



COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title: Tourniquet Use		Policy Number: 731	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: December 1, 2015	
APPROVED: Medical Director	 Angelo Salvucci, M.D.	Date: December 1, 2015	
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- 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. 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).
 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 (Paramedic only)

1. Indications

- a. Releasing the tourniquet should only be considered if applied for 60 minutes or longer.
- b. Absence of bleeding distal to the tourniquet should be confirmed.

2. Procedure

- a. Obtain IV/IO access
- b. Maintain continuous ECG monitoring.
- c. Hold firm direct pressure over wound for at least 5 minutes before releasing tourniquet.
- d. Gently release the tourniquet and monitor for reoccurrence of bleeding.
- e. Document time tourniquet was released.
- f. Bandage wound and re-assess and document circulation, motor and sensation distal to the wound site regularly.
- g. 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.