



POLICY & PROCEDURE

STURGEON BAY POLICE DEPARTMENT

SUBJECT: **TOURNIQUET PROCEDURES**

NUMBER: 6.30(a)

SCOPE: All Department Personnel

ISSUED: 06/30/2020

DISTRIBUTION: Policy & Procedure Manual

EFFECTIVE: 06/30/2020

REFERENCE:

RESCINDS

AMENDS

WILEAG 5TH EDITION

STANDARDS: N/A

INDEX AS: Emergency Medical Services
 Tourniquet Procedures

PURPOSE: The purpose of this Policy & Procedure is to define procedures for the Sturgeon Bay Police Department in the use of tourniquets.

This Policy & Procedure consists of the following numbered sections:

- I. POLICY
- II. INDICATIONS
- III. PRECAUTIONS
- IV. CONTRAINDICATIONS
- V. PROCEDURES
- VI. REPORTING
- VII. EQUIPMENT AND MAINTENANCE
- VIII. TRAINING

06/30/2020

IX. QUALITY ASSURANCE

I. POLICY

- A. All Sturgeon Bay uniformed officers shall carry a tourniquet device on their body while on uniformed duty. Officers carrying a tourniquet device shall be trained in its use following the DOJ LESB approved curriculum.

II. INDICATIONS

- A. Nearly all external bleeding can be controlled by direct pressure with a dressing. However, in certain situations, the direct use of a tourniquet should be considered. Responding officers must consider both the tactical situation, and the injury severity when deciding which hemorrhage control technique to employ. A tourniquet device should immediately be considered in the following instances:

1. Hemorrhagic wounds that have not responded adequately to direct pressure.
2. Significant extremity bleeding with the need for additional interventions, such as airway management.
3. Multiple wounds, and/or multiple victims: not enough resources to provide direct pressure.
4. Active threat consideration: Officer needs to protect self and public with firearm, and therefore is not able to hold direct pressure.

III. PRECAUTIONS

- A. Use BSI (Body Substance Isolation).
- B. A tourniquet applied incorrectly can increase blood loss and lead to death.
- C. Damage is unlikely if the tourniquet is removed within 3 hours. Low risk to tissue is acceptable over death secondary to hypovolemic shock.

- D. Tourniquets should never be covered up by patient clothing or packaging.

IV. CONTRAINDICATIONS

- A. A tourniquet should not be used for a simple hemorrhage that can be controlled by the traditional means, unless scene considerations prevent traditional wound care: Multiple victims, multiple wounds, unsafe scenes, etc. Additionally, a tourniquet should not be used if the wound is higher than the tourniquet can be placed.

V. PROCEDURES

- A. Attempt to control hemorrhage with direct pressure or pressure dressing.
- B. If unable to control hemorrhage using the above means, apply a tourniquet, using the procedure below, and minding the above considerations.
- C. Apply the tourniquet to the extremity as high (proximal) as possible, preferably over a single-bone structure (humerus and femur) above the wound. Do not place over a joint. The tourniquet should be placed as high as possible on the extremity, at least 2-3 inches above the hemorrhage site. Never place the tourniquet over rigid objects, such as holsters, keys, phones, pens, etc.
- D. **Tighten tourniquet until bleeding stops.**
- E. The time of application ("TK 20:30 indicates that the tourniquet was placed at 8:30pm) should be written on the tourniquet, or written directly on the patient's skin next to the tourniquet with a permanent marker. Tourniquet application time may also be radio transmitted to dispatch.
- F. A tourniquet should only be removed by a physician in an ER, and never in the field by Law Enforcement or EMS.
- G. The tourniquet should be left uncovered so the site can be monitored for recurrent hemorrhage. Should active bleeding return, tighten the windlass of the tourniquet until bleeding stops, and re-secure.
- H. Continue to monitor patients' vitals and wound area.
- I. Ensure receiving personnel are aware of the tourniquet placement.

VI. REPORTING

- A. A complete offense report of the event shall be completed by the treating officer or the primary responding officer, prior to the end of his/her shift.

VII. EQUIPMENT AND MAINTENANCE

- A. It shall be the responsibility of officers to inspect their issued tourniquet prior to the start of each shift to ensure that it is intact.
- B. Damaged or used equipment shall be reported to a supervisor immediately.

VIII. TRAINING

- A. Officers shall receive a standard training and DOJ LESB approved course administered by the Department or their equivalent prior to being allowed to carry and use the tourniquet. The Department shall provide refresher training per DOJ LESB guidelines.

IX. QUALITY ASSURANCE

- A. Any field application of a tourniquet should be internally reviewed by the Department, and should include medical subject matter experts, such as a Department Medical Director, EMS Medical Director, or Emergency Physician.

Arleigh R Porter
Chief of Police

This Policy & Procedure cancels and supersedes any and all previous written directives relative to the subject matter contained herein.

Initial 06/30/2020

06/30/2020