



Trauma Training for Church Safety Teams Guidelines

M.A.R.C.H

M- Massive Hemorrhage (bleeding)

- Massive extremity bleeding is the leading cause of preventable death in an active shooter scenario.
- This is the only type of injury you should attempt to treat in the “Care under Fire” stage of an active shooter situation.
- Utilize a TCCC certified tourniquet or improvised tourniquet as needed.
- Caregivers should not place themselves in dangerous situations to attempt to stop massive bleeds.

A- Airway

- Airway management
- Consider utilizing the head tilt chin lift method to open the airway.
- If the casualty is able to be moved consider placing them in the recovery position so you can move on to other critical patients

R-Respirations/Breathing.

- Check your casualty for signs of penetrating chest wall trauma “sucking chest wounds”.
- If a wound is found apply an occlusive dressing and place the casualty on their side.
- Ensure the injured side is down.

C-Circulation

- This stage of care is almost exclusively reserved for EMS or hospital personnel.
- At this stage you should verify that the casualty has a pulse.
- If no pulse is found begin, or direct someone else to begin CPR

H- Hypothermia

- Victims who have sustained injuries resulting in blood loss are at high risk for hypothermia.
- If there is a prolonged delay in evacuation to a hospital consider warming your casualty with blankets or additional clothing.

CARE UNDER FIRE.

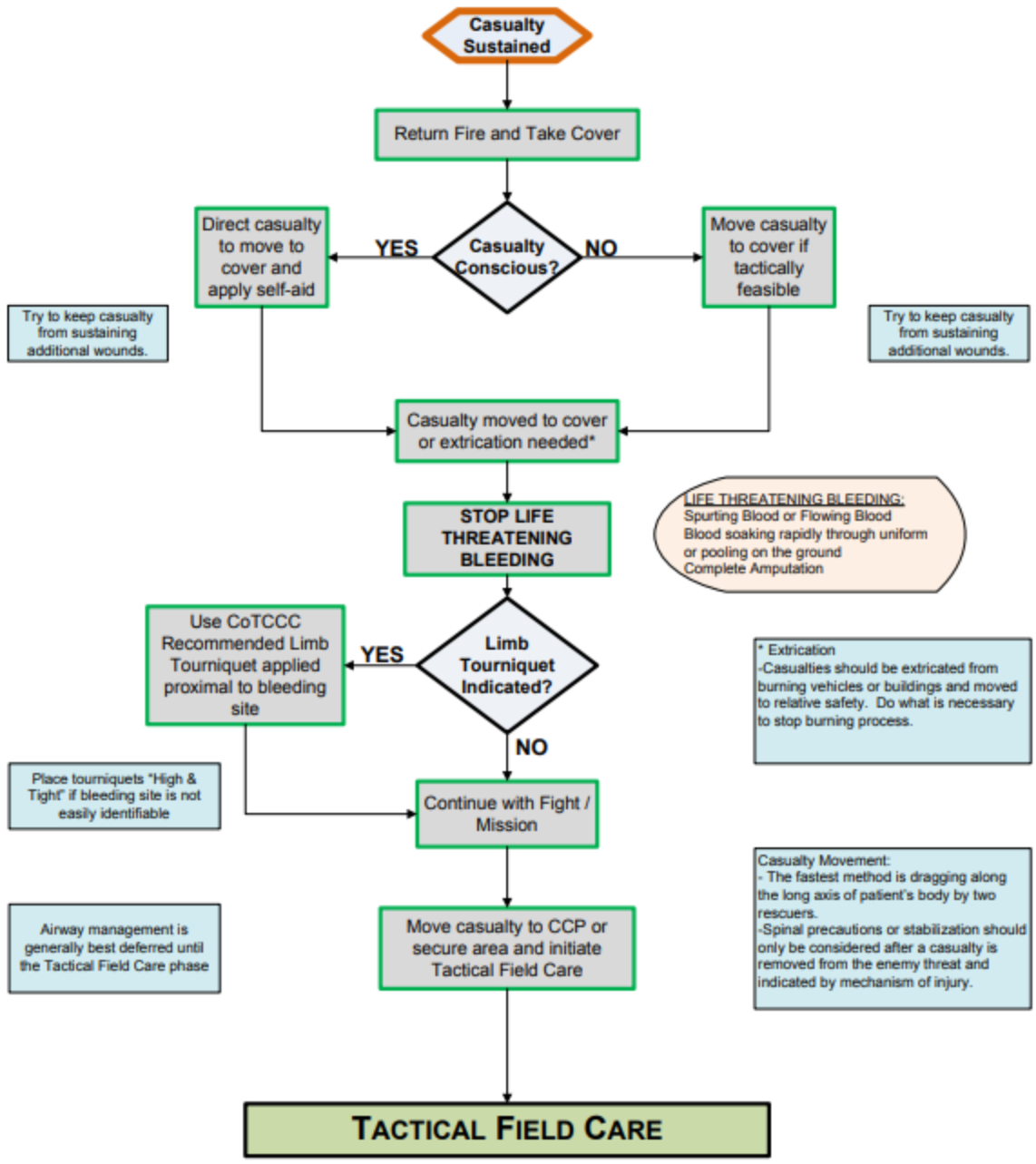
- Return Fire and take cover
- Direct or expect casualty to remain engaged as a combatant if appropriate
- Direct casualty to move to cover and apply self-aid if able.
- Try to keep the casualty from sustaining additional wounds.
- Stop life-threatening external hemorrhage if tactically feasible:
 - Direct casualty to control hemorrhage by self-aid if able.
 - Use a CoTCCC-recommended limb tourniquet for extremity hemorrhage
 - Move the casualty to cover

Airway management is generally best deferred until the Tactical Field Care phase.

Tactical Field Care

- Establish security and maintain situational awareness.
- Ensure 911 have been contacted and emergency responders are on the way.
- Continue through the rest of the MARCH acronym and provide appropriate care as needed.
- Ensure all casualties are identified in order to hand over to first responders.

CARE UNDER FIRE



Stages of Blood Loss.

	Stage 1	Stage 2	Stage 3	Stage 4
Blood loss	Up to 15% (750 mL)	15–30% (750–1500 mL)	30–40% (1500–2000 mL)	Over 40% (over 2000 mL)
Blood pressure	Normal (Maintained by vasoconstriction)	Increased diastolic BP	Systolic BP < 100	Systolic BP < 70
Heart rate	Normal	Slight tachycardia (> 100 bpm)	Tachycardia (> 120 bpm)	Extreme tachycardia (> 140 bpm) with weak pulse
Respiratory rate	Normal	Increased (> 20)	Tachypneic (> 30)	Extreme tachypnea
Mental status	Normal	Slight anxiety, restless	Altered, confused	Decreased LOC, lethargy, coma
Skin	Pale	Pale, cool, clammy	Increased diaphoresis	Extreme diaphoresis; mottling possible

Stage 1.

- In a stage 1 blood loss the casualty is alert and oriented.
- You may observe no change at all and the casualty should respond appropriately to questions.

Stage 2

- In a stage 2 blood loss the casualty will have an elevated heart rate.
- Casualty may appear anxious or restless.
- Casualty will have cool or clammy skin.

Stage 3

- At greater than 1500ML of blood loss the casualty will become confused and disoriented. They will develop tunnel vision.
- It is best to approach this casualty from behind as they may consider mistake you for a threat.
- If the casualty is armed they should be disarmed prior to rendering aid.

Stage 4

- Casualty is unconscious, the victims is likely to die from this amount of blood loss.
- A femoral artery bleed can lose 2000 ML of blood in just 90 seconds.