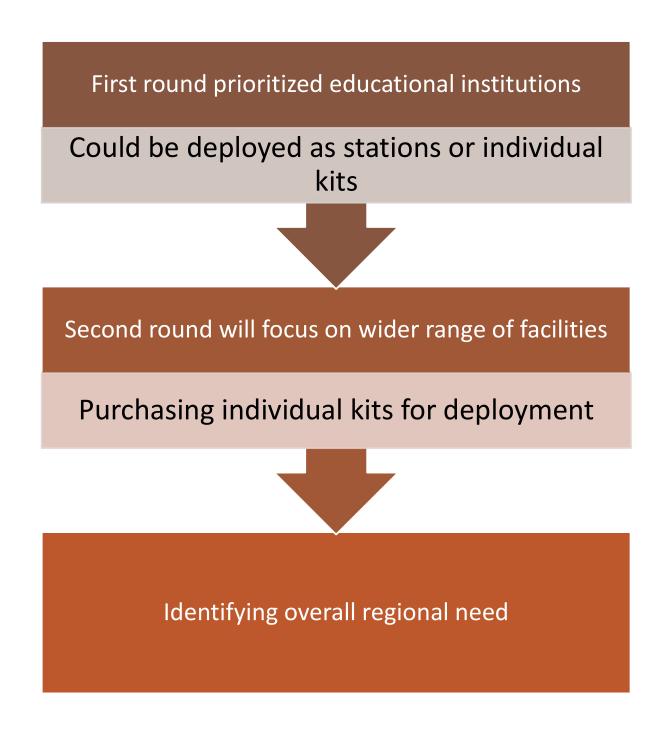
Data-Driven Public Safety

Identified initial priorities based on federal data

- Active Shooter Incidents in the United States in 2022 (FBI)
- Mass Attacks in Public Spaces: 2016-2020 (USSS)



Reflecting Regional Needs



SEATTLE URBAN AREA

Identified Facility Types

- Educational
- Malls
- Healthcare
- Community Centers
- Libraries
- Arenas
- Transit Centers/Station

- Community Organizations
- Faith-based communities
- Tribal Facilities
- Other Government Facilities
- Other Identified Facilities

Questions?

Mikko McFeely

206-205-4032

mmcfeely@kingcounty.gov

Sophia Lopez 206-403-8127 Sophia.Lopez@seattle.gov

