



City of Racine Police Department  
**Policy and Procedure**

**Number: 1306**

Subject: <b>Use of Tourniquets</b>		
Date Issued: <b>09-29-2017</b>	Date Revised:	Revision Number: <b>1</b>

## POLICY

All sworn members will be issued a tourniquet. Tourniquets are issued for officer safety and crisis response incidents where immediate care is needed to prevent loss of life. The application of a tourniquet may be the best initial option to control severe extremity bleeding especially when a person has signs of hypovolemic shock (caused by blood loss), extremity injuries that result in the complete or nearly complete severing of limbs, or when bleeding is profuse. In most incidents, the availability of immediate medical care and/or immediate transportation to a trauma center should be considered prior to the use of a tourniquet. Members shall be trained in tourniquet use following the DOJ LESB approved curriculum. This policy is intended as a guideline for members to provide emergency medical treatment including point of wounding care to themselves, fellow members, or civilians while under direct or indirect threats and during tactical extrication and evacuation, until ultimate delivery to definitive emergency medical care (EMS and/or hospital).

## PROCEDURE

The tourniquet is the most effective and primary medical intervention to be used for injuries to extremities. If no tourniquet is available or its application is not feasible, apply pressure to the artery above the wound, as trained. 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.

For maximum effectiveness, tourniquets should be applied within twenty (20) seconds or less from the time the injury is sustained and kept on no longer than two (2) hours (note the time of placement if possible).

When in doubt about the severity of an extremity wound an officer should err on the side of caution and apply the tourniquet. For any traumatic total or partial amputation, a tourniquet should be applied regardless of the amount of bleeding.

## MEMBER

1. After initial training (self-aid and buddy-aid to be conducted by members of the Racine Fire Department) all members shall carry the tourniquet on their person while on duty.
  - a. Refresher training will be conducted periodically.
  - b. Newly hired officers will receive tourniquet training as part of the New Officer Training Program.
  - c. For members who have not attended the training course conducted by members of the Racine Fire Department:
    - 1) Members who have attended ALERRT Level II training may carry Department approved tourniquets if they provide the Training Bureau with written documentation of successful completion of the ALERRT Level II course.
    - 2) Members who are active duty military, reservists or were recently discharged (within two years of date of hire) and have received military training on the application of tourniquets, may carry Department approved tourniquets if they provide the Training

Bureau with written documentation of successful completion of the related military-sponsored course.

- 3) The above members (and those that have not attended the Department training course) are required to complete the Department sponsored training course when offered next, and must read and understand this standard.

## NOTE

To preserve the integrity of the tourniquet, officers' duty tourniquets shall not be used for training purposes. The Training Bureau will maintain an inventory of specially marked tourniquets intended to be used solely for practice applications during training sessions.

2. Prior to applying a tourniquet, the member should:
  - a. Engage and/or stop all threats as appropriate.
  - b. Move to cover and/or safety as soon as possible.
3. Ideally, the tourniquet should be applied 2 – 3 inches above the wound. However, if you are unsure of the exact location of the wound, **apply the tourniquet as high on the limb as possible.**
  - a. If in a direct threat environment, the tourniquet may be applied over clothing, however hard items from pockets must be removed prior to application. Otherwise, attempt to place the tourniquet directly against the skin.
  - b. Tighten tourniquet with the windlass until bright red bleeding stops and no distal pulse is present. Tightening the tourniquet may cause more pain than the actual wound and/or itself. Secure the tourniquet as trained.
  - c. Note and record the time that you applied the tourniquet and give this information to EMS personnel.
  - d. If tourniquet is applied to the arm on member's strong-side arm, and the member needs to have his/her firearm out, the member must transition his/her weapon to the reaction hand to control and use, if necessary.
  - e. Reassess the situation and engage and/or stop threats, if necessary.
4. Request EMS personnel. If EMS is on scene locate for higher level care.
5. There may times when EMS personnel may be unable to respond directly to the scene of the injury due to tactical considerations.
  - a. If EMS response to the scene will be delayed, the officer may need to self-evacuate or be evacuated by other officers, either on foot or by police vehicle.
  - b. If possible, the injured officer, (if alone) or the officers doing the evacuation should communicate with dispatch to determine a meeting point for EMS personnel to facilitate higher level care and transport to the most appropriate hospital.
  - c. If it is determined EMS is unable to reach you or another officer in a timely manner, it may be appropriate to transport yourself or another officer via police vehicle directly to the most appropriate hospital.
  - d. **Only EMS or other medical personnel should remove the tourniquet.**

## NOTE

For injuries not resulting from an assault or criminal act (e.g. vehicular crash, industrial incidents, etc.) the officer should continue to follow these guidelines when applying the tourniquet. Additionally, these guidelines remain the same whether applying the tourniquet to oneself, another member, or to any other person.

6. Use of Department issued tourniquet shall be reported to member's immediate supervisor prior to end of shift.

## SUPERVISOR

1. Notify Training Unit of use of tourniquet so the member can have it replaced.
  - a. Provide Training Unit complaint number and payroll of member.
  - b. Forward any related reports to the Training Unit.
2. Follow protocols set forth in Policy 102 (Line of Duty Injury) and Policy 116 (Exposure Control Plan), if necessary.

## **RELATED PROCEDURES**

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[102 – Line of Duty Injury](#)

[116 – Exposure Control Plan](#)