TRAUMATIC INJURY RESPONSE PROTOCOL CKD (R2)

I. Purpose

In accordance with Policy CKD (LEGAL) and Texas Education Code § 37.108, this guideline establishes a standardized protocol for the response to traumatic injuries. The primary objective is to ensure that all district personnel are prepared to provide immediate, life-saving intervention for severe hemorrhage or penetrating trauma.

II. Bleeding Control Stations

A. Locations and Accessibility

To ensure bleeding control stations are stored in easily accessible areas, the District has determined bleeding control stations or kits will be stored in the same locations as Automated External Defibrillators (AEDs), to the extent possible, to maximize response time. At least one bleeding control station is located on every campus.

B. Contents

Each bleeding control kit contains, at a minimum, the following:

- **One (1) Tourniquet:** U.S. Armed Forces battlefield-approved (e.g., CAT or SOFT-T).
- **One (1) Chest Seal:** For treating penetrating chest/torso wounds.
- **One (1) Compression Bandage:** High-pressure dressing for severe wounds.
- **One (1) Bleeding Control Bandage:** Including hemostatic (quik-clot) gauze.
- **One (1) Space Emergency Blanket:** To manage victim shock and maintain body temperature.
- **One (1) Pair of Non-Latex Gloves:** For responder protection and hygiene.
- **One (1) Pair of Trauma Shears:** Heavy-duty scissors for removing clothing to access wounds.
- **One (1) Marker:** Specifically for marking the application time on the tourniquet.
- **One (1) Instructional Guide:** Official documentation from the American College of Surgeons or the Department of Homeland Security (DHS).

III. Training

A. Content
The District utilizes a Stop the Bleed course by the American College of Surgeons for training.

B. Instructors
School Nurses or others registered as Stop the Bleed Instructors are eligible to teach Stop the Bleed.

C. Personnel Training Requirements
Designated staff complete the approved Stop the Bleed course, or a District approved annual refresher. Trained personnel include, but is not limited to:

- Commissioned school district peace officers
- School resource officers
- Others as identified by the campus principal

D. Student Instruction (Grades 7–12)
Each campus annually offers Stop the Bleed instruction to students in **grade 7 or higher**.

IV. Principles of Traumatic Injury Response

A. Immediate Safety
- Provide care if the scene is safe to do so.
- If at any time your safety is threatened, attempt to remove yourself and the victim if possible, from danger and find a safe location.
- Wear gloves.

B. Alert (Activate Emergency Response)
Immediately activate the campus emergency response plan.

- **Call 9-1-1:** Provide the specific campus location, room number, and nature of the injury.
- **Internal Notification:** Notify the campus "Code Red" team via radio, intercom, or internal alert system.

C. Bleeding Source Identification

Find the source of the bleeding to determine the appropriate method of control.

- **Exposure:** If needed, move or cut away clothing using the **Trauma Shears** provided in the kit to see the wound clearly.
- **Look:** Look for life threatening bleeding (there may be multiple places and clothing can hide it):
    - Continuous bleeding
    - Large volume bleeding
    - Pooling of blood

D. Compression and Control

The method of control depends on the location and type of injury.

1. **Pressure:** Apply direct pressure to the wound. Use just enough gauze or cloth to cover the injury. If pressure stops the bleeding, maintain pressure on the wound until emergency response arrives.
2. **Packing** (arms, legs, neck, armpits, groin, body): Superficial pressure is not effective for large wounds. If bleeding is from a deep wound, pack gauze tightly into the wound until it stops bleeding and hold pressure until emergency response arrives.
3. **Tourniquet:** Apply the Tourniquet 2–3 inches above the wound. Tighten until the bleeding stops and use the Marker to note the "Time of Application." Do not place over the elbow or knee. Do not remove the tourniquet.
4. **Torso Wounds:** Apply a Chest Seal, adhesive side down, centering the vent directly over the wound to prevent air from entering the chest cavity. If the patient worsens, remove the chest seal.
5. **Bleeding Control in Children:** for the infant or very small child, where a tourniquet is too big, direct pressure on the wound will work in most cases. For large or deep wounds, packing can be performed in children just as it is for adults.

E. Post-Intervention Care and Monitoring

- **Shock Management:** Lay the victim flat and cover them with the **Space Emergency Blanket** to prevent heat loss.
- **Continuous Monitoring:** Do not remove a tourniquet or pressure dressing once applied. Stay with the victim and provide updates to arriving EMS personnel.

V. Maintenance and Inspection

1. **Monthly Inspections:** Campus nurse or designee will verify the bleeding control station or kit is in place monthly.

VI. EVIDENCE-BASED REFERENCES

- *Texas Education Code § 38.030*
- *American College of Surgeons (ACS): Bleeding Control*