Department of the Army Headquarters, U.S. Army Training and Doctrine Command Fort Eustis, Virginia 23604-5700

11 December 2024

Administration-General

Public Access Defibrillator and Stop the Bleed Programs

FOR THE COMMANDER:

DAVID J. FRANCIS Lieutenant General, U.S. Army Deputy Commanding General

OFFICIAL:

WILLIAM T. LASHER Deputy Chief of Staff, G-6

History. This is an expedited revision to the TRADOC Memorandum 1-18. The portions affected by this revision are listed in the summary of change.

Summary. This memorandum establishes policies and procedures for the use of automatic external defibrillators and Stop the Bleed emergency kits for Headquarters, U.S. Army Training and Doctrine Command (TRADOC) organizations located at Fort Eustis, Virginia. The use of names or makes of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by either the U.S. Army or TRADOC. The appearance of hyperlinks to external sites does not constitute endorsement by TRADOC or the Department of the Army of the linked website or of the information, products, processes, parties, or services contained therein. For other than authorized activities, such as military exchanges and Morale, Welfare and Recreation sites, TRADOC and Department of the Army does not exercise any editorial control over the information you may find at these locations. Hyperlinks are provided consistent with the stated purpose of this publication.

Applicability. This memorandum applies to all Headquarters, TRADOC personnel assigned to Fort Eustis working in buildings 210, 601, 661, 700, 705, 860, 899, 950, and 2733.

Proponent and exception authority. The proponent of this memorandum is the Command Surgeon (G-1/4/9), U.S. Army Training and Doctrine Command. The proponent has the

^{*}This memorandum supersedes TRADOC Memorandum 1-18, dated 25 February 2022.

authority to approve exceptions or waivers to this regulation that are consistent with controlling laws and regulations. The proponent may delegate this authority in writing, to a division chief within the proponent agency or its direct reporting unit or field operating activity, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent.

Army management control process. This memorandum does not contain management control provisions.

Supplementation. Supplementation of this memorandum and establishment of command and local forms is prohibited without prior approval from the TRADOC Command Surgeon, Deputy Chief of Staff, G-1/4/9, 950 Jefferson Avenue (ATBO-M), Fort Eustis, VA 23604-5750.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the TRADOC Command Surgeon, Deputy Chief of Staff, G-1/4/9, 950 Jefferson Avenue (ATBO-M), Fort Eustis, VA 23604-5750 or email usarmy.jble.tradoc.mbx.hq-tradoc-g-1-4-surgeons@army.mil.

Distribution. This publication is available in electronic media only and is published on the TRADOC Homepage at http://www.tradoc.army.mil/tpubs/.

Summary of Change

TRADOC Memorandum 1-18 Public Access Defibrillator and Stop the Bleed Programs

This revision, dated 11 December 2024 –

- o Updates responsibilities for the Command Surgeon, Facilities Management Office, AED and StB e-kit program monitors, to include Stop the Bleed program (para 1-4).
- o Updates Headquarters, U.S. Army Training and Doctrine Command building/facilities and agencies with Automatic External Defibrillator and Stop the Bleed emergency kit locations (Table 2-1).
- o Adds Figure 2-1, Photo of AED and StB mounted on the wall.
- o Updates list of training video links on Facilities Management Office Portal (para 3-2).
- o Adds Chapter 4, Stop the Bleed Emergency Kit Familiarization Training, and Appendix D, Use of Stop the Bleed Emergency Kits.

Contents

	Page
Chapter 1 Introduction	
1-1. Purpose	
1-2. References	
1-3. Explanation of abbreviations and terms	4
1-4. Responsibilities	
1-5. Records management requirements	6
Chapter 2 Automatic External Defibrillator and Stop the Bleed e-Kit Placement,	
Maintenance, and Operating Procedures	6
2-1. Automatic External Defibrillator and Stop the Bleed e-Kit Placement	6
2-2. Automatic Electronic Defibrillator and Stop the Bleed e-Kit Maintenance	8
2-3. Automatic Electronic Defibrillator Operating Procedures	8
Chapter 3 Automatic External Defibrillators Training	8
3-1. Automatic Electronic Defibrillator Training Objectives	8
3-2. Automatic Electronic Defibrillator Training	9
3-3. Automatic Electronic Defibrillator Program Monitors	9
Chapter 4 Stop the Bleed e-Kit Familiarization Training	10
4-1. Stop the Bleed e-Kit Training Objectives	10
4-2. Stop the Bleed Training	
Appendix A References	11
Appendix B Internal Control Evaluation	
Appendix C Procedures for Use of the Automatic External Defibrillator	14
Appendix D Use of Stop the Bleed e-Kits	
Glossary	
v	
Table List	
Table 2-1. Automatic External Defibrillator and Stop the Bleed e-Kit Locations	6
Table B-1. Sample Automatic External Defibrillator and Stop the Bleed Monthly Maint	
Checklist	13
Figure List	
Figure 2-1. Photo of mounted AED and StB e-Kit	
Figure D-1. Packing lists for Stop the Bleed e-kits	17

Chapter 1 Introduction

1-1. Purpose

In an effort to protect the lives of HQ TRADOC employees and visitors to HQ TRADOC facilities and activities, this memorandum establishes policies and procedures for HQ TRADOC's public access defibrillator program (which includes training and placement of Automatic External Defibrillators (AEDs) throughout identified facilities occupied by TRADOC personnel) and HQ TRADOC's Stop the Bleed (StB) program (which includes training and placement of StB emergency kits (e-kits) throughout identified facilities occupied by HQ TRADOC personnel), provides an accessible reference for use in emergency situations, and represents a uniform policy consistent with applicable occupational safety and health programs.

1-2. References

See appendix A.

1-3. Explanation of abbreviations and terms

See glossary.

1-4. Responsibilities

- a. Senior Army Element Commander, the Commanding General, U.S. Army Center for Initial Military Training (CIMT), will oversee designated AED subject matter experts as detailed in Air Force Instruction 44-177 and AR 40-3.
- b. Commanders, deputy chiefs of staff (DCS), directors, and division chiefs, as responsible agents for AEDs and StBs within their physical purview, will:
- (1) Designate an AED and StB e-kit program monitor responsible for AEDs and StB e-kits within their respective office areas. The same individual may oversee both programs.
- (2) Ensure all military and civilian personnel complete required AED and StB e-kit training; determine need for optional training.

c. Command Surgeon will:

- (1) Prepare tasking order annually that reinforces requirement for AED and StB e-kit familiarization training.
- (2) Coordinate hands-on AED and StB e-kit familiarization training to small groups on request.
 - d. TRADOC Facilities Management Office (FMO) will:
- (1) Inspect the AED and StB programs annually in coordination with the program monitor in each directorate or division. Report program deficiencies to the responsible director.

- (2) Resolve any building access issues with emergency services.
- (3) Ensure funds are allocated for:
- (a) Replacement of AED batteries and defibrillation pads.
- (b) Replacement of any StB e-kit items used, pilfered, or deemed non-serviceable.
- (4) Coordinate purchases of:
- (a) Replacement AED batteries and defibrillation pads, as needed.
- (b) Replacement of any StB e-kit items used, pilfered, or deemed non-serviceable.
- (5) Maintain record of compliance with annual training requirements.
- e. AED and StB e-kit program monitors will:
 - (1) Identify all AEDs and StB e-kit within their respective staff office areas (see table 2-1).
 - (2) Complete training as required under paragraph 3-3.
- (3) Designate responsibility for each AED and StB e-kit within their staff office areas to individual persons (primary and alternate). Provide name and contact information to the FMO.
- (4) Monitor completion of AED and StB e-kit training by individuals within their assigned area; coordinate optional training as directed.
- (5) Verify the operational status of the AEDs within their purview on a monthly basis using the Monthly Maintenance Checklist (appendix B).
 - (6) Coordinate with the FMO and ensure the purchase of:
 - (a) Replacement batteries and defibrillation pads for AEDs as needed.
 - (b) Replacement of any StB e-kit items used, pilfered, or deemed non-servicable.
 - (7) Accompany TRADOC FMO personnel to inspect respective AEDs and StB e-kit.
 - f. TRADOC HQ personnel will:
 - (1) Complete a minimum of AED Tier I Training as an annual training requirement.
 - (2) Report all AED-related or StB kit-related mishaps to the HQ TRADOC Safety Office.

1-5. Records management requirements

The records management requirement for all record numbers, associated forms, and reports required by this publication are addressed in the Records Retention Schedule–Army (RRS–A). Detailed information for all related record numbers, forms, and reports are located in Army Records Information Management System (ARIMS)/RRS–A at https://www.arims.army.mil. If any record numbers, forms, and reports are not current, addressed, and/or published correctly in ARIMS/RRS–A, see DA Pamphlet 25-403 for guidance.

Chapter 2

Automatic External Defibrillator and Stop the Bleed e-Kit Placement, Maintenance, and Operating Procedures

2-1. Automatic External Defibrillator and Stop the Bleed e-Kit Placement

AEDs and StB e-kits are generally co-located and placed in strategic locations throughout HQ TRADOC facilities on Fort Eustis. See table 2-1 for AED and StB e-kit locations.

Table 2-1.
Automatic External Defibrillator and Stop the Bleed e-Kit Locations

Responsible agent	Building	Location	Site
Director, Futures	950 (DePuy Hall)	1st floor, A wing	Room 1076 (print/copy)
Concepts Center		2nd floor, A wing	Room 2083 (print/copy)
		3rd floor, A wing	Room 3101 (print/copy)
		4th floor, A and B wings	Room 4112 (print/copy)
			Room 4008 (break room)
Deputy Commanding General for Initial Military Training	210 (Heileman Hall)	1st floor	Entrance to southwest stairwell
			Northeast end of main hallway
		2nd floor	Entrance to southwest stairwell
			Northeast end of main hallway
Deputy Chief of Staff,	661 (Starry Hall)	3rd floor	Room 153 (Historian)
G-1/4/9			Room 315 (print/copy)
			Elevator lobby
			Room 342 (break room)
Deputy Chief of Staff, G-2	950 (DePuy Hall)	4th floor, C wing	Room 4018 (print/copy)

Table 2-1, continued Automatic External Defibrillator and Stop the Bleed e-Kit Locations

Responsible agent	Building	Location	Site
Deputy Chief of Staff, G-2	601	1st floor	Room 119 (outside) Room 105 (hallway)
Deputy Chief of Staff,	950 (DePuy Hall)	1st floor, C wing	Room 1020 (print/copy)
G-3/5/7		2nd floor, B and C	Room 2042 (break room)
		wings	Room 2032 (print/copy)
		3rd floor, B and C	Room 3022 (print/copy)
		wings	Room 3040 (print/copy)
Deputy Chief of Staff, G-6	661 (Starry Hall)	1st floor	Room 112 (break room)
Deputy Chief of Staff,	661 (Starry Hall)	1st floor	Room 150 (print/copy)
G-8		2nd floor	Room 213 (print/copy)
			Elevator lobby
			Room 250 (print/copy)
Executive Services	950 (DePuy Hall)	1st floor, B wing	Morelli Auditorium
Office		5th floor	Room 5003 (kitchen)
			Room 5005 (print/copy)
			Room 5013 (print/copy)
			Open Office 5021
	950 (DePuy Hall)	1st floor, B wing	Main lobby area
Office			Victory Cafe
Inspector General	661 (Starry Hall)	1st floor	Elevator lobby
Internal Review and	705 (Wylie Hall)	1st floor	1st floor lobby
Audit Compliance			Librarian's office
Commander, TRADOC	700 (Quinto Hall)		Front desk area
Band			End of 2nd hallway
HQ and HQ Company,	860	1st floor	Main hallway
HQ TRADOC and 221st Military Police (MP) Detachment (Det)		2nd floor	Main hallway
3rd MP Det (K9)	899	1st floor	Main lobby area
CIMT and Office of the Staff Judge Advocate	2733	1st floor	Main hallway



Figure 2-1. Photo of mounted AED and StB e-Kit

2-2. Automatic Electronic Defibrillator and Stop the Bleed e-Kit Maintenance

AED and StB e-kit program monitors will verify the operational status of the AEDs within their purview monthly using the Monthly Maintenance Checklist (see appendix B, table B-1). A cursory check of StB e-kit within their purview is recommended at the same time, though there are no power requirements associated with the StB e-kits.

2-3. Automatic Electronic Defibrillator Operating Procedures

See appendix C for procedures on use of the AED.

Chapter 3 Automatic External Defibrillators Training

3-1. Automatic Electronic Defibrillator Training Objectives

The objectives of AED training are:

- a. Understand and know procedures for medical emergencies.
- b. Be familiar with AED components and operation.
- c. Know the location(s) of the closest AED(s).
- d. Become confident in the potential application of an AED.

3-2. Automatic Electronic Defibrillator Training

- a. Tier I training (required): AED familiarization. All personnel must be familiarized and refamiliarized annually with AED operation. The manufacturer's training video is located in the TRADOC FMO Security Portal, see "Adult AED (Tier I)", at https://armyeitaas.sharepoint-mil.us/sites/TR-HQ-FMO/SitePages/SP.aspx.
- b. Tier II training (optional): AED hands-on familiarization for small groups (not exceeding 12 persons) is optional to practice with an AED training aid in a scripted scenario. Personnel do not receive certification. Contact the Command Surgeon's Office at usarmy.jble.tradoc.mbx.hq-tradoc-g-1-4-surgeons@army.mil to schedule hands-on training.
- c. Tier III training (optional): Further AED training for cardiopulmonary resuscitation (CPR)/AED responders is optional. To obtain Tier III training, coordinate with the Fort Eustis Fire and Emergency Services at (757) 878-1051. The Command Surgeon's Office may also assist with coordinating and scheduling the course for HQ TRADOC personnel.
- d. Legislation that provides a degree of immunity to lay individuals who assist people in distress is referred to as "Good Samaritan" laws. As it concerns the use of AEDs, Good Samaritan laws provide this immunity by limiting circumstances under which untrained personnel can be sued for civil damages (thereby facilitating use of AEDs by such lay bystanders witnessing cardiac arrest events). Federal law of Title 42, U.S. Code, Section 238q (Liability regarding emergency use of AEDs) and Code of Virginia Annotated §8.01-225 (Persons rendering emergency care, obstetrical services exempt from liability) provide immunity from civil liability regarding good faith emergency use of AEDs, depending on the circumstances and manner by which the use or attempted use of the AED occurred during an emergency situation to save a life. However, AR 40-3, paragraph 17-4d provides the following with respect to use of AEDs by untrained personnel: "Public access to AEDs does not mean that any member of the public who witnesses an event should be able to use an AED. While AEDs are reasonably uncomplicated to use, AEDs should be used only by persons who have received proper training and education and who have been certified by a competent authority. Persons without these basic credentials should not use AEDs."

3-3. Automatic Electronic Defibrillator Program Monitors

Training requirements for AED program monitors include:

- a. Tier I training as noted in paragraph 3-2a.
- b. For further familiarization with AED, Manufacturer's Administrator's Guide can be found at https://www.zoll.com/medical-products/product-manuals. Select product pulldown and choose "AED Plus", then select "Rev YE AED Plus Administrator's Guide" to retrieve the document.

Chapter 4 Stop the Bleed e-Kit Familiarization Training

4-1. Stop the Bleed e-Kit Training Objectives

The objectives for StB kit training are:

- a. Understand and know procedures for medical emergencies.
- b. Be familiar with StB e-kit contents
- c. Know the location(s) of the closest StB e-kit(s).
- d. Become confident in the potential use of StB e-kit materiel.

4-2. Stop the Bleed Training

All personnel must complete StB familiarization training annually using the online "Stop the Bleed Interactive Course" located on the FMO Security Portal; under "Stop the Bleed" at https://armyeitaas.sharepoint-mil.us/sites/TR-HQ-FMO/SitePages/SP.aspx. It can also be directly accessed at https://www.stopthebleed.org/training/online-course/.

Appendix A References

Section I

Required Publications

Unless otherwise indicated, DA publications and forms are available on the Army Publishing Directorate website at https://armypubs.army.mil/. TRADOC publications and forms are available on the TRADOC Administrative Publications website at https://adminpubs.tradoc.army.mil/.

Air Force Instruction 44-177

Public Access Defibrillator Program. Available at https://www.e-publishing.af.mil/.

AR 40-3

Medical, Dental, and Veterinary Care

TRADOC FMO Security Portal (see AED and StB Training Material) https://armyeitaas.sharepoint-mil.us/sites/TR-HQ-FMO/SitePages/SP.aspx

TRADOC Memorandum 1-19

Facilities Management and Operations

Volume 74, Federal Register, p. 41133

Guidelines for Public Access Defibrillation Programs in Federal Facilities. Available at https://www.govinfo.gov/app/details/FR-2009-08-14/E9-19555

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read a related reference to understand this publication.

AR 11-2

Manager's Internal Control Program

AR 525–27

Army Emergency Management Program

DA Pamphlet 25-403

Army Guide to Recordkeeping

Code of Virginia Annotated §8.01-225

Persons rendering emergency care, obstetrical services exempt from liability. (https://law.lis.virginia.gov/vacode/title8.01/chapter3/section8.01-225/)

Title 42, U.S. Code, Section 238q

Liability regarding emergency use of AEDs (https://uscode.house.gov/)

Section III Prescribed Forms

This section contains no entries.

Section IV Referenced Forms

DA Form 2028 Recommended Changes to Publications and Blank Forms

Appendix B

Internal Control Evaluation

B-1. Function

The function covered by this memorandum is the management of the TRADOC public access defibrillator program.

B-2. Purpose

The purpose of this appendix is to assist the AED monitors to verify the operational status of the AEDs within their purview monthly and following any power outages, using the AED and StB Monthly Maintenance Checklist (see table B-1).

B-3. Instructions

Use the maintenance checklist to verify the operational status of the AEDs. If a discrepancy occurs, contact the TRADOC FMO to coordinate corrective actions such as the purchase of replacement batteries and defibrillation pads for AEDs, as needed.

Table B-1.
Sample Automatic External Defibrillator and Stop the Bleed Monthly Maintenance
Checklist

necklist		
MONTH: July	AED	StB
Is the wall signage clearly visible and intact?	✓	✓
Is the unit clean, undamaged, and free of excessive wear?		✓
Is the security seal on the plastic case broken?	N/A	Х
Are there any cracks or loose parts in the housing?	X	N/A
Are the electrodes connected to the AED and sealed in their package? Replace if expired.	/	N/A
Are all cables free of cracks, cuts, and exposed or broken wires?	✓	N/A
Turn the AED on and off and verify the green check indicates ready for use.	✓	N/A
Ensure batteries are within expiration date; replace them if expired.*	✓	N/A
Check for adequate supplies.*	✓	✓

Appendix C

Procedures for Use of the Automatic External Defibrillator

C-1. Procedures for use of the AED

The information shown below in paragraphs C-2 to C-4 is intended for familiarization with the use of AEDs in general and correspond with the manufacturer's digital video (see paragraph 3-2 for link).

C-2. Indications for use

An AED should only be used on a victim 8 years of age or older who exhibits the following signs:

- a. Unresponsive (for example, no movement or response to tapping victim on the shoulder and shouting "Are you okay?" or witnessed suddenly collapse).
 - b. Not breathing, or not breathing normally (for example, only gasping).

C-3. If the victim meets the indications for use of AED

- a. Someone will call 911 using the closest available landline, inform access control personnel and supervisor of situation and location of incident, and meet emergency responders at the building entrance and escort them to the location of the incident, while another individual/staff member applies the AED.
 - b. Before beginning AED application, check the scene for hazards such as:
 - (1) Electrical dangers (downed power lines, electrical cords, etc.).
 - (2) Chemical (hazardous gases, liquids or solids, smoke, etc.).
 - (3) Harmful people (anyone who could potentially harm you).
 - (4) Traffic (make sure you are not in the path of traffic).
 - (5) Fire or flammable gases (such medical oxygen, cooking gas, etc).

C-4. AED application

- a. Position the victim away from contact with water and metal.
- b. Remove the cover. When the cover is removed, a graphic user interface on the top of the unit illustrates the steps to follow, and the unit provides voice prompts and optional display messages. Each pictogram on the device is associated with an indicator light and voice prompts.

- c. If the victim's upper body is not injured, use the cover as a support to help keep the airway open. Position it between the shoulder blades.
- d. Place the AED by the victim's shoulder. Turn it on and follow the prompts. ("Unit OK." "Adult pads." "Stay calm." "Check responsiveness." "Call for help.")
 - e. Call 911 to report emergency, if not already done.
 - f. To prepare the victim:
 - (1) Remove all clothing covering the victim's chest.
 - (2) Ensure the victim's chest is dry.
- (3) If the victim has excessive chest hair, clip or shave the hair to help ensure proper adhesion of the electrodes.

Note. If the victim is wearing a medication patch on his/her chest, avoid placing the AED electrode pads directly on top of the patch. If shock delivery will not be delayed, remove medication patches and wipe the area before attaching the electrode pad.

Note. If the victim is wearing an implantable pacemaker, avoid placing electrodes directly over pacemaker if possible.

- g. To apply the electrodes:
- (1) Tear open the electrode package and unfold the electrodes. Place the electrodes on the victim according to the graphics on the package.
- (2) Hold the CPR sensor and place the sensor between the nipples and on the middle of the victim's breast bone, using the sensor's cross hairs to guide you.
- (3) Press the CPR sensor with your right hand and pull the number 2 tab to peel the protective backing from the electrode. Press the electrode from the center out to make sure it adheres properly to the victim's skin.
- (4) Press the CPR sensor with your left hand and pull the number 3 tab to peel the protective backing from the electrode. Press the electrode from the center out to make sure it adheres properly to the victim's skin.
- h. Don't touch the victim while the AED is analyzing the heart ("Don't touch patient." "Analyzing.").
- i. If a shock is needed, be sure that no one is touching the victim ("Shock advised." "Don't touch patient." "Press flashing shock button.") and press the shock button ("Shock delivered." "Start CPR.")

j. After the shock, immediately start CPR. Do your compressions by pushing down on the CPR landmark.

Note. If your compressions aren't at least 2 inches deep the AED will let you know. ("Push harder.") The AED will let you know every 15 seconds if you don't reach the target CPR depth. ("Push harder.") After being told to push harder, if your compressions reach at least 2 inches, again, the AED will let you know. ("Good compressions.") The AED will also give you a real time display of each chest compression on the bar gauge. The upper line represents 2 inches, while the lower line represents 2-1/2 inches ("Push harder"). Each compression should be deep enough to at least touch the upper line ("Good compressions.").

- k. After giving 30 compressions, you should give 2 rescue breaths.
- 1. Repeat this cycle of 30 compressions followed by 2 rescue breaths until the AED tells you to stop CPR. Rescuers who lack the training or confidence to perform rescue breathing should perform continuous compressions without stopping. Compress the chest hard and fast 30 times and give 2 breaths. After 2 minutes you will have completed about 5 full cycles of 30 compressions and 2 breaths.
- m. Continue to follow the AED prompts. If you don't start CPR right after being told to do so, you will be prompted every 10 seconds until you start, and if you stop for longer than 10 seconds the AED will tell you to continue CPR every 10 seconds until you resume CPR ("Continue CPR").
- n. If the victim regains consciousness, make him or her as comfortable as possible until ambulance personnel arrive on scene.

Appendix D Use of Stop the Bleed e-Kits

D-1. Packing lists for Stop the Bleed e-kits

See figure D-1 for packing lists to accompany the various Stop the Bleed emergency kits (e-kits).

Nomenclature	Unit of Issue	Quantity
STOP THE BLEED Instructional booklet	EA	1
Orange tourniquet	EA	1
Wound Packing Gauze	EA	1
Mini Permanent Marker, BLK	EA	1
Responder Nitrile Gloves - Large	PR	1
4 in. Responder Flat Dressing	EA	1
Level 2 Surgical Mask	EA	2

STOP THE BLEED ENHANCED KIT- 2 KITS

Nomenclature	Unit of Issue	Quantity
STOP THE BLEED Instructional booklet	EA	1
Orange tourniquet	EA	1
Z-Fold Dressing	EA	1
Compact Chest Seal (Vented) - Twin Pack	EA	1
4 in. Responder Flat Dressing	EA	1
Responder Nitrile Gloves - Large	PR	2
Level 2 Surgical Mask	EA	1
Responder Trauma Shears, Large	EA	1
Emergency Survival Blanket - 52" x 84"	EA	1
Mini Permanent Marker, BLK	EA	1

STOP THE BLEED TRAINING KIT- 2 KITS

Nomenclature	Unit of Issue	Quantity
STOP THE BLEED Instructional Booklet	EA	10
STOP THE BLEED Instructional Poster	EA	1
Trainer Blue tourniquet	EA	5
Wound Management Simulator (Stump)	EA	2
Wound Packing Gauze	EA	8
4 in. Responder Flat Dressing	EA	2
Responder Nitrile Gloves - Large	PR	12
Responder Trauma Shears, Large	EA	1
Emergency Survival Blanket - 52" x 84"	EA	1
Compact Chest Seal (Vented) - Twin Pack	EA	1

Figure D-1. Packing lists for Stop the Bleed e-kits

D-2. Summary for use of Stop the Bleed e-kits

- a. The StB e-kits are to be used during emergency situations such as an active shooter, natural disaster, or industrial/workplace accident where people are severely injured and are visibly bleeding excessively. Kits are designed to allow anyone (especially non-medical personnel) to easily access and administer life-saving products such as large pads, clotting materiel, and tourniquets to an injured person with the express intent to stop excessive bleeding. The kits do not offer extensive medical capability; only capability to stop excessive bleeding until a medical team arrives on scene to evaluate and treat the injured person. Position the victim away from contact with water and metal.
- b. While quick response is essential to stopping excessive bleeding, this TRADOC Memorandum does not direct policy on emergency response. Emergency response policies and procedures are captured in TRADOC Memorandum 1-19 (see appendix G) and in the Emergency Action Plan located in each Shelter-In-Place room.

D-3. General steps (ABCs) for use of Stop the Bleed e-kits

- a. **ALERT (A):** Call 911 or tell someone to call 911. Alerting 911 will notify emergency medical responders and, depending on the situation, police officers to respond to the scene.
- b. **BLEEDING (B):** Find where the victim is bleeding. Open or removing clothing so the wound can be clearly seen in its entirety. Look for and identify life-threatening bleeding such as (but not limited to):
 - (1) Blood spurting out of wound
 - (2) Blood that won't stop coming out of the wound
 - (3) Blood pooling on the ground
 - (4) Clothing and/or bandages soaked with blood
 - (5) Loss of all or part of a limb (arm or leg)
 - (6) Bleeding in a victim who is now confused or unconscious
 - c. **COMPRESSION** (C): Stop the bleeding with direct pressure.
 - (1) Take any clean cloth and cover the wound.
 - (2) If the wound is large and deep, stuff the cloth down into the wound.
 - (3) Apply continuous pressure with both hands directly on top of the bleeding wound.
 - (4) Push down as hard as you can.

- (5) Hold pressure to stop bleeding. Continue pressure until relieved by medical responders. Do not release pressure to check the wound.
- (6) If injury is on arm or leg, apply a tourniquet around the bleeding arm or leg about 2 to 3 inches above the bleeding site following steps on page 11 of the StB booklet that comes with the StB kit.

Glossary

Section I

Abbreviations

ABC alert, bleeding, and compression AED automatic external defibrillator

AR Army regulation

BLK black

CIMT Center for Initial Military Training
CPR cardiopulmonary resuscitation
DA Department of the Army
DCS deputy chief of staff
DoD Department of Defense

e-kit emergency kit

FMO Facilities Management Office

HHC headquarters and headquarters company

HQ headquarters MP military police

OSJA Office of the Staff Judge Advocate

StB stop the bleed

TRADOC U.S. Army Training and Doctrine Command

Section II

Terms

This section contains no entries.

Section III

Special abbreviations and terms

This section contains no entries.