



Changing lives by giving young people the skills and confidence to deliver lifesaving first aid.

## **Training Plan: What to do if someone is bleeding**

Version updated: October 2021

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# Introduction

## How to use the training plan

This training plan is to be used only by healthcare students and professionals who are trained as volunteers for StreetDoctors charity. This training plan is the intellectual property of StreetDoctors. Please do not share the content with third parties.

The training plan is to be used alongside training in CPR, the recovery position, and safeguarding. New volunteers will observe sessions with experienced volunteers before running sessions themselves, when they are fully trained and feel comfortable.

Questions to ask young people in the training plan are underlined and are intended to help guide the structure of the session. Asking questions aids young people's learning and actively engages them.

Terminology: in the training plan we describe the young people we teach as "trainees" and medic volunteers as "trainers".

## Validation

The content of this training has been reviewed and approved by Advanced Trauma Life Support Tutors from the Resuscitation Council.

## Training Etiquette

StreetDoctors volunteers are required to be dynamic and able to engage with trainees. Remember that as a volunteer you are a positive role model for the trainees and you are representing your respective healthcare profession, please behave as the healthcare professionals you are, or are training to be. All healthcare professionals are to follow their respective monitoring councils for guidance on practice in healthcare settings. We expect StreetDoctors volunteers to do the same during our sessions. Session delivery advice can be found in the appendices.

## Do

- Be yourself!
- Be open and honest – don't worry if you don't know how to answer a question, say you aren't sure and will let them know at the next session (or will give the info to delivery partner staff to pass on to them).
- **Talk about bleeding generally rather than stabbing or shooting** (if young people bring up injuries caused by violence that is fine, but we don't want to make assumptions about their experiences).
- Listen to and respect trainees.
- Encourage trainees to ask questions.

- Be confident – you have knowledge and skills that you can pass on to young people who need them!
- Be friendly and chat to trainees – even though, sometimes, they might look uninterested.
- Encourage trainees – to have a go at answering questions, try not to let a few young people dominate discussions, and also think about how they can make a positive contribution with first aid skills.
- Thank trainees for their time and participation at the end of the session.

### **Don't (should be obvious but just in case)**

- Use offensive language or make offensive jokes.
- Be rude to trainees or humiliate them.
- Use medical language – keep your words simple (bleeding instead of haemorrhage etc – see the glossary).
- Break confidentiality when discussing your experiences of treating patients.
- Give trainees your phone number or other personal information.
- Shout or be aggressive.

### **Aims of StreetDoctors' sessions**

#### **You have a “Golden Hour” with trainees to achieve the following:**

1. **KNOWLEDGE:** For trainees to understand the medical consequences of violence on the human body and understand how it works.
2. **SKILLS:** For trainees to know what to do if someone is knocked out, the consequences of concussion, understanding of when to put someone in the recovery position and when to provide chest compressions.
3. **WILLING TO ACT:** For trainees to be confident enough and willing to intervene if someone is knocked out.

### **Objectives of StreetDoctors Session**

- Create a good learning environment.
- To make our training is simple, inclusive, interactive, and fun!
- Trainees to be able to remember what to do if someone is bleeding or knocked out
- Trainees to think about why they might or might not help someone.

### **Training values and implementation**

Each training session and group of trainees we train is unique. Eventually, with experience, you'll be able to use your special StreetDoctors senses to adapt the training to fit the different groups of young people, so they get the most out of training. It is important with everyone that you ensure you deliver the KEY messages.

## Training principles

We want you, our volunteers, to be aware of how our training plan works. For a skills based workshop to be meaningful and achieve the intended aims, learners must go through Kolb's stages:

- **Concrete foundation** of knowledge i.e. How the body works
- **Reflection** on that knowledge in new contexts i.e. Squash demonstration 1 & 2
- **Cognitive processing** of knowledge application i.e Watching AS ALERT demo
- **Active application** of their knowledge i.e. Practicing AS ALERT demo

Our training plan supports young people to acquire a deeper understanding of what to do in a medical emergency and why. This is achieved by engaging them using multiple techniques, each of them relying on some key principles.

You have an hour with young people for them to become lifesavers. Be guided by the following principles to help you make the most of those 60 minutes!

- **Use simple key messages** – don't be diverted into finer detail about how the body works or complex medical concepts. Delving into deeper and more complex concepts will make it hard for learners to organise information into simple, memorable structures. This is referred to as improvidence.<sup>1</sup>
- **Keep content relevant** – our sessions are about young people learning the medical consequences of violent injuries and facilitating discussions about attitudes to violence. Going vastly off-course can cause learners to draw incorrect conclusions between the extra information and our key messages. This is referred to as globetrotting.<sup>2</sup>
- **Teach interactively/ask questions** - didactic teaching (doing all the talking yourself) can impair a learner's development. By actively using a mixture of demonstrations, and open and closed questions, you're helping trainees develop connections between facts and concepts. This reinforces their knowledge.<sup>3</sup>
- **Practice, practice, practice** – young people are more likely to help in a medical emergency if they have had a chance to practice the skills you've taught them.

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<sup>1</sup> Vollers JM. Teaching and Learning Styles. International Anaesthesiology Clinics. 2008 ; 46 : 27-40

<sup>2</sup> Vollers JM. Teaching and Learning Styles. International Anaesthesiology Clinics. 2008 ; 46 : 27-40.

<sup>3</sup> Barnett R. A Will to Learn: Being a Student in an Age of Uncertainty. pp 126127. Maidenhead: McGraw-Hill Education; 2007. And [hapman J, Watson J, Adams J. Exploring changes in occupational therapy student's approaches to learning during pre-registration education. Br J Occup Ther. 2006 ; 69 : 457-463

This is the final stage that ties all the knowledge together. Trainees will make the neural connections helping them to transfer learning before applying it to real-life situations. This cements new knowledge for future use.<sup>4</sup>

Understanding and implementing the above ensures all StreetDoctors sessions are delivered to a consistent high standard. It gives young people the best possible chance of learning lifesaving skills and the confidence to feel able to replicate them in a medical emergency.

## Overview of training plan

### Equipment

- Apply Pressure Film (link on playbook)
- Flip chart and pens
- 10 x plastic 1 pint cups
- Pink/red squash
- Large plastic bottle with hole halfway up
- Hole filling apparatus (e.g. wooden spoon)
- A4 AS-ALERT cards
- Body organ cards
- Stoma bag
- Catheter
- Basin/bucket (ideally a clear one so trainees can see volume of liquid)
- Certificates
- Wallet Reminder cards
- Evaluation forms
- PPE (hand sanitiser, wipes, gloves, masks)

### Session Summary

Training Section & Timings	Content	Activity	Equipment
<b>Pre-session</b>	PREPARE! Arrive 25-30 minutes early so you can set up for the session and meet with staff.	Draw outline of life-size body on flipchart  Fill up pint glasses with squash  Write up group agreement (see appendix 2) to be discussed with trainees	Flipchart paper Pens Squash Cups Water Bottle

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<sup>4</sup> Barnett R. The Limits of Competence. pp 11-16. Buckingham: Open University Press, 1994.

<b>Introduction</b> <b>7 mins</b>	<p>Introduce yourself to trainees</p> <p>Rules re: phones and leaving</p> <p>Say who you are, why you're there and what StreetDoctors is.</p> <p><u>Have you learnt first aid before?</u></p> <p><u>Who has been to a StreetDoctors session before?</u></p>	<p>As trainees arrive: -Have a chat, get to know them</p> <p>Trainer explains boundaries of the session: -share group agreement with trainees, make changes as needed</p> <p>Introduce yourself to trainees in full-this is very important because your training as a medic will add credibility, so increasing young people's trust in what you have to say</p> <p>Say why you're there and what StreetDoctors is. You can summarise our work as- 'we are a movement of young healthcare volunteers training young people in emergency first aid skills and increasing their understanding of the consequences of violence.</p>	<p>Register (if provided)</p> <p>Take a note of the number of trainees to put into Lamplight: -First time attendees -Repeat attendees</p>
<b>Appy Pressure video</b> <b>2 mins</b>	<p><u>Any thoughts?</u></p>	<p>Watch video</p>	<p>Video- link on playbook</p>
<b>How the body works</b> <b>7 mins</b>	<p>Use body organ cards</p> <p><u>What are the important parts of the body to stay alive?</u></p> <p><u>Where do you think it is safe to be stabbed?</u></p> <p>Talk through why it is not safe to be stabbed where trainees have marked "X" – <u>Why do you think it's safe to be stabbed here?</u></p>	<p>Hand out the body organ cards</p> <p>Trainees are asked: -<u>what organ are you holding?</u> -<u>what does it do?</u> -<u>place it on the drawing of the body where it goes</u></p> <p>Clarify the 3 most important organs to keep you alive</p> <p>Trainees encouraged to draw an "X" on the body where it is 'safe' to be stabbed</p>	<p>Flipchart and pens</p> <p>Body organ cards</p> <p>Colostomy bag</p> <p>Catheter</p>
<b>Squash Demo</b> <b>5 mins</b>	<p><u>If the sharp object was still in the wound would you take it out or leave it in?</u></p>	<p>Ask trainees what they would do.</p> <p>Demonstrate what happens if you leave spoon in vs. taking it out</p>	<p>Squash Basin Water bottle Wooden spoon</p>

<b>Bleeding</b> <i>5 mins</i>	<u>How can you tell if someone is bleeding?</u>  <u>What would someone look like if they're bleeding?</u>  <u>How would they feel or behave?</u>  <u>Why is it dangerous to be bleeding?</u>	<p>Write down the answers/ideas trainees give you to the questions in the left column.</p> <p>Trainees can refer to answers/ideas they give in this section to help participate in the next one.</p>	Flip chart and pens
<b>Blood</b> <i>7 mins</i>	<u>How much blood do you think there is in the body?</u>  <u>What might someone look like now? (ask after pint poured in bucket)</u>  <u>Which parts of the body are the most important to get blood to?</u>	<p>Hand out the pint glasses to trainees</p> <p>Trainees pour in 1 pint at a time</p> <p>After each successive pint is poured in, pause, ask trainees what someone might look like. Pour in up to 4 pints.</p> <p>Re-iterate the vital organs from the body organ section that need blood</p>	<p>Squash in 10 x pint glasses</p> <p>Bucket/basin</p>
<b>How could you help?</b> <i>7 mins</i>	<p>Teach AS ALERT</p> <p><u>What order do you think the cards go in?</u></p> <p><u>Why do we apply pressure?</u></p>	<p>Hand out AS ALERT cards. Ask trainees to stand up with them.</p> <p>Facilitate discussion about the order the cards go in.</p> <p>Explain why each step is needed.</p>	<p>Flip chart and pens</p> <p>AS ALERT cards</p> <p>Water bottle</p> <p>Bucket/basin</p>
<b>How to call an ambulance</b> <i>3 mins</i>	<p><u>How do you call an ambulance?</u></p> <p><u>What information do they need to know?</u></p>	<p>Explain how to call an ambulance and highlight the information the operator will need to know.</p>	Flip chart and pens
<b>Demo and practice what to do</b> <i>5 mins</i>	<p>3 step demo of what to do</p> <p><u>Ask trainees to guide trainer in step 3 of demo</u></p>	<p>1. Trainer does silent demo</p> <p>2. Trainer explains demo</p> <p>3. Trainees guide trainer through demo</p>	Volunteer acts out bleeding
<b>Practice</b> <i>7 mins</i>	<p>Split into small groups and <u>practice</u></p>	<p>Trainees each practice what to do if someone is bleeding</p>	Trainees rotate volunteering as 'patient'
<b>Discussion</b> <i>7 mins</i>	<p>Ask the trainees questions to facilitate discussion</p>	<p>Teachers facilitate a discussion</p>	



<b>Recap 5 mins</b>	<u>What is the most important thing to do?</u>  <u>What is the 2<sup>nd</sup> most important thing to do?</u>	Reiterate: 1. Call an ambulance 2. Apply pressure	
<b>Evaluation and certificates</b>	<u>Trainees complete evaluation form</u>  Give trainees certificate and thank them for participating	Thank trainees for taking part	Evaluation form  Certificates  Reminder cards

## Rules of session delivery

- **Never deliver a StreetDoctors session alone;** another StreetDoctors volunteer should always be with you. Please cancel a session rather than train young people alone.
- Request a staff member to be present throughout. When HQ plan sessions with delivery partners we always state a member of their staff must be present. If any trainees present do not meet the expectations of the group agreement, staff are to manage this.
- You can end a session early or not start one if:
  - a staff member is not present.
  - you think your safety or the safety of the group is at risk.

Always let a StreetDoctors HQ team member know if a StreetDoctors session has not happened or if you had to end it early. We're here to help you. Email [nvc@streetdoctors.org](mailto:nvc@streetdoctors.org)

If you need to speak to the team during office hours, phone 07763 457712.

Out of hours phone: 07553458882  
Weekdays 5pm-9pm and Saturdays 9am-5pm

## COVID Responsible Delivery

Subject to change in line with national guidance. **Always** follow local guidance and contact HQ if you have questions or issues

- PPE- masks, wipes, hand gel provided by HQ
- Covid safe travelling to and from sessions- where possible agree to meet close by and arrive together 30 mins before session start time
- 2 LFTs the week of the session as per government guidance
- Wipe down cards and equipment before and after sessions

## Partner Requirements

- Space large enough for social distancing 1M and well ventilated
- Attendance numbers of no more than 15 young people
- Staff members in sessions encourage use of masks and social distancing

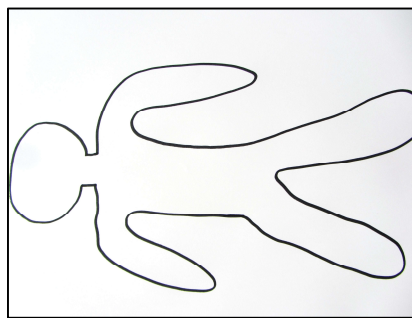
If you are not comfortable in a session or feel that it is unsafe, you can stop at any time. You can call us at HQ or on the out of hours phone (see above).

## Training plan in detail

### Before the session

Always make sure you arrive **25-30 minutes** before the start of the session to give you time to discuss the group with the staff present, organise the room - a circle of chairs is best – and the rest of the equipment.

**Draw around a real person** to have a life-size outline of body on two big sheets of flip chart paper. Lay the drawing on the floor or on a table in the middle of the room.



**Fill up** 10 pint glasses full of water with squash and line them up on a table. Also prep your water bottle for the squash demo. Use 10 if you have them, but 5 is sufficient for the demonstration.

**Write up** group agreement (see appendix 2).

**Speak to the staff member** present and agree how you'll manage the session together, any involvement they wish to have.

### Introduction

- Introduce yourself in full to add credibility to your role as a trainer
- Learn everyone's names (write them down/use name stickers)
- Chat while you are waiting for everyone to arrive.
- Explain who you are (student doctor, paramedic, nurse) and why you are there (part of StreetDoctors, training young people life-saving first aid)
- Ask for phones on silent and away

- Share group agreement
- Explain necessary social distancing measures
  - Physical demonstrations are allowed however we recommend they use a mask when in close contact with each other.
  - During the times where they are not demonstrating on each other advise the young people they will be reminded to keep their distance, use hand sanitiser and wipe down surfaces when prompted.
  - Video demonstrations are still available if volunteer trainers prefer not to do physical demonstrations.
  - Young people do not have to take part in physical demos if they do not feel comfortable.
  - Each will get their own felt tip pen to write with. Do not share this with other participants.
- Ask: Has anyone done first aid before? What can you remember?  
Has anyone attended a StreetDoctors session before? (note down the number of first timers, and re-attendees to put on Lamplight later)

## Educational film

On the Playbook, in All StreetDoctors Volunteers -> Training Resources -> Socially Distanced Sessions -> Bleeding Session, you can find video links.

Play the Apply Pressure video and allow some time for reactions/ discussion.

Any thoughts?

## How the body works

After the film and discussion. Hand out the body organ cards between the trainees. Take each organ in turn and ask the trainees:

- What's the name of the organ you have?
- What does it do in the body?
- Invite them to place the organ where it belongs on your drawn out body.

After the images have been placed, correct them if necessary. Don't spend a long time on this section especially if you have strictly 1 hour- stick to a couple of key points. If you are getting some interesting questions, it is worth writing them down to come back to at the end.

Ask them to name the 3 main organs that **keep a person alive**. Encourage them to give a reason about why they think their chosen organ is the most important.

Explain why the heart, brain and lungs are the most vital:



- **Heart** - the heart pumps blood around the body.
- **Brain** - the brain helps to control all of the functions of the human body via our nervous system.
- **Lungs** - the lungs bring in oxygen which we need to stay alive.

It might be useful for you to take a pen at this point and illustrate the journey of oxygen into the body through the windpipe, into the lungs, collected by the blood, pumped by the heart around the body.

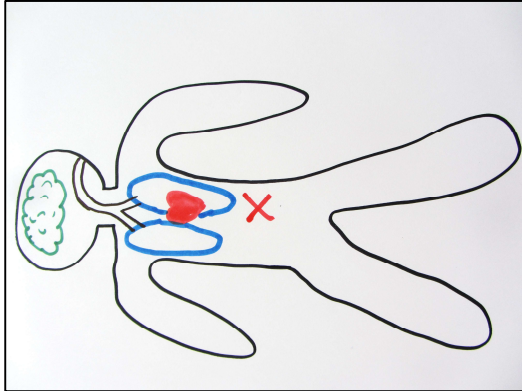
### Where is it safe for someone to stabbed?

Obviously, we do NOT encourage the use of sharp implements to harm someone. However, young people have often asked this question and so this section of the plan helps to answer that.

Give out pens and invite trainees to draw "Xs" on the body where they think it is safe to be stabbed. Go through each "X" that is drawn (or group together similar ones). Below are some examples of how to explain consequences of common places where trainees put an "X".

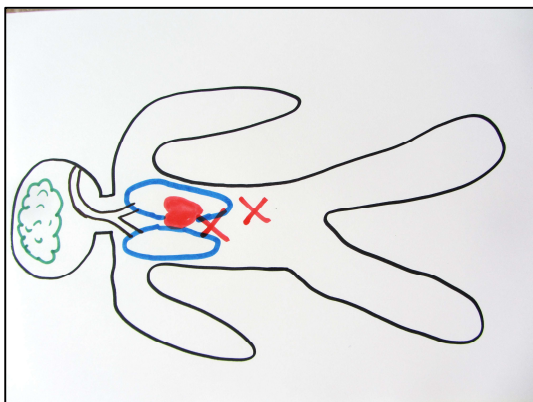
Alternative phasing if young people say there isn't somewhere safe  
Where do some people think it is safe to be stabbed?

'What could happen if you were stabbed here?'



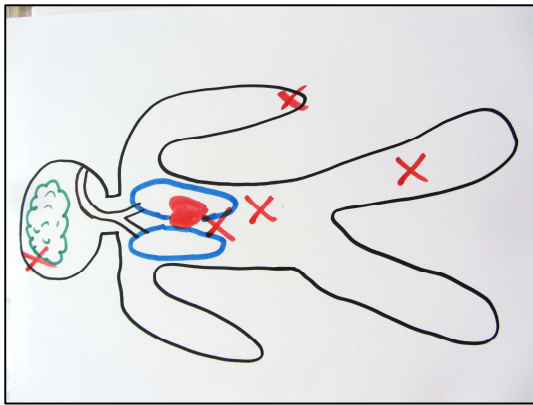
"X" somewhere in the abdomen.

Discuss colostomy bag and catheter.



"X" somewhere in the back.

Discuss paralysis – not able to use legs, in wheelchair, using a catheter to wee (and show catheter if you have one).



"X" in the head.

Discuss epilepsy 'having fits', not able to drive, not able to do certain jobs.

The ear- infection is always a risk

Ask again at the end- Is there a safe place?

### Key messages from body organ section

- Blood vessels and nerves are all over the body and if cut could cause someone to lose enough blood to die/lead to paralysis or loss of function in a body part.
- You can never accurately choose one place to stab someone - there are important blood vessels and nerves everywhere.
- If a sharp implement is dirty it's harmful as blood vessels are everywhere in our body, which means the infection can be carried everywhere. People can become VERY sick and even die.
- **THERE IS NO SAFE PLACE TO BE STABBED!**

### Squash bottle demo 1

'If someone's been stabbed and the knife is still in, would you take it out or leave it in?'

- Try and get a show of hands or answer from each trainee – ask them why they think one way or the other.
- Demonstrate taking implement out versus keeping it in
- Explain the knife is acting like a plug, and if you take out the plug, more blood will be lost
- Explain that the knife might be next to a blood vessel or organ; taking it out might cause more harm

### How much blood is in the body?

Ask trainees the above question. See what numbers are given and then inform them there are roughly 10 pints of blood in an adult. The range that might be covered would be roughly 8-12. Point out the total number of pint glasses you pre-prepared.

## What would someone look like if they are bleeding?

Ask the trainees the above question and make a note of their answers on some flip chart paper. Some suggestions you could write up if the trainees don't offer them are below:

- You might see blood (might not if it's internal bleeding)
- Breathing fast
- Pale
- Cold
- Confused/agitated/drowsy
- Fast pulse

## How might someone feel or behave?

- Confused/anxious/agitated
- Thirsty
- Scared

You can explain why certain things happen, for example:

- Bleeding means that blood stops going to other organs like the skin (—> paleness, feeling cold) to keep the heart, lungs and brain alive.
- A lot of bleeding means that blood isn't going to the lungs and brain (—> slow breathing, being drowsy/unconscious).

## Would you always be able to tell how much blood someone has lost?

- No, because it might be dark and soak into the ground so you can't see it.
- They might be bleeding on the inside of the body.

Explain that sometimes you cannot see how much blood they have lost because they can bleed from the inside. If a blood vessel is cut the blood can leak out and collect around all the organs. That is why it is so **important to recognise what someone may look like** when they are losing blood, because you cannot always see the blood coming out.

## Squash demo 2

Hand out the pint glasses. If you have a smaller group 4-5 is enough, but with more trainees you might like to hand them all out. One by one get them to pour a pint of liquid into the bucket. As each pint is poured in STOP to discuss what the symptoms would be after losing cumulative pints (see below) and get the trainees to refer to the list of symptoms above you created on the flip chart. Walk around with the bucket so trainees can see how much blood is accumulating.



What do you think happens to the body when you lose 1 pint?

This is okay. When you donate blood, you lose about a pint. You might feel a bit dizzy or faint but if you drink some water and rest as advised for 24-48 hours after you'll be fine.

What do you think happens to the body when you lose 2 pints?

You will feel unwell. The body copes with losing 2 pints by making the heart beat faster and keeping the blood around the important organs so you start to look pale. (Could say something about shutting down blood vessels close to the skins surface to keep more blood for the important organs).

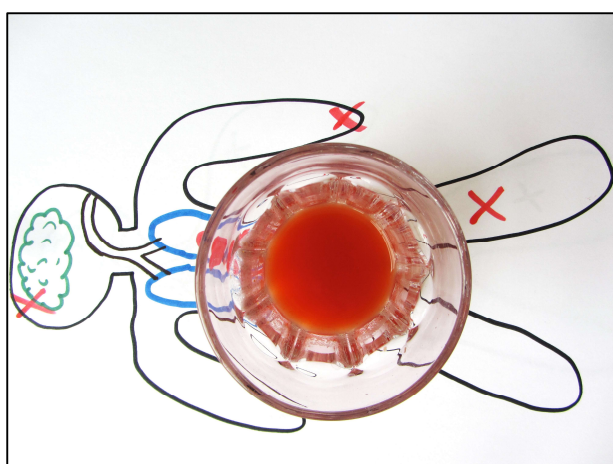
What do you think happens to the body when you lose 3 pints?

You would be quite unwell. Not enough blood is getting to the brain so the person will be confused and agitated. The heart beats really fast to try to cope with the blood loss. Breathing also starts to go faster to try to get more oxygen into the body as the transport system (blood) isn't working.

What do you think happens to the body when you lose 4 pints?

This is a life-threatening situation. The brain gets less blood and the person becomes drowsy or even unconscious. They might start to feel cold. They desperately need to get to a hospital to replace blood they're losing.

<b>Amount of blood loss</b>	1 pint	2 pints	3 pints	>4 pints
<b>Mental status</b>	Slightly anxious	Mildly anxious	Confused Agitated	Confused Tired Drowsy
<b>Breathing</b>	Normal	Fast	Very fast	Very fast
<b>Colour</b>	Normal	Pale	Pale	Ashen
<b>Extremities</b>	Normal colour	Pale	Pale	Pale and cold



Get the 5<sup>th</sup> pint poured into the bucket.

Place the bucket with 'lost blood' on top of the abdomen area to demonstrate hidden blood loss.

You can lose 4 to 5 pints inside the middle of the body (abdomen).

Have the trainees pour the rest of the pints in if there are some remaining. Show the trainees the bucket- is the total volume more or less than they expected?

### Key messages from the squash demos

- A person only needs to lose half the blood in their body before they are very seriously ill.
- A person can lose a life-threatening amount of blood in only a few minutes.
- It may look like the person has not lost much blood if it is soaked into the ground or they are lying on top of it, especially if it is dark at night.
- You can lose a lot of blood inside the body, which is why you might not see much blood but a person could still be seriously ill. Therefore, it's vital to recognise how a person might look or behave.

## How can you help someone who is bleeding?

### Personal Safety

Ask the trainees about what might be unsafe in an area where someone is bleeding. Encourage them to ensure their own safety before stepping in to help someone. Try to cover other scenarios than stabbing e.g. cars if someone has been in a traffic accident.

### AS-ALERT cards

Let trainees know that AS-ALERT is most useful if the person is breathing. If the person is not breathing they would use different skills – they'll learn these skills in the knocked out session.

AS-ALERT stands for:

A – ambulance

S – safety

A – apply pressure

L – lie down

E – elevate legs

R – reassure

T – temperature (keep them warm)

- Ask the group, how can you help someone who is bleeding? Jot down suggestions from trainees on flip chart paper.
- Hand out the AS-ALERT cards in a random order.
- Ask the trainees with the cards to stand up and hold them so everyone else can see (if trainees don't wish to stand, cards can be laid out on the floor).
- Facilitate a discussion amongst the group by asking questions:
  - What order do you think the cards should go in to help someone who is bleeding?
  - What would they do first and what would they do last?
- If the cards (or some cards) are in the correct order, congratulate them. If the cards are not in the right order, either ask questions that get them to reconsider or point them in the right direction.



- Once “AS ALERT” is in the right order highlight what it spells out. Trainees then need to understand why each step is needed. Ask the trainees for the reason for each step first. Fill in any information/reasons they miss (see section below for more detail).
- It's important to mention at the beginning and at the end that there are no wrong answers, and if they were to do them in any order, they would still be helping the person.
- Re-iterate that AS ALERT may be all they need to save a life.

## Why do we train young people AS-ALERT?

The following helps to answer why the steps of AS-ALERT are important.

### 1. Call an ambulance

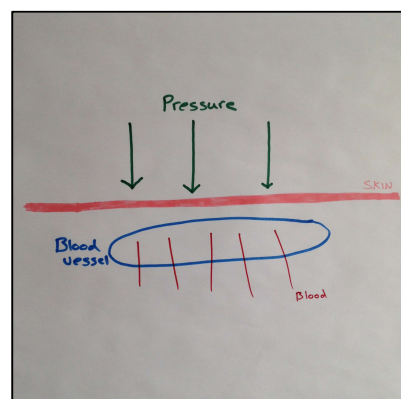
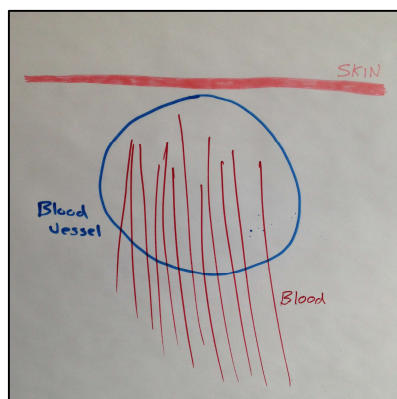
This is **the single most important thing** they can do. See the next section for advice on calling an ambulance. Put your phone on speaker so you can apply pressure at the same time.

### 2. Safety

- Everyone should consider their own safety before physically helping someone who is hurt.
- Remember, we want to avoid there being 2 unwell people and you've already called 999, so **if it's not safe for you to stay, help is on the way.**
- Ask young people, What might you need to consider before approaching someone to help?
- Discuss risks such as: other people, cars, sharp objects, etc.

### 3. Apply Pressure

- Draw a simple diagram of a blood vessel or roll a piece of paper into a tube; explain if you cut the vessel, blood will flow out of it causing bleeding. Imagine a hosepipe, if you squeeze the end what happens?
- By pushing on the skin, you squeeze the end of the blood vessels, reducing the amount of blood that can get out, therefore causing a clot to form and less blood escaping.



#### 4. Lie them down

Refer back to the squash bottle demo.

- Imagine the cap is the head, and the bottom is the legs;
- where is all the blood right now?
- Where do we want the blood to be? Where did we say are the important parts of the body to stay alive?
- What could we do to get the blood to the head and vital organs

#### 5. Elevate Legs

- How much blood is in each? - 2 pints in each leg.
- Where do we want this blood to be? How can we get it there?
- Therefore, elevating legs means more blood can flow down to the vital organ.

#### 6. Reassure

If you can help keep someone calm, you may help to lower their heart rate, and in doing so, slow the rate blood flows around their body and help prevent rapid blood loss.

#### 7. Temperature

It's important to keep someone warm. If they're shivering they're using up valuable energy that their body needs.

### How to call an ambulance

Why is it important to call an ambulance?

- If someone has lost a lot of blood the only way to help is for them to be given blood – this can only happen in a hospital (refer back to 10 pints).
- Someone might have more injuries than the ones you can see.
- They might be bleeding internally which is dangerous.
- What number do you call to ask for an ambulance?

What will the operator need to know?

- What has happened (someone is bleeding).
- Where you are. You are NOT required to give your name or details when you dial 999.

### 3 Step demo

One of the trainers pretends to have a wound from a penetrating injury with the sharp object still present for each step (trainees will see how to put their hands safely around a sharp object).

**Step 1** – Trainer runs through AS ALERT demo silently

**Step 2** – Trainer runs through demo explaining what he/she is doing for each bit of AS ALERT

**Step 3** – Trainees tell teacher what to do for every step. Only do what the trainees instruct you to do

After covering the 3 steps, break the whole group up into smaller groups (pairs, trios or fours, as appropriate). Encourage a range of scenarios; with a sharp object in and without. Encourage trainees to participate but emphasise consent at this stage.

## Discussion

Questions you might ask:

1. Do you feel that you know how to help someone that is bleeding?
2. Would you feel able to help someone you knew if they were bleeding?
3. Would you feel able to help a stranger if they were bleeding?
4. Do you feel that having a weapon keeps yourself and others safe?

The purpose of this section is to allow a free and open discussion. Your role during this activity is to facilitate a discussion between trainees. Don't try to persuade trainees either way. Let them discuss barriers or challenges. Encourage trainees to talk to each other, and as per the group agreement at the start, be respectful of each other. Minimize the sharing of any of your own opinions.

We include this activity due to evidence that talking about willingness to act before an actual event increases the chance people will intervene, because they have already considered the risks and benefits of trying to help.

Follow up questions for each statement on where trainees are stood could include:

1. What else do you think you need to know? How can we help you practice more?
2. Why might you help someone you know? In what situations might you not help?
3. Why might you/might you not help a stranger? Would anything change that?
4. Why do you think it is safe/unsafe? Would anything change that?

## Recap

Encourage trainees to talk you through what to do in a scenario when someone is bleeding. There are TWO vital ACTIVE things trainees can do to help:

If you could **only do one thing** to help what would it be?

- Call 999

If you could do **two things** what would they be?

- Call 999 and apply pressure to the wound

## Evaluation

- Thank trainees for taking part in the session and congratulate them on their achievement.
- They are now 'Street Doctors' and know what to do if they see someone in need of medical help.
- Ask trainees to complete the evaluation form. Let them know that what they write matters to us and helps to improve sessions.
- Explain that what was discussed in the session could have been upsetting for some young people. Inform them there are services available if they want to discuss what feelings came out of today's session. Pass out Mental Health reminder cards with helpful organisations for young people to safely discuss how they feel.

## Certificates and Reminder cards

Make sure you give each trainee a certificate for participating, a support card and a reminder card to keep in their wallet.

## At the end of the session

Check list	Have you....
	Given evaluation forms to the trainees and collected in completed ones?
	Given each trainee a certificate, reminder card and <b>thanked them</b> for taking part.
	After trainees leave: Had a debrief about the session and made notes on: <ul style="list-style-type: none"><li>• What do you think went well and why?</li><li>• What didn't go well and why?</li><li>• What changes would you make next time?</li></ul> Posted these insights: <ul style="list-style-type: none"><li>• Into the "feedback" tab on the Lamplight teaching record and Onto your local Facebook or WhatsApp group so that everyone can learn from them.</li></ul> <b>Keep the trainee's identity anonymous!</b>
	Given each other some constructive individual feedback
	Filled in the number of young people attending and those re-attending on the "attendance" tab on the Lamplight teaching record
	Inputted the data from the young people's evaluation forms to the online survey: <a href="http://www.streetdoctors.org/unconsciouseval">http://www.streetdoctors.org/unconsciouseval</a>

## Appendix 1 – Glossary of Medical Terms

Medical Word	Try this instead	Medical Word	Try this instead
Signs	What they look like	Organ	Part of the body
Symptom	How they feel	Trachea	Wind pipe/airway
Cardiac Arrest	Heart stopped	Sternum	Breast bone
Haemorrhage	Bleeding	Occluded	Blocked
CPR	Chest compressions	Fail (ie, organs “fail”)	Stop working
Intoxication	Drunk or high	Seizure	Fit
Management	What you can do to help	Reduced consciousness	Drowsy

## Appendix 2 – Group Agreement

To help trainees be aware of how you will all spend the training session together, write the following on flipchart paper/whiteboard during your preparation time.

As part of your session introduction, check trainees agree with the points and edit/add items based on what they suggest.

- Keep mobile phones on silent and in my pocket/bag
- One person speaks at a time
- Use polite words only
- If you're not sure, ask a question
- Respect each other
- Keep stories or experiences confidential if asked to do so
- Take part and have a go at the activities
- If something is upsetting, you can leave and come back when you're ready
- You can decline taking part in physical demonstrations providing verbal instructions as an alternative

## Appendix 3 - FAQs From Trainees

### 1. If I call 999 do I need to tell them my name?

You do not need to give information about your identity to the police you can call 999 anonymously.

### 2. What should I do if the police arrive?

If the police do arrive, you do not need to tell them what happened. Police wear body worn cameras they can collect evidence from there. You can ask them to turn off their cameras and request you report to the station if a statement is required.

### 3. Do I need to sign a statement and go to court?

If you do not give a signed statement, you will not be required to attend court.

**4. How much pressure should I apply to a bleeding wound?**

You should apply as much pressure as it takes to stop the bleeding. If there is a small wound you may only need to apply a small amount of pressure to stop the bleeding. Sometimes a lot of pressure needs to be applied using nearly all of your body weight. You can ask trainees to squeeze your arm to give them a practical way of appreciating how much pressure to apply, or you can demonstrate by having your partner put a lot of pressure on your abdomen and having the trainees do the same in the demo.

**5. What if someone is stabbed in the neck and you apply pressure to the neck and choke them?**

The airway is an essential part of the body. If you apply too much pressure to someone's wind pipe you might prevent them breathing. The windpipe is in the front of the neck so you can safely apply pressure to one side of the neck. If someone appears to be choking reduce the level of pressure you're applying.

**6. Will I get arrested if I call the ambulance?**

If you are involved in an incident or a witness to one the police may wish to speak with you about this.

**7. Where can I stab someone safely?**

There is no safe place to stab anyone. Many deaths reported from stabbing incidents have been due to one knife wound only and in places where people did not think it was possible to kill someone e.g. the leg. Being stabbed may not result in someone dying, but they may suffer from serious infections after an incident or lose the ability to use the part of the body where they were stabbed.

**8. Why did you become a healthcare professional?**

Just give an honest, open account of why.

**9. How do you become a healthcare professional?**

Discuss what you know about entry to healthcare courses and signpost them to useful services e.g. careers officer or NHS Careers website.

**10. Why should I call an ambulance?**

It's important to call an ambulance if you are with someone who needs first aid. This is often the quickest and fastest way to get a sick person the help they need. You do not even have to stay at the scene in order to provide this much help.

**11. What if the person bleeding stops breathing?**

Assess whether you think they are breathing or not. Call for help in case there is someone nearby who can assist you and ring 999. Let them know if the person is breathing or not. If the person is breathing apply pressure to the bit of the body where you can see the blood coming from. If the person is not breathing, start

chest compressions if you know how to do them. Don't stop until the ambulance arrives. Try to stay calm.

**12. How long does it take for an ambulance to arrive?**

The ambulance service aim to respond to all emergency 999 calls within 8 minutes. Sometimes they get there quicker, other times it may take longer. If you're at an incident where there is a person with a weapon, the police have to ensure the area is safe first and then paramedics will be able to help anyone who needs first aid.

**13. Can someone be arrested in a hospital?**

Yes. Hospitals are public places and are governed by the same laws as the rest of the country.

**14. If you are helping someone who has been stabbed will you get in trouble with the police?**

If someone has been stabbed the police will be alerted and will attend the scene to gather evidence. If you were there when someone was stabbed the police will want to ask you some questions about it. By helping someone who is bleeding you are doing a good thing.

## **Appendix 4 – Training advice**

- **Smile and greet trainees** as they come in.
- **Group agreement** – briefly set out your expectations of young people at the beginning of the session. It is good to say something like '*This will only be an hour long session and by the end you will have the skills to save someone's life – there are some things for you to get involved with so give us your full attention. We'll all put our phones away so no one gets distracted. Thanks for your time.*'
- **Go round the circle** and get everyone to introduce themselves at the start e.g. name and one thing about themselves. Perhaps you as the trainer can go first to show them how it is done. Try to remember their names as this is better than pointing at people during the session.
- **Don't appear shocked or impressed by violence.** Sometimes you might be teaching young people who have been involved in violence. It is human nature to be shocked and intrigued. Sometimes violence is the only way young people think they can be powerful and express themselves. By not acting shocked it takes away some of the power of violence.
- At StreetDoctors we aim to be **non-judgmental**. Young people's actions or previous decisions are not reflective of their learning capacity. All young people have the potential to acquire skills and be potential lifesavers.
- Think about **ratios of trainees to volunteers**. It is good to have enough trainers to run through scenarios with young people in small groups. A ratio of 3-5 trainees to each trainer is ideal.
- **Use simple language** – avoid any medical words or jargon (see the glossary).

- **Use local 'scene setting' in scenarios** e.g, 'Imagine you're on Whitechapel High St'
- **Save answering complex questions for the right time.** Sometimes when you have a very interested group they might interrupt you and go off on tangents when you are trying to explain core bits of the training. Write the questions down on flip chart paper and re-visit them at an appropriate time. This shows that you have listened to their question and will answer it where it's best placed.
- **Pause and think.** Do the trainees need to know the answer to this question? For example, will knowing about the gallbladder help them act when someone is bleeding? Remember you only have an hour for them to learn the key messages and skills you're teaching. Trainees do not need to know the level of detail you have been taught as a healthcare student/professional to be able to act in a medical emergency. You can always have 1:1 discussions at the end of the session or while in small break-out groups.
- If the trainees don't seem keen about practising the skills, **lead them in gently** by being the patient and getting the others to direct one or two of the trainees in what to do. It is better not to demonstrate on trainees yourself in general. Make sure you gain consent at every stage of demonstrations.
- Always **thank trainees for contributions** they make in the session. Especially if it's a quiet session or one that is slow to get going as this can help to encourage more trainees to speak up and makes for a better teaching session.
- **Be encouraging**- by taking all questions and comments on board, you allow the trainees to feel heard. Even if a question is deliberately silly, sometimes there is a question behind the question or a way you can bring the subject back around without being dismissive, especially in quieter sessions. Sometimes you won't have time to engage with every question and it's fine to be honest.
- If you're doing more talking than trainees, **think about including more of the open questions** highlighted in this teaching plan.
- **Maybe get other staff members present to play patients.** Before the session explain to the staff that you will be doing role plays and you may ask them to play a patient in a scenario. Check if they are happy to do this. If trainees see adults they trust taking part, it may increase their participation level.
- **Have a few good, real-life, interesting stories up your sleeve.** When you're talking about bleeding or collapse it might be good to have some stories of your experience which you can share with young people – maybe there's a relevant case you have seen in hospital/in public. Be careful not to break confidentiality when discussing your experience. Or you could use current news..
- **Have some good film references** – when you are asking trainees about what someone would look like when bleeding or unconscious if they haven't witnessed it themselves you could ask them about what it looks like on TV/films.
- When describing scenarios where someone is bleeding **use different examples** not just stabbing. For example, climbing over a fence, getting cut on glass or a road traffic accident.