



Policy #	Related Policies:
Manufactured Tourniquets	
<i>This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.</i>	
Applicable Arkansas Statutes:	
CALEA Standard:	
Date Implemented:	Review Date:

- I. **Purpose:** The purpose of this policy is to establish guidelines for the use of the manufactured tourniquet as an option to control severe limb/extremity bleeding, and to prevent loss of life.
- II. **Policy:** It shall be the policy of this department to ensure that its officers are equipped with and trained in the use of manufactured tourniquets. Traumatic wounds to arms and legs, such as those caused by gunshots, explosions, and automobile collisions, can result in severe bleeding that if not immediately controlled, may result in loss of life. In tactical situations or instances where advanced medical care is not immediately available, the officers’ best option to control profuse limb/extremity bleeding quickly may be the manufactured tourniquet.
- III. **Definitions:**
 - A. **Tourniquet:** Any limb/extremity constrictive device, whether improvised or manufactured, that is used in an attempt to stop limb/extremity bleeding.
 - B. **Manufactured Tourniquet:** A commercially produced tourniquet designed for simple, fast, and effective application, typically with one hand. Also referred to as combat or tactical tourniquet.
 - C. **Universal Precautions:** The practice of considering all blood and certain bodily fluids potentially infectious for blood-borne pathogens, whereby the use of protective barriers (gloves, masks, etc.) is highly recommended when treating or handling injured or ill persons.
- IV. **Procedures:** The Police Chief shall designate an officer-in-charge of the Department’s tourniquet program. He or she shall ensure that officers receive appropriate training in the use of the manufactured tourniquet, be responsible for issuance and replacement of

tourniquets, and shall monitor all reports of tourniquet use to determine effectiveness and further training needs.

- A. Training:** Officers shall be trained in the use of the manufactured tourniquet prior to issuance and carrying, consistent with the manufacturer's recommendations. Training shall include use of the tourniquet as part of the overall sequence for treatment of hemorrhage control (direct pressure, pressure bandages, etc.).
- B. When to Apply Tourniquet:** Generally, a tourniquet will more likely be required for arterial bleeding rather than for venous bleeding. Arterial blood is oxygenated blood that is being pumped from the heart and is characterized by bright red blood spurting from the wound. Venous blood is deoxygenated blood that is returning to the heart and it is characterized by a steady flow of dark red blood from the wound. In either case, a tourniquet should be applied in the following situations:
 - a. Uncontrollable hemorrhage from a limb/extremity (not controlled by direct pressure) resulting from some type of penetrating wound, such as a gunshot or stab wound, blast injury, and/or partial or complete amputation;
 - b. Multiple wounds on the same victim, where severe loss of blood takes priority. Applying a tourniquet quickly and effectively to stop severe bleeding will allow the officer to address other potential issues, such as restricted airway, etc.;
 - c. Multiple victims in a mass casualty incident. A tourniquet can be quickly applied to a victim with severe bleeding, before moving on to assist other victims;
 - d. Active threat situation, where the officer needs to protect him/herself and/or others with a firearm, and is not able to hold direct pressure.
- C. Application of Tourniquet:** Always follow universal precautions for blood-borne pathogens and follow specific training guidelines and manufacturer's instructions when applying a manufactured tourniquet. General guidelines are as follows:
 - a. Place tourniquet around the limb, as high as possible above the wound. Whenever possible, do not place the tourniquet over a joint, clothing, or rigid object(s);
 - b. Insert strap end through buckle, pull tight and secure;
 - c. Turn (tighten) windlass rod gradually until bleeding stops, and secure. If bleeding does not stop, tighten or reposition tourniquet as appropriate;
 - d. Record the time that tourniquet was applied. The time should be marked in a conspicuous location on the victim, such as the victim's skin near the tourniquet or other exposed area, or on the tourniquet itself. Alternatively, the time may be communicated to dispatch personnel for documentation.
- D. Post-Application Considerations:**
 - a. The tourniquet should only be removed by a physician in a medical facility, not by law enforcement in the field;
 - b. The tourniquet should be left uncovered so the site can be monitored for recurrent bleeding. If active bleeding returns, tighten the windlass rod until bleeding stops, and re-secure;
 - c. Ensure that receiving EMS personnel are aware of tourniquet placement and application time;

- d. In the case of severed limbs/extremities, the limbs/extremities should be transported to the hospital with the wounded person whenever possible. Though the severed limbs/extremities may appear unsalvageable, the tissue may be used for skin cover and reconstruction of the severed limb/extremity.
- E. Reporting Tourniquet Use:** Excluding training, any officer who applies a manufactured tourniquet during the course of his/her duties shall document such use in a corresponding incident report. The officer shall forward a copy of the incident report to the officer-in-charge of the tourniquet program.
- F. Equipment Maintenance:**
 - a. Officers shall be responsible for inspecting their issued tourniquets prior to their shifts, to ensure they remain in a state of operational readiness.
 - b. Officers shall document and report damaged or used tourniquets to the officer-in-charge of the tourniquet program, as soon as feasible.
 - c. The officer-in-charge of the tourniquet program shall replace damaged or used tourniquets, as needed.
- V. Provision:** If a department-issued, manufactured tourniquet is not available, the use of improvised or other tourniquets is permissible to prevent loss of life in extreme circumstances.