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## ***EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES***

### **TOURNIQUET USE**

- I. Purpose:** To define the indications, procedure and documentation requirements for tourniquet use by EMS Personnel, including Public Safety First Responders, in Santa Barbara County.
- II. Authority:** California Health and Safety Code, Sections [1797.220](#) and [1798](#); California Code of Regulations Title 22, Section [100169](#).
- III. Definitions:**
- A. *EMS Personnel:* All EMT, EMT-Optional Scope, Paramedic and Registered Nurses (RN) caring for prehospital or interfacility transfer patients as part of the Santa Barbara County EMS system.
- For the purposes of this policy, this definition shall include Public Safety First Responders.
- IV. Policy:**
- A. EMS Personnel may utilize tourniquets on patients in accordance with this policy.
- V. Procedure:**
- A. Indications:
- Life threatening extremity hemorrhage that cannot be controlled by other means.
- B. Contraindications:
- Non-extremity hemorrhage
  - Proximal extremity location where tourniquet application is not practical
- C. Relative Contraindications:
- AV Fistulas: Bleeding fistulas are best managed with firm direct pressure.
    - Applying a tourniquet can ruin a fistula and should only be used as a last resort. Prior to tourniquet application, Base Hospital contact is encouraged, but not required.
- D. Tourniquet Placement:
- Visually inspect injured extremity and avoid placement of tourniquet over joints, angulated or open fractures, stab or gunshot wound sites, or any other secondary injuries.
  - Assess and document circulation, sensation, and motor function (CSM) distal to injury site.
  - Apply tourniquet proximal to wound (usually 2-4 inches).
  - Tighten tourniquet rapidly to least amount of pressure required to stop bleeding.
  - Cover wound with appropriate sterile dressing and/or bandage.
    - Consider hemostatic dressing, if available.
  - Do not cover tourniquet – The device must be visible.
  - Continuously reassess and document absence of bleeding distal to tourniquet.
  - Remove any improvised tourniquet that may have been previously applied.
  - Tourniquet placement time must be documented on the tourniquet device.
  - Ensure receiving facility staff is aware of tourniquet placement & time tourniquet was placed.
- E. Tourniquet Removal, Replacement, or Repositioning
- 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.

### **APPROVAL:**

SIGNATURE ON FILE  
Nicholas Clay, EMS Agency Director

SIGNATURE ON FILE  
Daniel Shepherd, MD, EMS Agency Medical Director

**SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY****TOURNIQUET USE**

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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. Contraindications:
  - a. None under these guidelines.
4. Procedure:
  - a. Tourniquet Repositioning/Replacement:
    - i. If repositioning or replacing a tourniquet, place a second tourniquet proximal to the first device in the appropriate location.
  - b. Tourniquet Removal:
    - i. Obtain IV/IO access
    - ii. Maintain continuous ECG monitoring
    - iii. Hold firm direct pressure over wound for at least 5 minutes before releasing a tourniquet
    - iv. Gently release the initial tourniquet and monitor for reoccurrence of bleeding
    - v. If appropriate, document the time the tourniquet was released
    - vi. Bandage wound and reassess and document circulation, sensation and motor function (CSM) distal to the wound site regularly
    - vii. If bleeding resumes, requiring a tourniquet, reapplication will be in accordance with application procedures outlined in Section V of this policy

**F. Documentation**

1. All tourniquet uses must be documented in the Santa Barbara County Electronic Patient Care Report (ePCR).
2. Documentation will include location of tourniquet, time of application, and person at the receiving hospital to whom the tourniquet is reported.

**VI. References:**

- A. None

**VII. Attachments**

- A. None