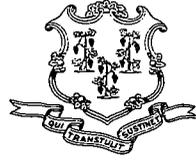


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

M. Jodi Rell
Governor

Date: August 6, 2008

To: EMS Regional Coordinators
EMS Medical Directors
EMS Service Chiefs
EMS Coordinators

From: J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

Re: Prehospital use of Hemostatic Agents

A handwritten signature in black ink, appearing to be "JRG", written over the "From:" field.

Recently the Connecticut EMS Medical Advisory Committee (CEMSMAC) offered a position paper on the use of hemostatic (clotting) agents by EMS careproviders. I have attached a copy of that paper for your review.

I am in agreement with the position that CEMSMAC has taken and will support their position.

I would like to specifically note the four points addressed in CEMSMAC's paper that I believe are key to safe utilization of these agents:

- That many of the hemostatic agents can be used as adjuncts to the performance of standard first aid and should not be a substitute for it.
- Even though these agents can be procured without a prescription, it is CEMSMAC's and the DPH/OEMS recommendation that any organization that answers to medical direction must get authorization from that medical authority both to use a particular agent as well approval of protocols regarding deployment.
- Those agencies not under medical direction should seek advice from medical authorities on the use of these agents as well as protocol development assistance.
- Recommend that agencies using a particular formulation of hemostatic agent continue to review and evaluate newer versions of that agent or others. For example, some of the original formulations caused significant exothermic reactions. Agencies possessing those should no longer stock those formulations.



**CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE
(CEMSMAC)
POSITION STATEMENT ON CIVILIAN USE OF HEMOSTATIC
AGENTS IN EMS SYSTEMS**

CEMSMAC has been asked by DPH to render an opinion on the use of hemorrhage control (hemostatic) agents that have become available without any prescription.

Originally, these agents were designed for military use, but are now being marketed to public safety and civilians.

Last year, CEMSMAC reviewed the available agents and consulted with the CT Committee on Trauma. At that time, it was their recommendation that these agents not be used in civilian EMS systems.

Over the past year, improvements have been made to formulations so that the problematic exothermic reactions no longer appear to occur, several new agents have been marketed, and the application packaging reformulated in some.

Review of the existing literature is difficult to interpret, has conflicting results and much of it are studies with animals or are anecdotal reports from the military or EMS organizations.

The field is changing so rapidly, that some of the studies that are published compare agents that have since been altered, possibly improved, or the delivery system has changed. This makes comparison of existing agents difficult.

CEMSMAC's concern has been to insure the safety of the rescuer, to insure that using these hemostatic bandage agents does not distract the rescuer from performing standard first aid, and to insure that using agents designed for treating military casualties will not in reality cause more harm than good in civilian applications.

It is CEMSMAC'S opinion based on the medical literature presently available:

- That many of the hemostatic agents can be used as adjuncts to the performance of standard first aid and should not be a substitute for it.
- Even though these agents can be procured without a prescription, it is CEMSMAC's recommendation that any organization that answers to medical direction must get authorization from that medical authority both to use a particular agent as well approval of protocols regarding deployment.