2-5-2026

Staff Education to Stop the Bleed Training

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2026

Executive Summary: Staff Education Project

Staff Education to Stop the Bleed Training

by

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MS, Walden University, 2021

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Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2026

Summary

In this Doctor of Nursing Practice (DNP) staff education project, I implemented the Stop the Bleed (STB) program to strengthen nursing staff proficiency in hemorrhage management. Uncontrolled bleeding remains a leading cause of preventable mortality, and rapid, skilled intervention is essential for improving patient outcomes (Eastridge et al., 2012). The practice-focused question was used to examine how STB education could enhance staff readiness and confidence in emergency bleeding control. The purpose of the project was to equip staff with the knowledge, technical skills, and self-efficacy needed to respond effectively to hemorrhage, thereby supporting patient safety and organizational preparedness.

Pre-and post education questionnaires assessed perceived readiness, skills demonstrations verified competency, and participant feedback evaluated the clarity and usefulness of the training materials. The approaches highlighted the value of structured, evidence-based hemorrhage control education in supporting safe clinical practice, consistent with findings (Goolsby et al., 2018; Lei et al., 2019). Staff demonstrated measurable improvements in confidence and skill performance following the training.

Key deliverables included training modules, competency checklists, and evidence-based recommendations to support ongoing education. The program expands access to essential life-saving skills and strengthens a culture of safety. The STB initiative promotes positive social change by empowering clinical and nonclinical personnel to intervene during life-threatening bleeding events, enhancing community resilience and reducing disparities in emergency response readiness (see McLauchlan et al., 2024).

Background

Uncontrolled hemorrhage remains a leading cause of preventable mortality, and rapid intervention is essential for improving patient outcomes (Humar et al., 2020). In response to a recent state mandate requiring all outpatient clinics and healthcare institutions to install publicly accessible bleeding-control kits, like the placement of automated external defibrillators (AEDs), the organization implemented additional staff training to ensure compliance and readiness. The practice gap I addressed in this project was the limited formal education that nursing personnel previously received in evidence-based hemorrhage-control techniques. Although nurses are central to emergency response, many lacked structured preparation in the skills necessary to use the mandated bleeding-control kits effectively. This gap reduces the ability of clinical staff to respond promptly and competently during hemorrhage emergencies, contributing to preventable morbidity and mortality (see Eastridge et al., 2012; Jones et al., 2024).

To meet state requirements and strengthen emergency preparedness, the organization adopted the STB program, a standardized educational initiative designed to improve provider competence in bleeding management. The guiding practice question for the project was “How does STB education improve staff readiness and confidence in managing hemorrhage emergencies?” The training emphasizes the development of defined hemorrhage-control competencies, including tourniquet application, wound packing, direct pressure techniques, and rapid bleeding assessment. These competencies represent the essential skills required to identify life-threatening bleeding, initiate immediate intervention, and appropriately use bleeding-control equipment. They also

align directly with the operational expectations associated with mandated bleeding-control kits, ensuring that staff are prepared to use the equipment effectively during emergency situations.

A substantial body of empirical evidence supports the need for this type of structured education. Traumatic bleeding is the leading preventable cause of death among severely injured patients, and timely hemorrhage control could prevent nearly one-quarter of these fatalities (Eastridge et al., 2012; Jones et al., 2024). Research consistently demonstrates that standardized hemorrhage-control training programs significantly improve provider knowledge, confidence, and technical proficiency. Specifically, Sidwell et al. (2018) found that brief, skills-focused hemorrhage-control education improved healthcare employees' technical performance and skill retention, supporting the effectiveness of structured training interventions such as the STB program implemented in this project (Goralnick et al., 2018). Implementing STB education in conjunction with the state mandate not only ensures regulatory compliance but also strengthens organizational emergency preparedness, enhances staff competency, and promotes a culture of safety (Lei et al., 2019; Goolsby et al., 2018).

Staff Education Project Development

The staff education program was developed to address a clear gap in equitable access to standardized hemorrhage-control training, as several emergency room nurses and outpatient clinic staff had not previously completed the organization's annual STB instruction, primarily due to being newly hired or unavailable during earlier sessions. To ensure all personnel met state requirements for publicly accessible bleeding-control kits, I

designed and implemented structured, interactive training sessions focused on essential skills such as tourniquet application, wound packing, and direct pressure techniques, replacing the prior educator-led model to guarantee consistent delivery. Evidence for evaluating the program was collected through pre- and post training assessments that measured changes in participants' knowledge, confidence, and technical proficiency, and these data were analyzed descriptively to determine whether the educational intervention improved readiness to manage hemorrhage emergencies. The evaluation process was grounded in principles of adult learning, emphasizing repetition, experiential practice, and immediate feedback to strengthen skill acquisition and retention (see Knowles et al., 2015), ensuring that all staff, regardless of previous training opportunities, achieved the expected level of competency in accordance with organizational and state expectations for emergency preparedness (see Jones et al., 2024).

Results

Postimplementation findings from the STB staff education project demonstrated substantial improvements in participants' knowledge, confidence, and technical proficiency in hemorrhage control. Pre-and post training surveys, including the confidence instrument in Appendix D, showed notable gains in staff preparedness to manage bleeding emergencies, and these improvements are visually represented in Figure 1 and quantitatively displayed in Table 1. Skills-demonstration assessments further confirmed competency in essential hemorrhage-control techniques such as tourniquet application, wound packing, and direct pressure. Participant feedback reinforced these findings by highlighting increased confidence in responding to hemorrhage situations.

Collectively, these results align with existing evidence that structured hemorrhage-control education strengthens both foundational theoretical knowledge and the practical application of evidence-based bleeding-management skills (see Goolsby et al., 2018).

Table 1

Pre- and Post education Survey Results: Staff Confidence and Competence

Measure	Pre-education mean (*n*=10)	Post education mean (*n*=10)	Mean difference
Confidence in bleeding control	2.8 (*SD* = 0.6)	4.5 (SD = 0.4)	+1.7
Competence in tourniquet use	2.5 (*SD* = 0.7)	4.6 (SD = 0.5)	+2.1
Competence in wound packing	2.3 (*SD* = 0.8)	4.4 (SD = 0.6)	+2.1

Note. Table 1 adapted from project survey data. Values represent mean scores on a 5-point Likert scale (1 = low confidence/competence; 5 = high confidence/competence).

The project had a meaningful impact on the organization by enhancing overall emergency preparedness and contributing to a stronger culture of safety. By offering training to staff who were unable to attend previous annual skills-day sessions, the program promoted equitable access to essential education and supported organizational resilience. Improvements in staff confidence and competence demonstrated through survey results, skills assessments, and the visual trends shown in Figure 1 highlight the broader benefit of integrating hemorrhage-control training into routine professional development. Ensuring that all personnel, regardless of scheduling constraints or prior training opportunities, received consistent instruction strengthened the organization's capacity to respond effectively to bleeding emergencies and reinforced a workforce-wide expectation of readiness and competency (McLauchlan et al., 2024).

Figure 1

Staff Confidence and Competence Before and After Training

Note. Figure created from project survey data. Confidence was measured on a 5-point Likert scale.

Several limitations influenced the scope and generalizability of the project's results. The participant group was small because many staff members had already completed STB training during earlier annual sessions, reducing the number of individuals eligible for inclusion in this iteration. Additional constraints, such as scheduling conflicts and competing clinical responsibilities, further limited participation and may have affected the breadth of post training data. Despite these challenges, the confidence survey, skills-demonstration assessments, and participant feedback all

demonstrated meaningful gains in knowledge, confidence, and technical proficiency. These limitations underscore the need for flexible scheduling options and recurring training opportunities to ensure equitable access to life-saving competencies for all staff. They also reinforce the importance of ongoing reinforcement, as Sidwell et al. (2018) demonstrated that repeated, hands-on practice strengthens long-term retention of hemorrhage-control skills among healthcare personnel.

The significance of the STB education project extends beyond the boundaries of the local organization, offering a scalable model for improving emergency preparedness across diverse healthcare settings. By promoting equitable access to essential hemorrhage-control skills, the project supports broader goals related to public health preparedness, positive social change, and community resilience. Expanding such training to interdisciplinary teams and community partners can reduce preventable mortality by ensuring that more individuals are equipped to respond effectively to bleeding emergencies. The project also advances principles of diversity, equity, and inclusion by ensuring that all staff, regardless of background, role, or scheduling barriers, receive access to life-saving education. As a result, the initiative contributes not only to improved clinical outcomes but also to a more equitable and prepared healthcare system capable of responding to emergencies at both organizational and community levels (see McLauchlan et al., 2024).

Conclusions

Implementation of the STB education program produced a meaningful and measurable impact on the organization by strengthening its safety culture, improving

emergency preparedness, and ensuring that staff possessed the essential competencies needed to manage life-threatening bleeding. Participants demonstrated increased confidence and proficiency in key hemorrhage-control skills, including tourniquet application, wound packing, and direct pressure, which directly enhanced the organization's capacity to respond effectively to emergencies. The program also advanced equitable access to training by providing flexible opportunities for staff who had been unable to attend annual skills day sessions, thereby promoting fairness and inclusiveness in workforce development. Sustaining the gains in staff knowledge, technical proficiency, and confidence achieved through the STB education initiative will require continued investment in training, including regular refresher sessions and the integration of hemorrhage-control education into routine staff development. The gains reflect measurable improvements in staff ability to perform tourniquet application, wound packing, direct pressure techniques, and rapid recognition of life-threatening bleeding, competencies that are essential for effective emergency response. Ongoing reinforcement is supported by evidence demonstrating that continuous learning strengthens long-term skill retention and organizational resilience (see Goralnick et al., 2018; Polit et al., 2021). By ensuring that all personnel are equally prepared to respond to hemorrhage emergencies, the initiative enhanced both individual clinical competence and collective organizational readiness, contributing to improved patient outcomes and a more resilient clinical environment (see Sidwell et al., 2018).

Looking ahead, several recommendations can further enhance the impact of the program. Incorporating STB training into new-employee orientation would ensure that all

incoming staff acquire essential emergency skills at the start of their employment, while annual refresher courses would reinforce competencies and maintain organizational preparedness. Expanding the program to include interdisciplinary teams and community partners would broaden the reach of hemorrhage-control education and strengthen institutional and community resilience. Tools such as competency checklists and confidence surveys can support ongoing evaluation and guide continuous improvement (Goolsby et al., 2018). The initiative also carries important implications for nursing practice by reinforcing the role of structured, evidence-based education in improving patient safety and aligning clinical performance with current standards of care. Beyond the organization, the program contributes to positive social change, diversity, equity, and inclusion by ensuring that all staff, regardless of background, role, or scheduling constraints, receive access to life-saving skills. Extending training to community members further enhances public health preparedness and reduces preventable mortality, demonstrating the broader societal value of integrating hemorrhage-control education into routine professional and community training efforts (Humar et al., 2020; Goralnick et al., 2018).

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Appendix A: PowerPoint and Handouts

Staff Education Program: Stop the Bleed Training

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Introduction to the Problem

- California Assembly Bill 2260 → mandated trauma bleed kits in medical facilities
- Current gap: lack of structured training → preventable deaths (Humar et al., 2020)
- Purpose: improve preparedness, knowledge, and confidence in hemorrhage control

Learning Objectives

- Demonstrate ≥85% accuracy in hemorrhage control skills (tourniquet, wound packing, direct pressure)
- Increase staff confidence ≥80% (pre/post survey)
- Train ≥90% of ER and outpatient staff by October 2026
- Improve knowledge scores by ≥20%

Physiology of Hemorrhage

- Why bleeding is life-threatening
- "Golden minutes" concept: fatalities can occur within minutes without intervention (McLauchlan et al., 2024)

Step 1: Direct Pressure

1. Place clean cloth/gauze directly on wound
2. Apply firm, continuous pressure
3. Maintain until help arrives or bleeding stops

Step 2: Wound Packing

1. Identify deep wound not controlled by pressure
2. Pack gauze firmly until wound cavity is filled
3. Continue applying pressure for ≥3 minutes

Step 3: Tourniquet Application

- Place 2–3 inches above wound (not across joints)
- Tighten until bleeding stops & distal pulse absent
- Record application time → communicate to EMS

Equipment in the Stop The Bleed Kit

STOP THE BLEED℠ SAVE A LIFE

- Tourniquet
- Hemostatic gauze
- Gloves, trauma shears
- Instruction card

Simulation Overview

1. Hands-on skill stations: direct pressure, wound packing, tourniquet
2. Case-based team scenarios
3. Practice, peer feedback, instructor evaluation

Community & Organizational Impact

- Expands preparedness beyond hospital
- Partnerships with EMS/public safety
- Supports AB 2260 compliance & patient safety goals (Johns Hopkins Medicine, 2024)

- Handout: Quick Reference Guide

STOP THE BLEED – Emergency Response Steps

1. **Ensure Safety**
   - Check scene safety. Call for help. Put on gloves if available.
2. **Apply Direct Pressure**
   - Use clean gauze/cloth.
   - Apply firm, constant pressure until bleeding stops.
3. **Pack the Wound** *(if direct pressure ineffective)*
   - Pack gauze tightly into wound cavity.
   - Maintain pressure for at least 3 minutes.
4. **Apply a Tourniquet** *(if bleeding from limb is uncontrolled)*
   - Place 2–3 inches above the wound, not across joints.
   - Tighten until bleeding stops and no distal pulse is felt.
   - Record application time and report to EMS.

Evaluation Plan

Pre/post quizzes → knowledge gain

Confidence surveys → self-efficacy

Skills checklists → performance accuracy

Training completion logs → compliance

Conclusion & Call to Action

- **"Every second counts — Stop the Bleed saves lives."**
- **Encourage staff to complete training and practice annually**

Remember:

- AB 2260 requires bleed kits in California medical facilities.
- Stop the Bleed training empowers YOU to save lives

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Appendix B: Assessment Tools

Stop The Bleed Knowledge Test (Pre/Post Quiz)
(Five sample multiple-choice questions — scored pre- and post training)

Instructions: Select the best answer. Circle only one option.

1. The first step in managing life-threatening external bleeding is:

   a) Apply a tourniquet immediately

   b) Call for help and apply direct pressure

   c) Elevate the injured limb

   d) Insert gauze without pressure

2. Which location is most appropriate for applying a tourniquet?

   a) Directly on the wound

   b) Two to three inches above the bleeding site

   c) Below the wound if bleeding is severe

   d) Across a joint

3. The maximum recommended time to leave a tourniquet in place is:

   a) 15 minutes

   b) 30 minutes

   c) 2 hours

   d) As long as needed until help arrives

4. Which of the following is a hemostatic technique for wound packing?

   a) Pouring saline into the wound

   b) Packing gauze tightly while applying constant pressure

   c) Applying ice packs over the wound

   d) Using adhesive tape to seal the wound

5. According to California Assembly Bill 2260, what is mandated in all medical facilities?

   a) Placement of automated external defibrillators (AEDs) only

   b) Placement of trauma bleed control kits and training

   c) Mandatory CPR training for staff

   d) Placement of additional blood pressure monitoring stations

(Include 5 more knowledge-based items for completion — adapt from the Stop the Bleed training manual).

Answer Key:

1. **B** Correct Answer: (Lei et al., 2019)
2. **B** Correct Answer: (Jones et al., 2024)
3. **C** Correct Answer: (Goralnick et al., 2018)
4. **B** Correct Answer: (Humar et al., 2020)
5. **B** Correct Answer: (Sidwell et al., 2018)

Scoring:

- Each correct answer = 1 point.
- Target outcome: ≥20% improvement from pre-test to post-test.

Appendix C: Skills Checklist

(Evaluator observes participant during simulation drill — checkboxes indicate competency)

Participant: _____

Evaluator: _____

Date: _____

Skill	Criteria for Competence	Completed Correctly (Yes/No)	Comments
Direct Pressure	Apply firm, continuous pressure directly to the wound using clean gauze or cloth	☐ Yes ☐ No	
	Maintains pressure until bleeding controlled	☐ Yes ☐ No	
Wound Packing	Identifies deep wound requiring packing	☐ Yes ☐ No	
	Packs gauze firmly and continuously until wound is filled	☐ Yes ☐ No	
	Applies pressure over packed wound for at least 3 minutes	☐ Yes ☐ No	
Tourniquet Application	Places tourniquet 2–3 inches above bleeding site (not on joint)	☐ Yes ☐ No	
	Tighten until bleeding stops and no distal pulse is felt	☐ Yes ☐ No	
	Notes application time and informs responder/EMS	☐ Yes ☐ No	

Evaluator's Overall Rating:

☐ Competent

☐ Needs Improvement

Target Outcome: ≥85% of staff demonstrate full competency across all skill domains (Goolsby et al., 2018; McLauchlan et al., 2024).

Appendix D: Confidence Survey

(Pre/Post self-assessment using 5-point Likert scale)
Instructions: Circle the number that best reflects your confidence in performing each skill.
Scale:
1 = Not confident at all
2 = Slightly confident
3 = Moderately confident
4 = Very confident
5 = Extremely confident

Skill Area	1	2	3	4	5
Ability to recognize life-threatening bleeding	☐	☐	☐	☐	☐
Confidence in applying direct pressure	☐	☐	☐	☐	☐
Confidence in wound packing with gauze	☐	☐	☐	☐	☐
Confidence in tourniquet application	☐	☐	☐	☐	☐
Confidence in teaching others about bleeding control	☐	☐	☐	☐	☐

Target Outcome: ≥80% of participants show improvement of ≥1 level on Likert scale from pre- to post training
(Goolsby et al., 2018; Sidwell et al., 2018).