

STOPping THE BLEED on the Streets: Teaching Hemorrhage Control at the Source of Violence

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THE PROBLEM

The traditional Stop the Bleed (STB) program is classroom-based offering both didactic and psychomotor skills training surrounding the basic tenant of compressible hemorrhage control. Even with widespread & aggressive marketing of this program, it is very difficult to reach the population that needs this training the most, inner-city urban youth and adults living in areas with a high incidence of gun and other penetrating traumatic injury. We therefore sought a unique way to bring STB to this population that needs it most.

FINDING THE SOLUTION

St. Joseph's Trauma Center in Paterson, New Jersey is an urban level II ACS verified adult center. We reviewed our trauma registry data to determine those areas of the city with high penetrating trauma rates. With most of these cases coming from two distinct areas of the city we collaborated with the Paterson Healing Collective (PHC), our hospital-linked violence intervention program, to query key resident stakeholders of the inner-city neighborhoods as to the willingness to support and participate in a bleeding control training program. With an overwhelming positive response, the STB curriculum was adapted to meet the specific needs of these two violence prone sections of the city. We created a completely skills-oriented STB adaptation that provides an emphasis on both commercial and improvised bleeding control interventions for compressible hemorrhage. We also sought to work out a way to provide some medical supplies in the event they were needed to stop the bleed.

Participants are provided hands on, interactive instruction on direct pressure, use of commercial and improvised tourniquets as well as wound packing with gauze and other available cloth items. Upon successful return demonstration of these skills each street participant is issued a certificate of completion acknowledging their participation and willingness to help in the event of an emergency. These sessions are carried out on the street by trauma nurses, surgeons, and emergency physicians from our institution with members of the PHC and neighborhood leaders (called LTO's or License to Operate) providing security overwatch.

To assure that some commercial medical products are available on the streets, a bleeding control kit is left behind with a neighborhood leader/business owner who also participates in the session and agrees to shepherd its use in the event of a bleeding emergency. These bleeding control kits are known to be available and have even been given a street name, "The Kit".

THE RESULTS

The willingness of the members of the neighborhood to engage with our clinicians was overwhelming. From the very first session, our clinicians were inundated by members of the community who eagerly participated and provided very poignant stories of the violence they see on a regular basis. Learners profusely thanked our staff for coming to them and providing this training and even asked for their photos to be taken with the "teachers". To date we have found nothing less than outstanding engagement when moving through these high-risk communities and have trained over 500 residents (ages 8 to 80). When word gets out that the "trauma docs" are coming, learners are waiting for the team when we arrive. A true testimony of success came as a text message from the PHC who received word that one day after participating in one of our sessions, a young man was shot in the arm and a bystander (who participated in our session the evening before) fashioned an improvised tourniquet stopped the bleeding until EMS arrived and converted to a commercial tourniquet.

KEEPING THE MOMENTUM GOING

We continue to provide sessions on the streets with many of the participants being repeat learners. We have also started providing commercial tourniquets (as funding allows) to these repeat learners since they have demonstrated a willingness to come back for additional practice and displayed a verbal willingness to help if they see someone injured. We have found this positive reinforcement an affirmation of success.

