COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES	HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Tourniquet Use	Policy Number: 731
APPROVED: Administration: Steven L. Carroll, Paramedic	Date: June 1, 2024
APPROVED: Medical Director: Daniel Shepherd, MD	Date: June 1, 2024
Origination Date: July 2010 Date Revised: April 11, 2024 Date Last Reviewed: April 11, 2024 Review Date: April 30, 2026	Effective Date: June 1, 2024

I. Purpose: To define the indications, procedure and documentation for tourniquet use by EMTs and paramedics.

II. Authority: Health and Safety Code, Sections 1797.220 and 1798.

III. Policy: EMTs and Paramedics may utilize tourniquets on patients in accordance with this policy.

IV. Procedure:

A. Indications

1. Life threatening extremity hemorrhage that cannot be controlled by other means.

B. Contraindications

1. Non-extremity hemorrhage.
2. Proximal extremity location where tourniquet application is not practical.

C. Relative Contraindications

1. AV fistulas: Bleeding fistulas are best managed with firm direct pressure. Applying a tourniquet can ruin a fistula and should be a last resort. Base contact prior to applying a tourniquet is encouraged but not required.

D. Tourniquet Placement:

1. Visually inspect injured extremity and avoid placement of tourniquet over joint, angulated or open fracture, stab or gunshot wound sites.
2. Assess and document circulation, motor and sensation distal to injury site.
3. Apply tourniquet proximal to wound (usually 2-4 inches). Tourniquet may be applied “high and tight” (as proximal as possible) in the following situations:
   a. There is an active threat that warrants the need for rapid application and extraction (direct threat / hot or warm zone operations).

b. The injury site is not readily apparent, or there are multiple injuries to the same extremity.

4. Tighten tourniquet rapidly to least amount of pressure required to stop bleeding.
5. Cover wound with appropriate sterile dressing and/or bandage.
6. Do not cover tourniquet- the device must be visible.
7. Re-assess and document absence of bleeding distal to tourniquet.
8. Remove any improvised tourniquet that may have been previously applied.
9. Tourniquet placement time must be documented on the tourniquet device.
10. Ensure receiving facility staff is aware of tourniquet placement and time tourniquet was placed.

D. Tourniquet removal, replacement, or repositioning

1. BLS providers may reposition an improperly placed tourniquet or replace malfunctioning device. Only ALS personnel may formally remove a tourniquet to assess if it is still necessary.
2. Indications
   a. Improperly placed tourniquet
   b. Poorly functioning device
   c. Absence of bleeding distal to the tourniquet should be confirmed after manipulation, adjustment, or removal.
3. Procedure
   a. Obtain IV/IO access
   b. Maintain continuous ECG monitoring.
   c. If repositioning or replacing a tourniquet, place a second tourniquet proximal to the first device in the appropriate location.
   d. Hold firm direct pressure over wound for at least 5 minutes before releasing a tourniquet.
   e. Gently release the initial tourniquet and monitor for reoccurrence of bleeding.
   f. If appropriate, document the time the tourniquet was released.
   g. Bandage wound and re-assess and document circulation, motor and sensation distal to the wound site regularly.
   h. If bleeding resumes, requiring a tourniquet, re-application will be in accordance with application procedures outlined in Section IV of this policy.

E. Documentation

1. All tourniquet uses must be documented in the Ventura County Electronic Patient Care Reporting System.
2. Documentation will include location of tourniquet, time of application, and person at the receiving hospital to whom the tourniquet is reported.