How We Stop the Bleed: Teaching the Next Generation
One Student at a Time

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Background:
• Uncontrolled hemorrhage is the leading cause of preventable death following trauma (Kabaroff, 2013).
• Following a traumatic event, the fate of a person suffering from severe blood loss will be determined before first responders arrive.
• In response to the Sandy Hook Elementary tragedy of 2012, the Stop the Bleed (STB) campaign has worked to educate bystanders to act as immediate responders.
• STB Instruction is based on best-practice techniques identified through previous studies and includes: direct pressure, wound packing and appropriate tourniquet use.

Objective:
• At the time of this project, 7,111 individuals in Texas reported having received this training (Stop the Bleed: Texas, 2018).
• Texas Stop the Bleed Coalition tasked our trauma service area (TSA) to train 3500 individuals in STB hemorrhage control techniques between April 2018 and March 2019.
• Our Trauma System partnered with a local high school to become the first reported high school in the state to use STB as a platform to train an entire high school faculty and student body on hemorrhage control techniques.

Methods and Procedure:
• Coordination of STB instruction in conjunction with a school’s English rotation significantly decreases instructor needs, allowing for more feasible training of large volumes.
• Training 2,200 high school students and faculty following the STB recommendation of 1 instructor per 8 students would require over 300 instructors.

Implementation Timeline:
• Over a 3-month period, school and trauma leadership met to establish training methods and course dates, discuss public relations concerns, determine appropriate presentation content and provide opt-out documentation for students.
• School faculty were trained two weeks prior to the start of the school year. Also trained were forty class officers, athletic training students and emergency medical technician (EMT) students.
• These individuals were paired with certified STB instructors to assist in classroom management.
• Over the course of two days, twenty-three English classes were staffed with 56 hospital-based volunteers from throughout the region, resulting in three STB instructors, an English teacher and two student volunteers per class of 20 students.

Evaluation:
• A total of 1909 students and 300 faculty were successfully trained during a two-day period in compliance with STB minimum ratio requirements. One student opted out.
• Daily faculty debriefing was helpful to anticipate problems or unexpected questions.
• Feedback was overwhelmingly favorable from teachers, students, volunteers, and parents.

Ethical Consideration:
• Parent/Guardian notification and option to decline student participation.
• Balancing the fear of school shootings with the reality that uncontrolled hemorrhage can be experienced during daily events.
• Adequate notification of graphic images.
• Ensure someone is available to assist students who become physically affected by viewing the images.

Future Implication:
• With proper planning and regional collaboration, it is possible to train STB to an entire high school.
• The strategies identified in this project will enable other trauma systems to provide life-saving training to this vulnerable population in their regions.
• Four additional school districts are now requesting training.

References:

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