WISCONSIN HEALTHCARE EMERGENCY PREPAREDNESS PROGRAM COALITIONS

LAW ENFORCEMENT TOURNIQUET INITIATIVE

LESB TECCLEO TOURNIQUET CURRICULUM

WISCONSIN HEALTHCARE EMERGENCY PREPAREDNESS PROGRAM COALITIONS

WISCONSIN DEPARTMENT OF JUSTICE

LAW ENFORCEMENT STANDARDS BOARD
Welcome

The Wisconsin Law Enforcement Tourniquet Initiative is a program of the Wisconsin Healthcare Emergency Preparedness Program Coalitions (WHEPP). The WHEPP, comprised of partners from EMS, Trauma, Hospital Preparedness, Emergency Management, and Public Health Preparedness, and under the purview of the Wisconsin Department of Health Services, recently secured funding to provide tourniquets to Wisconsin law enforcement officers. In cooperation with the Wisconsin Department of Justice (DOJ), the Law Enforcement Standards Board (LESB), and the State Trauma System, the Coalitions are purchasing 10,000 tourniquets to equip as many Wisconsin law enforcement officers as possible. This document and associated materials are designed to support that initiative.

This document was developed to provide you, the trainer, with information and materials to be utilized during the instruction of this tourniquet initiative. The DOJ has adapted LESB recruit materials to an appropriate in-service format (this document and associated materials). These materials are hosted in a non-password protected portion of WILENET and are available to non-LESB trainers.

Thank you for your dedication to training and saving lives in the great state of Wisconsin.

Instructor Qualifications

Tourniquet training is one component of the Tactical Emergency Casualty Care for Law Enforcement Officers (TECCLEO) curriculum under the purview of the Law Enforcement Standards Board (LESB). Taught during eight hours within the 720-hour law enforcement academy, it prepares officers to save lives through rapid, effective treatment skills derived from national TECC standards. As LESB curriculum, this training must be led by LESB-certified instructors. However, on March 1, 2016, the LESB approved a waiver of this requirement in order to support WHEPP’s Tourniquet Initiative. Therefore, non-LESB certified personnel may train law enforcement officers in tourniquet use for this initiative, as long as the trainer adheres to and uses these LESB training materials and the law enforcement agency’s Chief or Sheriff determines the trainer is reasonably qualified to conduct this training.

If you are eligible, you are strongly encouraged to obtain certification as a TECCLEO instructor, allowing you to teach officers a complete spectrum of TECC skills such as wound packing, chest seals, nasopharyngeal airway use, tactical considerations, and more. Information on TECCLEO instructor certification is available on WILENET, or by contacting Thessa Phillips in the DOJ’s Training and Standards Bureau at phillipsta@doj.state.wi.us.

Course Preparation

As an instructor, you know that work and preparation are required to be successful in the classroom. With this in mind, understand that this curriculum will require work and preparation on your part. Depending on your previous familiarity with this subject, you may need to review, research, and practice these skills in order to teach them in the prescribed LESB manner. Finally, if you are not an LESB-certified instructor, you must obtain assistance implementing safety protocols for portions of this training.

This program will be what you make of it—for the sake of your students, the public, and the officers, make it great.
This Wisconsin Law Enforcement Tourniquet Initiative is a program of the Wisconsin Healthcare Emergency Preparedness Program (WHEPP). The WHEPP, comprised of partners from EMS, Trauma, Hospital Preparedness, Emergency Management, and Public Health Preparedness, recently secured funding to provide tourniquets to Wisconsin law enforcement officers. In cooperation with the Wisconsin Department of Justice (DOJ), the Law Enforcement Standards Board (LESB), and the State Trauma System, the Coalitions are purchasing 10,000 tourniquets to equip as many law enforcement officers as possible.
**INSTRUCTIONS**

Slide 2 will appear after advancement from the previous slide (1).

Click the box to play the embedded video.

*Note: Test the audio-visual functions on the exact computer and projector before the training session to ensure compatibility. If necessary, the video can be downloaded as a separate file from WILENET.*

<table>
<thead>
<tr>
<th><strong>SLIDE NAME</strong></th>
<th>Tourniquets for LEOs (“Wichita Video”)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SLIDE PURPOSE</strong></td>
<td>Gain officer “buy-in” to this training event by showing the potential to save the lives of themselves or their partners.</td>
</tr>
<tr>
<td><strong>NOTES/DISCUSSION</strong></td>
<td>This video clip is intended to emphasize the benefits and importance of tourniquets. In this video, a Wichita police officer is shot in the femoral artery. Without rapid application of a tourniquet, this officer would have died.</td>
</tr>
</tbody>
</table>

**EXITING INSTRUCTIONS**

Click mouse to advance to SLIDE 3
The WHEPP Coalitions are coordinated by the Wisconsin Department of Health Services. The WHEPP Coalitions purchased and distributed the tourniquets in the hopes of saving lives in partnership with law enforcement agencies. Please thank your local Regional Trauma Coordinator and the partnering agencies within WHEPP!

The training curriculum is under the purview of Wisconsin’s Law Enforcement Standards Board, which is happy to partner with the WHEPP Coalitions and DHS to support this life-saving initiative.

Exiting Instructions
Click mouse to advance to SLIDE 4
What This Class Covers

- Part of “Tactical Emergency Casualty Care”
  - This is not the 8-hour TECC for LEO class
  - This is when & how to apply a tourniquet
- When to deliver medical care
  - The tactical situation determines what care you can provide
  - “Good medicine” can be bad tactics
  - Bad tactics = more casualties

INSTRUCTIONS
Slide 4 will appear after advancement from the previous slide (3).

SLIDE NAME  | What This Class Covers #1
---|---
SLIDE PURPOSE  | This course is only part of the complete “TECC” course. Introduce the concept of tactics determining when a tourniquet can be applied.

NOTES/DISCUSSION
This curriculum is excerpted from the 8-hour LEB “TECCLEO” curriculum, and adapted for inservice training. Students will learn when and how to apply a tourniquet.

Introduce students to the idea that tactical considerations play a role in tourniquet application (this will be discussed more in-depth in later slides). When to apply a tourniquet is as important as how to apply it. There are “right times” and “wrong times” to apply a tourniquet.

EXITING INSTRUCTIONS
Click mouse to advance to SLIDE 5
What This Class Covers

- **How to deliver medical care**
  - Management of severe extremity bleeding with a tourniquet
- **Tourniquets address part of “circulation”**
  - Do not address critical bleeds other than extremity
  - Do not address airway or breathing issues

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**INSTRUCTIONS**

Slide 5 will appear after advancement from the previous slide (4).

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**SLIDE NAME**  What This Class Covers #2

**SLIDE PURPOSE**  Tourniquets save lives but are only one subcomponent of TECC.

**NOTES/DISCUSSION**

After you know “when” to apply a tourniquet, you must know how to apply it properly. An improperly-applied tourniquet is ineffective and will not save anyone’s life.

“Circulation” means critical bleeding. Tourniquets are part of this step.

Explain that tourniquets are great – but they cannot fix everything. The new 720-hour law enforcement recruit academy also teaches wound packing (to address circulation issues that tourniquets cannot treat); nasopharyngeal airways (to help maintain airways); and chest seals (to mitigate breathing issues). Encourage students to obtain more training in the future.

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**EXITING INSTRUCTIONS**

Click mouse to advance to **SLIDE 6**
SLIDE NAME  Causes of Preventable Death

SLIDE PURPOSE  Show that extremity hemorrhage is a leading cause of traumatic death.

NOTES/DISCUSSION

Briefly acknowledge that some injuries, realistically, are not survivable. For example, if someone is shot through the brain with a rifle, they are unlikely to survive.

This slide is about survivable wounds. It shows preventable military deaths in Iraq and Afghanistan. That military experience is roughly comparable to law enforcement. For example, military personnel and law enforcement officers wear body armor, and both categories are subject to intentional firearm assaults. Many deaths can be prevented with the rapid delivery of correct medical care, and tourniquets treat the top cause – extremity hemorrhage.

EXITING INSTRUCTIONS

Click mouse to advance to SLIDE 7
Tourniquet Importance

- Ambulance Response Time
  - Commonly averages 5 minutes or more
- How quickly can you bleed to death from a femoral bleed?
  - Three to five minutes!
- EMS may be unable to even access scene

**INSTRUCTIONS**

Slide 7 will appear after advancement from the previous slide (6)

**SLIDE NAME**  
Tourniquet Importance

**SLIDE PURPOSE**  
Why We Can’t Just Wait for EMS? Point out why merely waiting for EMS is not always an option.

**NOTES/DISCUSSION**

Emphasize that this is NOT a criticism of EMS services! Whether paid or volunteer, EMTs, paramedics, and firefighters do great work. But regardless of how talented they are, it takes time for them to be dispatched and then drive to a scene.

When they arrive, EMS is taught to ask whether the “scene is safe” before entering, and to stay out if the scene is unsafe. Even if a law enforcement agency has implemented “Rescue Task Force” protocols, it takes time to gather officers to escort medical personnel into a “warm” zone – and they still can’t enter a “hot” zone where bullets may be flying.

Even full-time EMS systems average a 5-minute response time. Volunteer services often average more than 5 minutes. Officers cannot depend on EMS for response to critical injuries. People can bleed to death from a femoral bleed in three to five minutes.

**EXITING INSTRUCTIONS**

Click mouse to advance to SLIDE 8
SLIDE 8

**Slide Name**  Treatment of Critical Trauma

**Slide Purpose**  Reinforce actions to take following medical care.

**Notes/Discussion**

After students have provided treatment to a critically-injured person, their job is not over. As soon as possible the student needs to arrange to evacuate the victim to EMS for further treatment and transport to definitive care.

Also, emphasize the necessity of re-evaluating and re-assessing patients on a repeated basis. Officers may not have observed a trauma patients' deteriorating condition over time, unlike EMS providers whose training and experience have acquainted them with this. Explain that movement might loosen a tourniquet, so patients need to be re-assessed after every move.

**Exiting Instructions**

Click mouse to advance to SLIDE 9
SLIDE 9

INSTRUCTIONS

Slide 9 will appear after advancement from the previous slide (8).

SLIDE NAME  Tourniquet Indications

SLIDE PURPOSE  Instruct when tourniquets should be applied.

NOTES/DISCUSSION

Severe bleeds that are NOT in extremities—such as the pelvis, abdomen, chest, neck, or head—obviously cannot be treated with a tourniquet.

Amputations may not bleed a lot at first, but may bleed heavily after adrenalin has worn off. Use a tourniquet.

Using a tourniquet when it is not needed is an acceptable mistake. Not using a tourniquet when it is needed is a fatal mistake. If it is "maybe" needed, it is needed.

EXITING INSTRUCTIONS

Click mouse to advance to SLIDE 10
Tourniquets & Blood Loss

- You have approximately 5 liters of blood
- Body can compensate for 20%-30% loss
- Loss of 40% – 2 liters – is life threatening
- Femoral bleed can lose 2 liters in 3-5 minutes

Notes/Discussion

One liter bottles are illustrated in the photo. Point out one liter soda bottles to give students a frame of reference for the quantity of fluid involved.

The loss of 33% to 40% of blood is potentially life-threatening. While a femoral bleed may result in death in 3-5 minutes, loss of consciousness may occur more quickly than that!

Using a tourniquet when it is not needed is an acceptable mistake. Not using a tourniquet when it is needed is a fatal mistake. If it is “maybe” needed, it is needed.

Exiting Instructions

Click mouse to advance to SLIDE 11
### SLIDE 11

**Slide Name**  
Blood Loss Video

**Slide Purpose**  
Video illustrating how quickly an artery can hemorrhage.

**Notes/Discussion**  
This video is intended to show officers how quickly an artery can bleed, visually reinforcing why tourniquet application needs to be performed as quickly as possible. Note how the force and volume detectably decrease by the end of the video.

This video is an effective segue into the next slide, reinforcing why the tourniquet needs to be carried on the officer’s body, so it is immediately accessible.

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**INSTRUCTIONS**  
Slide 11 will appear after advancement from the previous slide (10).

Click the picture to play the embedded video.

*Note: Test the audio-visual functions on the exact computer and projector before the training session to ensure compatibility. If necessary, the video can be downloaded as a separate file from WILENET.*

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**EXITING INSTRUCTIONS**  
Click mouse to advance to **SLIDE 12**
SLIDE 12

INSTRUCTIONS
Slide 12 will appear after advancement from the previous slide (11).

SLIDE NAME  Carrying the Tourniquet

SLIDE PURPOSE
Explore different carry methods and emphasize importance of tourniquet being carried on the officer.

NOTES/DISCUSSION
A tourniquet in the squad car will not be on the officer when he/she needs it. This tourniquet initiative requires officers to carry the issued tourniquet on their person when they are in uniform. It cannot be left in a first-aid kit, go bag, squad bag, or in the vehicle’s glove box—it has to be carried on the person.

Photos illustrate a CAT tourniquet on a duty belt and SOFTT-W in a belt pouch; two CAT tourniquets carried on a concealable vest; and a tourniquet in a pants pocket. Whatever method is used, it should be reachable by either hand.

Carry a tourniquet that is approved by the TECC. The two models currently approved are the Combat Application Tourniquet® (“CAT”) or the SOF® Tactical Tourniquet-Wide (“SOFTT-W”). This program is issuing the SOFTT-W because this tourniquet can be used in training and then folded up and placed back in service, whereas the CAT tourniquet’s manufacturer recommends that tourniquet as a one-time use item.

Agencies should consider having officers carry their tourniquet in a consistent, formalized location. This can help a rescuing officer find the bleeding officer’s tourniquet as quickly as possible.

EX r I NSTRUCTIONS
Click mouse to advance to SLIDE 13
**SLIDE NAME**  
Tourniquet Nomenclature

**SLIDE PURPOSE**  
Instruct common terminology for parts of the tourniquet

**NOTES/DISCUSSION**

**SOF-T-Wide tourniquet nomenclature:**

- **Windlass.** The rod that is turned to tighten the circumferential band.
- **Delta clip securing mechanism.** The triangular clip that is used to hold the windlass in place after the windlass has been tightened.
- **Circumferential band.** The wide strap that is tightened around the extremity to cut off blood flow to the bleeding artery.
- **Running end.** The “loose” webbing that is pulled through the buckle as tightly as possible before turning the windlass.
- **Quick Release Buckle.** Consists of two parts: The friction portion that separates the circumferential band from the loose running end; and the detachable fastener that allows the buckle to be unfastened from the rest of the tourniquet, slid under the extremity, and then re-attached for tightening.

**EXITING INSTRUCTIONS**

Click mouse to advance to SLIDE 14
**Slide 14**

**Instructions**
Slide 14 will appear after advancement from the previous slide (13)

<table>
<thead>
<tr>
<th>Slide Name</th>
<th>Buckle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide Purpose</td>
<td>Instruct common terminology for parts of the tourniquet</td>
</tr>
</tbody>
</table>

**Notes/Discussion**
Quick Release Buckle. Consists of two parts: The friction portion that separates the circumferential band from the loose running end; and the detachable fastener that allows the buckle to be unfastened from the rest of the tourniquet, slid under the extremity, and then re-attached for tightening.

Note that the buckle should be fastened & unfastened many times before fielding, because it will be VERY stiff at first. It must be fully seated within the spring clip to ensure it doesn’t come unfastened.

**Exiting Instructions**
Click mouse to advance to **Slide 15**
**Slide Name**: Delta Clip Securing Mechanism

**Slide Purpose**: Instruct common terminology for parts of the tourniquet

**Notes/Discussion**: Delta clip securing mechanism. The triangular clip that is used to hold the windlass in place after the windlass has been tightened.

**Exiting Instructions**: Click mouse to advance to SLIDE 16
Storing the Tourniquet

Do not store in its plastic wrapper
There are also other methods (“flat fold”, etc.)

1. Extend the circumferential band
2. Remove slack from “base” of tourniquet
3. Ensure buckle is fully seated
4. Fold circumferential band & running end to the same length as the “base”
5. Do not secure windlass inside delta clip

INSTRUCTIONS
Slide 16 will appear after advancement from the previous slide (15)

SLIDE NAME  Storing the Tourniquet
SLIDE PURPOSE  Instruct how to fold the tourniquet for storage

NOTES/DISCUSSION
Storing tourniquet:
1. Do not store it in its plastic package. When hands are blood-covered or slippery, and time matters, officers do not want to struggle with the packaging. Take it out of the package and practice with it!
2. Extend the circumferential band so it extends approximately as far as the running end. The circumferential band should be large enough to be placed over the arm, one-handed.
3. Pull the circumferential band out of the “base” of the tourniquet so the windlass has no extra length of circumferential band. In other words, the windlass should pull/tighten the circumferential band when it is turned, instead of just gathering slack.
4. Ensure the buckle is solidly buckled, i.e. fully seated within the spring clip.
5. Fold the circumferential band and running end so they are the same length as the tourniquet’s “base.”
6. Do not secure the windlass inside the delta clip securing mechanism, which would delay tightening the tourniquet. The windlass may be turned so it lies in the same direction as the rest of the tourniquet in storage.

If an officer uses a tourniquet in real life, Tactical Medical Solutions (the manufacturer) will replace the tourniquet.

If an officer uses a tourniquet in real life, please notify your Regional Trauma Advisory Council Coordinator (slide 39) and the Training & Standards Bureau TECCLEO committee (wilenet@doj.state.wi.us).

Optional instructor resource: this video shows a low-profile fold that could be used: https://www.youtube.com/watch?v=pN7Gxn4Avq8. Note: do not show the entire 8-minute video in class. Instead, refer students to this or a similar video if they need a flatter fold. They can view the video later, after your training session.

EXITING INSTRUCTIONS
Click mouse to advance to SLIDE 17
Slide 17 will normally not appear. It is hidden within the PowerPoint presentation.

**Slide Name**  
Tourniquet Nomenclature & Storage

**Slide Purpose**  
Review the CAT tourniquet

**Notes/Discussion**
This slide shows the Combat Application Tourniquet (“CAT”). It was not purchased for this initiative, but is included here for officers who may attend this inservice training and carry this tourniquet.

Storing tourniquet:
1. Release the self-adhering band and unwind the windlass.
2. Extend and “clean” the circumferential band. Ensure it is fully extended by stepping on the end of the self-adhering band and pulling the tourniquet tight. Ensure the circumferential band is flat as it passes through the windlass.
3. Insert the end of the circumferential band through the slit of the friction buckle closest to the windlass clip.
4. Hold the tourniquet by the windlass clip. Pull the end of the self-adhering band to the bottom of the loop formed by the circumferential band.
5. Press the Velcro of the self-adhering band against the circumferential band.
6. Fold the tourniquet in half.
7. Ensure the windlass securing strap is attached to one side of the windlass clip (not across the clip).

**Exiting Instructions**
Click mouse to advance to SLIDE 17
Slide 18 will appear after advancement from the previous slide, usually slide (16).

Tactics Determine Medicine

1. Stop the threat!
   - You cannot provide medical care unless you can first protect the patient and yourself
2. Seek cover!
   - If possible, direct the casualty to move to a safe location and/or treat himself/herself
   - Do not provide care “on the X”
3. Perform life-saving TECC interventions
   - You may be unable to render any medical care

Notes/Discussion

Officers need to know WHEN to apply a tourniquet before they learn HOW to apply a tourniquet. “Good medicine” can be bad tactics, and bad tactics get people killed. If students try to deliver medical care in the wrong situation they might die, their patient might die, and/or innocent civilians might die.

Based on Wisconsin law enforcement tourniquet uses to date, officers are more likely to use a tourniquet in a non-tactical environment. However, if officers encounter a critical extremity bleed in a tactical situation, they need to know when to apply a tourniquet and when to solve the tactical problem.

In a tactical situation, the officer’s first priority must be to stop ongoing murder attempts. If an officer is alone and being shot at, he/she can’t stop the gunfight to put on a tourniquet. If other officers are present who can finish the gunfight while an injured officer puts a tourniquet on behind cover, great! Otherwise, the officer must win the gunfight before putting on a tourniquet. Officers on a contact team responding to an active shooter can’t stop and treat victims while the perpetrator is still killing people.

Rescue off the “X” before medicine. “X” is the location the injury was sustained. For example, if an officer is shot in the hallway, do not provide treatment in the hallway! Move the officer out of the hallway and into a room providing cover or concealment before providing care. Do not deliver care “on the X.”

In some tactical situations, officers may be unable to deliver any medical care to a victim. In such a case, officers should work the scene as necessary to resolve the situation so medical care can be delivered as soon as possible.

Discussion: Ask students how they might handle the following situations.

Situation #1: The officer responds to an ambulance call of a person who injured themselves with a saw. Upon arrival, the officer sees that the person was using a table saw when they slipped and severely cut their arm. The officer sees arterial spurting from the injury. There is no reason to believe this is anything other than a medical assist call. What should officers do? (The officer should immediately apply a tourniquet to stop the bleeding. This is not a tactical situation, and the best thing for the officer to do is to immediately render medical aid.)
**Situation #2:** Imagine a person has been shot in the leg and is lying in the middle of the street. The victim has a broken femur and is bleeding heavily from the femoral artery. Meanwhile, the perpetrator has a rifle and is hidden in a house with a full view of the victim, waiting for officers to approach. If an officer runs to the victim to apply a tourniquet, what can the officer expect the perpetrator to do? (After officers briefly discuss this, you should be safe in saying that kneeling over the victim to put on a tourniquet, in full sight of a perpetrator shooting people with a scoped rifle, is probably going to end badly for the officer. Point out that if the officer trying to apply the tourniquet is murdered, the officer can’t save anyone and can’t stop the perpetrator.)

**Situation #3:** An officer is responding to an active shooter in a school. While rapidly moving towards the sounds of rapid gunfire, an officer finds a child bleeding from a femoral artery. The officer hears a gunshot is being fired every second, and every shot fired is potentially another student murdered. Tactically, which action will save more lives: stopping the shooter from committing one homicide per second, or taking 20 seconds to put a tourniquet on one child’s leg? (While this is a terribly difficult choice, the LESB Tactical Response curriculum instructs officers to “stop the killing” and then “save the wounded”.)
INSTRUCTIONS
Slide 19 will appear after advancement from the previous slide (18).

SLIDE NAME  Tourniquet Application Overview
SLIDE PURPOSE  Provide an overview of the steps before discussing each step in depth.
NOTES/DISCUSSION
This is only a brief overview/orientation to the major steps. These steps will be illustrated in the next slide’s video, and you will lead officers through each step in-depth later. This slide merely orients officers to what they’ll see and practice in-depth in the next few minutes.

1. Remove any obstacle to 360-degree circumferential pressure.
2. Apply the tourniquet over clothing, as high on the extremity as possible while still keeping it perpendicular to the limb.
3. Do not apply just above the wound – apply as high as possible.
4. Wrap the tourniquet as tightly as possible before turning the windlass.
5. Turn the windlass of the tourniquet until the bleeding stops.
6. Once a tourniquet is in place, do not loosen it!

EXITING INSTRUCTIONS
Click mouse to advance to SLIDE 20
**SLIDE 20**

**Demonstration Video**

**INSTRUCTIONS**

Slide 20 will appear after advancement from the previous slide (19).

Click the picture to play the embedded video. You can also stream the video from [https://vimeo.com/162365658/dc844ba948](https://vimeo.com/162365658/dc844ba948).

Note: Test the audio-visual functions on the exact computer and projector before the training session to ensure compatibility. If necessary, the video can be downloaded as a separate file from WILENET.

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**SLIDE NAME**  
Demonstration Video

**SLIDE PURPOSE**  
To show proper application of a tourniquet on an arm and leg.

**NOTES/DISCUSSION**

This video is intended to show officers how quickly a tourniquet can be drawn and applied to their self or to someone else. This should be an overview, i.e. explain that you'll address each step in-depth in the next few slides, but this video shows the entire process, start-to-finish.

This video segues into the next few slides that reinforce particular concepts and practices officers need to implement when applying a tourniquet.

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**EXITING INSTRUCTIONS**

Click mouse to advance to **SLIDE 21**
Apply Over Clothing

- Remove anything that prevents constriction
  - Thigh holster, etc.
- Leg:
  - Release the quick-release buckle
  - Slide thin end under leg next to groin
  - Refasten buckle
- Arm:
  - Leave buckle fastened
  - Slide the tourniquet up arm

**INSTRUCTIONS**

Slide 21 will appear after advancement from the previous slide (20).

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**Slide Name**  Apply Over Clothing

**Slide Purpose**  Provide a detailed explanation of each step of applying a tourniquet.

**Notes/Discussion**

This is a more detailed explanation of each step of applying a tourniquet.

First, remove any obstacle to 360-degree circumferential pressure, such as thigh holsters, wallets, cell phones, etc.—anything that would interfere with the tourniquet’s ability to constrict the limb. Point out that in the video an officer removed a cell phone from a pants pocket that would have restricted the constriction band of the tourniquet.

Point out that the video showed the tourniquet applied over the clothing, as high on the extremity as possible while still keeping it perpendicular to the limb (i.e. don’t apply it angling up and over the shoulder—it must be 90 degrees to the limb to prevent sliding and to properly constrict blood flow).

On a leg application, best results may be achieved by routing the band under the knee and sliding/see-sawing it into place near the groin. Sliding directly under the thigh near the groin can be difficult.

**Exiting Instructions**

Click mouse to advance to SLIDE 22
## SLIDE NAME
Position as High as Possible

## SLIDE PURPOSE
Provide a detailed explanation of each step of applying a tourniquet.

## NOTES/DISCUSSION
This is a more detailed explanation of each step of applying a tourniquet.

Point out that the video showed the tourniquet applied very high on the extremities. Do not apply just above the wound – apply as high as possible. In a penetrating injury, the angle or trajectory of the knife or bullet is unknown, and a ballistic injury might have created secondary projectiles that lacerated the artery some distance from the visible wound.

Deaths have occurred because a tourniquet was placed too low, and didn’t stop the internal bleeding. The limb swelled, and consequent tourniquets placed higher on the extremity were unable to control bleeding through the swelling. High placement allows placement of additional tourniquets distal to the first tourniquet, if necessary.

## EXITING INSTRUCTIONS
Click mouse to advance to **SLIDE 23**
- **Slide Name**: Remove the Slack
- **Slide Purpose**: Provide a detailed explanation of each step of applying a tourniquet.

**Notes/Discussion**
This is a more detailed explanation of each step of applying a tourniquet.

Point out that the video showed the officer wrapping the tourniquet as tightly as possible before turning the windlass. The windlass will only tighten for 3 turns or so (especially CAT tourniquets), after which time the tourniquet cannot constrict further. By applying the tourniquet as tightly as possible before turning the windlass, officers maximize the tourniquet’s ability to stop bleeding.

**Exiting Instructions**
Click mouse to advance to **SLIDE 24**
TIGHTEN THE TOURNIQUET

- Turn the windlass until bleeding stops
  - Tourniquet will be painful
- Secure the windlass to prevent loosening
- Mark the time
- Monitor bleeding
- If bleeding continues
  - Tighten the windlass further
  - Apply an additional tourniquet below the first
  - Do not loosen or remove the first tourniquet

INSTRUCTIONS

Slide 24 will appear after advancement from the previous slide (23).

SLIDE NAME  Tighten the Tourniquet

SLIDE PURPOSE  Provide a detailed explanation of each step of applying a tourniquet.

NOTES/DISCUSSION

This is a more detailed explanation of each step of applying a tourniquet.

Turn the windlass of the tourniquet until the bleeding stops. The ideal goal is to stop all arterial blood flow, which is verified by checking the distal pulse. While this is ideal, it may not be practical to evaluate the distal pulse in tactical situations—simply tighten until bleeding stops.

Secure the windlass in the Delta Clip Securing Mechanism. The Delta Clip slides back-and-forth to accommodate easier insertion of the windlass. If possible, record the time the tourniquet was applied either on the tourniquet or on the victim’s forehead.

Whenever the casualty has been moved or time allows, re-assess the tourniquet for effective bleeding control, and check distal pulse/circulation.

If bleeding has resumed or the distal pulse is present, tighten the initial tourniquet or add additional tourniquets as necessary. Some leg wounds might require multiple tourniquets—this is a high density area with a lot of muscle mass and could require additional pressure applied to a greater surface area to completely collapse the artery.

Additional tourniquets should be applied directly adjacent to the last tourniquet applied, as close as possible without overlapping. During non-tactical situations, additional tourniquets should be applied to exposed skin whenever possible.

The myth of loosening tourniquets to prevent nerve damage or loss of the limb is just that—a myth. Once a tourniquet is in place, do not loosen it! The tourniquet can be left in place for hours with no long term implications. It takes hours before nerve damage occurs. There are several documented cases where tourniquets were left on for 6-10 hours with little to no permanent damage.

EXITING INSTRUCTIONS

Click mouse to advance to SLIDE 25
SLIDE NAME  Train Realistically

SLIDE PURPOSE  Introduce realistic restrictions on how tourniquets are applied.

NOTES/DISCUSSION
This slide introduces a few helpful concepts. First, apply the tourniquet in a manner that gives better leverage when pulling out the slack of the running end. Second, summarize realistic restrictions on how tourniquets are applied.

Acquaint students with these concepts on this slide, so that they understand what you are talking about when you correct students during the upcoming guided practice sessions.

Students may need to use their cheek, a wall, or the ground to hold the tourniquet in place while they pull the slack from the constricting band. Consider where the Delta Clip ends-up – it must be in a place where it is easily visualized and comfortably reachable.

Arm: Discourage students from practicing with the arm held away from their body. This may be difficult or impossible in real life, given the nerve might be severed or the bone completely fractured.

Leg: Do not allow students to bend their leg and slide the tourniquet around their foot while still in a loop. If they have a femur fracture they may be unable to lift their leg and bend it.

EXITING INSTRUCTIONS
Click mouse to advance to SLIDE 26
Tourniquets – Guided Practice

- Recognize threat
- Draw & move towards cover!
- Win the fight!
- Get to cover / get off the “X”
- Follow-Through Considerations (check for injuries)
- Re-holster weapon
- Remove obstacles to tourniquet
- Position tourniquet high on extremity
- Tighten until bleeding stops
- Re-draw weapon and control subject

**INSTRUCTIONS**

Slide 26 will appear after advancement from the previous slide (25).

---

**SLIDE NAME**  
Tourniquets – Guided Practice

**SLIDE PURPOSE**  
Walk students through step-by-step application of a tourniquet.

**NOTES/DISCUSSION**

**TRAINING HAZARD!!!!** DO NOT ALLOW STUDENTS TO DRAW A REAL FIREARM, EVEN IF UNLOADED, DURING THIS TRAINING EVENT. CONSULT WITH DEPARTMENT TRAINING STAFF BEFORE THIS EVENT TO DETERMINE HOW THEY WANT THIS BLOCK OF INSTRUCTION TAUGHT. FOLLOW THE LESB *SCENARIO TRAINING & TESTING MANUAL* PROTOCOLS, INCLUDING THE TRIPLE-SEARCH, TO ENSURE NO LIVE FIREARMS ARE PRESENT DURING THIS BLOCK AND FOLLOWING BLOCKS OF INSTRUCTION.

Live weapons, even if unloaded, present the potential risk of an accidental/negligent discharge and can result in property damage, permanent injury, and death. During this drill, and all following drills, firearms must not be present in the training event. You must follow LESB safety protocols and standards as laid out in the *Scenario Training & Testing Manual*, available to LESB-certified officers and instructors on WILENET. If you are unfamiliar and/or not qualified to administer these weapon safety protocols, obtain qualified assistance when teaching this material.

Qualified instructors who can implement these weapon safety protocols on your behalf may be found in most law enforcement agencies. Appropriate assistant personnel include LESB-certified Scenario Instructors, Handgun Instructors, DAAT Instructors, Tactical Response Instructors, and other Unified Tactics instructor disciplines. Proper safety protocols must be used in this training to prevent serious consequences, including death!

This is a step-by-step walk through of proper tourniquet self-application in a tactical situation. This should be a low-stress, “by the numbers” instructor-led process to ensure students have an opportunity to ask questions and perform each step slowly, correctly, and under your watchful gaze.

1. Tell the students that a person suddenly appears and starts shooting at them, shooting them in the “reaction side” arm and causing a severe arterial hemorrhage.
2. The students should draw their “gun” and move to simulated cover. This may be behind their chair, behind the table, or similar. It need not be actual hard cover, but incorporate student movement to cover as part of the drill. Students should “return fire” by moving their index finger as if pressing a trigger—do not have the students say “bang bang.”
3. Inform the students the perpetrator is down. Students should finish moving to “cover”, if not already there. If there is no cover, they should shift their location “off the X” to a tactically-advantageous position.
4. As part of their post-shooting actions, students should check themselves for injuries. Remind them of the severe arterial bleed coming from their “reaction side” arm (the left arm of a right-handed person, and vice-versa).
5. Students should put their handgun into their holster. Do not allow them to just set it down. If it’s dark, it could be hard to find again. Or the student might have to shift location to avoid a new threat. If it’s in their holster, they always know where it is, and always have it with them.

6. Direct students to remove any obstacles to the tourniquet.

7. Draw the tourniquet (with one hand) and position it high on the reaction arm, so that the student will be pulling the running end towards the center of their body.

8. Take out all the slack. Students may have to use their face to prevent the tourniquet from sliding around their arm, particularly on polyester uniforms with new tourniquets.

9. Turn the windlass “until bleeding stops.” Make students apply the tourniquet tightly enough to stop their distal pulse. The tourniquet needs to be TIGHT!

10. After they have finished applying the tourniquet, have them re-draw their “gun” and cover the subject from their position of cover.

11. Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

After this step-by-step guided practice, inform students they will see various situations that they are expected to react to. Some will be “tactical” situations, where they must draw their (INERT!!!) gun while moving to cover and “shoot” the threat until it is gone, then self-treat specified “injury” with a tourniquet. Other situations will be EMS calls that do not require these tactics.

Exiting Instructions

Click mouse to advance to SLIDE 27
**INSTRUCTIONS**

Slide 27 will appear after advancement from the previous slide (26).

---

**Slide Name**  
Tourniquets – Practice

**Slide Purpose**  
Student self-application of a tourniquet.

**Notes/Discussion**

**TRAINING HAZARD!!! DO NOT ALLOW STUDENTS TO DRAW A REAL FIREARM, EVEN IF UNLOADED, DURING THIS TRAINING EVENT. CONSULT WITH DEPARTMENT TRAINING STAFF BEFORE THIS EVENT TO DETERMINE HOW THEY WANT THIS BLOCK OF INSTRUCTION TAUGHT. FOLLOW THE LESB SCENARIO TRAINING & TESTING MANUAL PROTOCOLS, INCLUDING THE TRIPLE-SEARCH, TO ENSURE NO LIVE FIREARMS ARE PRESENT DURING THIS BLOCK AND FOLLOWING BLOCKS OF INSTRUCTION.**

This is an independent application of a tourniquet, assuming self-application in a tactical situation.

The tourniquet needs to be TIGHT! Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

Require students to use only one hand if it’s an arm injury. Do not allow students to raise their leg if it’s a leg injury—have them slide the tourniquet underneath their leg…a femur fracture may not permit lifting their own leg.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet.

---

**Exiting Instructions**

Click mouse to advance to **SLIDE 28**
INSTRUCTIONS

Slide 28 will appear after advancement from the previous slide (27).

SLIDE NAME  Hypothermia Prevention

SLIDE PURPOSE  Remind students of shock treatment.

NOTES/DISCUSSION

This is a very brief slide. Just remind students that they applied a tourniquet due to significant blood loss. When the situation allows, they should cover the person with a blanket to keep them as warm as possible—even in the summer.

Do not expand upon this at length. This is a brief moment for students to collect themselves before moving on to the next drill.

EXITING INSTRUCTIONS

Click mouse to advance to SLIDE 29
INSTRUCTIONS
Slide 29 will appear after advancement from the previous slide (28).

SLIDE NAME  Tourniquets – Practice
SLIDE PURPOSE  Student application of a tourniquet.

NOTES/DISCUSSION
This is an application of a tourniquet on a victim of an industrial accident.

The tourniquet needs to be TIGHT! Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet. Then have the students swap roles so both officers have a turn applying the tourniquet.

EXITING INSTRUCTIONS
Click mouse to advance to SLIDE 30
SLIDE 30

INSTRUCTIONS
Slide 30 will appear after advancement from the previous slide (29).

SLIDE NAME   Other TECC Skills
SLIDE PURPOSE Reminder that there are other valuable skills students should learn.

NOTES/DISCUSSION
This slide is intended as both a very brief review of other desirable skills, and as a distracter slide. Do not expand upon this at length. Instead, talk for no more than 30 seconds, to start to lull students into believing you’ll be talking for a few minutes. Then, without warning, advance to the next slide.

When you advance to the next slide, elevate your voice moderately and say, in a panicked tone, “Oh my, he has a gun, help! Help! Help!” Attempt to raise the stress level of the students a moderate amount, but not yet to a high level—they don’t have many repetitions under their belt.

EXITING INSTRUCTIONS
Click mouse to advance to SLIDE 31
Slide 31

**INSTRUCTIONS**

Slide 31 will appear after advancement from the previous slide (30).

---

**SLIDE NAME**  
Tourniquets – Practice

**SLIDE PURPOSE**  
Student self-application of a tourniquet.

**NOTES/DISCUSSION**

TRAINING HAZARD!!!! DO NOT ALLOW STUDENTS TO DRAW A REAL FIREARM, EVEN IF UNLOADED, DURING THIS TRAINING EVENT. CONSULT WITH DEPARTMENT TRAINING STAFF BEFORE THIS EVENT TO DETERMINE HOW THEY WANT THIS BLOCK OF INSTRUCTION TAUGHT. FOLLOW THE LEB SHCENARIO TRAINING & TESTING MANUAL PROTOCOLS, INCLUDING THE TRIPLE-SEARCH, TO ENSURE NO LIVE FIREARMS ARE PRESENT DURING THIS BLOCK AND FOLLOWING BLOCKS OF INSTRUCTION.

This is an independent application of a tourniquet, assuming self-application in a tactical situation.

When you advance to the next slide, elevate your voice moderately and say, in a panicked tone, “Oh my, he has a gun, help! Help! Help!” Attempt to raise the stress level of the students a moderate amount, but not yet to a high level—they don’t have many repetitions under their belt.

The tourniquet needs to be TIGHT! Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

Require students to use only one hand if it’s an arm injury. Do not allow students to raise their leg if it’s a leg injury—have them slide the tourniquet underneath their leg…a femur fracture may not permit lifting their own leg.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet.

---

**EXITING INSTRUCTIONS**

Click mouse to advance to SLIDE 32
NOTES/DISCUSSION
This is an application of a tourniquet on a victim of an agricultural accident.

The tourniquet needs to be TIGHT! Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet. Then have the students swap roles so both officers have a turn applying the tourniquet.

EXITING INSTRUCTIONS
Click mouse to advance to SLIDE 33
INSTRUCTIONS

Slide 33 will appear after advancement from the previous slide (32).

SLIDE NAME  Tourniquets – Practice

SLIDE PURPOSE  Student self-application of a tourniquet.

NOTES/DISCUSSION

TRAINING HAZARD!!!! DO NOT ALLOW STUDENTS TO DRAW A REAL FIREARM, EVEN IF UNLOADED, DURING THIS TRAINING EVENT. CONSULT WITH DEPARTMENT TRAINING STAFF BEFORE THIS EVENT TO DETERMINE HOW THEY WANT THIS BLOCK OF INSTRUCTION TAUGHT. FOLLOW THE LEB SCENARIO TRAINING & TESTING MANUAL PROTOCOLS, INCLUDING THE TRIPLE-SEARCH, TO ENSURE NO LIVE FIREARMS ARE PRESENT DURING THIS BLOCK AND FOLLOWING BLOCKS OF INSTRUCTION.

This is an independent application of a tourniquet, assuming self-application in a tactical situation.

The tourniquet needs to be TIGHT! Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

Require students to use only one hand if it's an arm injury. Do not allow students to raise their leg if it's a leg injury—have them slide the tourniquet underneath their leg…a femur fracture may not permit lifting their own leg.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet.

EXITING INSTRUCTIONS

Click mouse to advance to SLIDE 34
INSTRUCTIONS
Slide 34 will appear after advancement from the previous slide (33).

SLIDE NAME  Tourniquets – Practice

SLIDE PURPOSE  Student application of a tourniquet.

Notes/Discussion
This is an application of a tourniquet on a victim who fell through a glass window.

The tourniquet needs to be TIGHT! Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet. Then have the students swap roles so both officers have a turn applying the tourniquet.

EXITING INSTRUCTIONS
Click mouse to advance to SLIDE 35
Tourniquets – Practice

Student self-application of a tourniquet in the dark

**NOTES/DISCUSSION**

**TRAINING HAZARD!!!!** DO NOT ALLOW STUDENTS TO DRAW A REAL FIREARM, EVEN IF UNLOADED, DURING THIS TRAINING EVENT. CONSULT WITH DEPARTMENT TRAINING STAFF BEFORE THIS EVENT TO DETERMINE HOW THEY WANT THIS BLOCK OF INSTRUCTION TAUGHT. FOLLOW THE LEB SCENARIO TRAINING & TESTING MANUAL PROTOCOLS, INCLUDING THE TRIPLE-SEARCH, TO ENSURE NO LIVE FIREARMS ARE PRESENT DURING THIS BLOCK AND FOLLOWING BLOCKS OF INSTRUCTION.

This is an independent application of a tourniquet, assuming self-application in a tactical situation at night, where the officer cannot use a light to illuminate the scene. An example might be a situation where the officer is concealed from the perpetrator by darkness, but is unable to move to cover because of the leg injury.

The tourniquet needs to be TIGHT! Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

Require students to use only one hand if it's an arm injury. Do not allow students to raise their leg if it's a leg injury—have them slide the tourniquet underneath their leg…a femur fracture may not permit lifting their own leg.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet.

**EXITING INSTRUCTIONS**

Click mouse to advance to **SLIDE 36**
### INSTRUCTIONS

Slide 36 will appear after advancement from the previous slide (35).

<table>
<thead>
<tr>
<th>SLIDE NAME</th>
<th>Tourniquets – Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLIDE PURPOSE</td>
<td>Student application of a tourniquet.</td>
</tr>
</tbody>
</table>

### NOTES/DISCUSSION

This is an application of a tourniquet on a car crash victim.

The tourniquet needs to be TIGHT! Inspect tourniquet applications for proper pressure. Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet. Then have the students swap roles so both officers have a turn applying the tourniquet.

### EXITING INSTRUCTIONS

Click mouse to advance to **SLIDE 37**
INSTRUCTIONS

Slide 37 will appear after advancement from the previous slide (36).

SLIDE NAME  Tourniquets – Practice

SLIDE PURPOSE  Student self-application of a tourniquet in the dark

NOTES/DISCUSSION

TRAINING HAZARD!!!!  DO NOT ALLOW STUDENTS TO DRAW A REAL FIREARM, EVEN IF UNLOADED, DURING THIS TRAINING EVENT.  CONSULT WITH DEPARTMENT TRAINING STAFF BEFORE THIS EVENT TO DETERMINE HOW THEY WANT THIS BLOCK OF INSTRUCTION TAUGHT.  FOLLOW THE LESB SCENARIO TRAINING & TESTING MANUAL PROTOCOLS, INCLUDING THE TRIPLE-SEARCH, TO ENSURE NO LIVE FIREARMS ARE PRESENT DURING THIS BLOCK AND FOLLOWING BLOCKS OF INSTRUCTION.

This is an independent application of a tourniquet, assuming self-application in a tactical situation at night, where the officer cannot use a light to illuminate the scene.  An example might be a situation where the officer is concealed from the perpetrator by darkness, but is unable to move to cover because of the leg injury.

The tourniquet needs to be TIGHT!  Inspect tourniquet applications for proper pressure.  Do not allow students to practice “loose” applications that wouldn’t be effective – make them practice as you want them to perform.

Require students to use only one hand if it’s an arm injury.  Do not allow students to raise their leg if it’s a leg injury—have them slide the tourniquet underneath their leg…a femur fracture may not permit lifting their own leg.

After you have verified the tourniquet is applied sufficiently tight to block the distal pulse, have the student remove the tourniquet.

EXITING INSTRUCTIONS

Click mouse to advance to SLIDE 38
**SLIDE 38**

**INSTRUCTIONS**
Slide 38 will appear after advancement from the previous slide (37).

<table>
<thead>
<tr>
<th>SLIDE NAME</th>
<th>Questions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLIDE PURPOSE</td>
<td>Review any unresolved questions.</td>
</tr>
</tbody>
</table>

**NOTES/DISCUSSION**
Allow students to ask any remaining questions. Encourage them to continue their TECC education, and again thank the Tourniquet Initiative agency that made these resources available.

**EXITING INSTRUCTIONS**
Click mouse to advance to **SLIDE 39**
Slide 39 will appear after advancement from the previous slide (38).

Slide Name: Regional Trauma Advisory Council Coordinators

Slide Purpose: Provide students with contact information for local RTAC.

Notes/Discussion:
Give students the contact information of their local Regional Trauma Advisory Council coordinator.

Exiting Instructions:
Click mouse to advance to SLIDE 40.
For information on how you and your agency can get involved in regional preparedness, please contact a Healthcare Coalition (HCC) Staff Member for your region:

**INSTRUCTIONS**

Slide 40 will appear after advancement from the previous slide (39).

**SLIDE NAME**  End Slide

**SLIDE PURPOSE**  Leave students with contact information for local regional preparedness contact.

**NOTES/DISCUSSION**

End the presentation on this slide, which gives students the contact information of their regional Healthcare Coalition staff member.

**EXITING INSTRUCTIONS**

Do not click mouse to advance – end of presentation.
Student Evaluation

When training has been completed, document each student's knowledge and ability to perform a tourniquet application to an acceptable standard.

The student should individually exhibit his/her knowledge by correctly answering a few key questions regarding tourniquets:

1. Tourniquets cannot be used to treat severe bleeding from what injury locations?
2. Are tourniquets useful for treating airway or breathing issues unrelated to extremity bleeds?
3. When should a tourniquet be used?
4. When you apply a tourniquet, should you expect the person to complain that the tourniquet causes pain?
5. Are tourniquets likely to cause permanent harm when applied for less than several hours?
6. When should you loosen or remove a tourniquet?

The student should then demonstrate their ability to apply a tourniquet to their own leg.

1. Officer releases buckle, slides constricting band under leg, and securely reconnects the buckle. Officer does not slide the tourniquet's constricting band over foot.
2. Officer applies tourniquet as high on the leg as possible, above clothing.
3. Officer removes slack by pulling the running end of the constricting band towards the centerline of body.
4. Officer tightens the tourniquet until bleeding stops.
5. Officer secures the windlass within the delta clip securing mechanism.
6. Officer notes the tourniquet application time on the tourniquet (or forehead) when safe to do so.
7. Officer performs reassessment for return of active bleeding. Officer articulates that further bleeding calls for tightening the tourniquet, and/or applying an additional tourniquet.
8. Officer informs emergency medical personnel of tourniquet and/or ensures tourniquet is visible to medical personnel.

A “Tourniquet Competency Checklist” is provided on the next page to assist in documenting the student’s achievement. This form should be retained by the agency for their training records. The instructor may keep a copy for their own training records. It is not necessary to submit a copy of this form to WHEPP or the DOJ.
# Tourniquet Competency Checklist

## Tourniquet Knowledge Exhibited

<table>
<thead>
<tr>
<th>Officer describes indications for tourniquet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Potentially life-threatening extremity hemorrhage</td>
</tr>
<tr>
<td>- Reasonable belief that direct pressure would be ineffective or not possible due to available resources, tactical situation, etc.</td>
</tr>
</tbody>
</table>

Rating: satisfactory  unsatisfactory

<table>
<thead>
<tr>
<th>Officer describes injuries not amenable to tourniquet treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Bleeding from head, neck, or torso</td>
</tr>
<tr>
<td>- Injuries related to airway or breathing issues</td>
</tr>
</tbody>
</table>

Rating: satisfactory  unsatisfactory

<table>
<thead>
<tr>
<th>Officer recognizes effects of tourniquet application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Likely to be painful</td>
</tr>
<tr>
<td>- Unlikely to cause permanent harm when applied for a few hours</td>
</tr>
</tbody>
</table>

Rating: satisfactory  unsatisfactory

<table>
<thead>
<tr>
<th>Officer describes when a tourniquet will be removed in the field:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Never</td>
</tr>
</tbody>
</table>

Rating: satisfactory  unsatisfactory

## Tourniquet Self-Application on Leg

| Officer removes any obstacles to application (wallets, keys, cell phone, thigh holsters, body armor, etc.) |

Rating: satisfactory  unsatisfactory

| Officer releases buckle, slides constricting band under leg, and securely reconnects the buckle. Officer does not slide the tourniquet’s constricting band over foot. |

Rating: satisfactory  unsatisfactory

| Officer applies tourniquet as high on the leg as possible, above clothing. |

Rating: satisfactory  unsatisfactory

| Officer removes slack by pulling the running end of the constricting band towards the centerline of body. |

Rating: satisfactory  unsatisfactory

| Officer tightens the tourniquet until bleeding stops. |

Rating: satisfactory  unsatisfactory

| Officer secures the windlass within the delta clip securing mechanism. |

Rating: satisfactory  unsatisfactory

| Officer notes the tourniquet application time on the tourniquet (or forehead) when safe to do so. |

Rating: satisfactory  unsatisfactory

| Officer performs reassessment for return of active bleeding. Officer articulates that further bleeding calls for tightening the tourniquet, and/or applying an additional tourniquet. |

Rating: satisfactory  unsatisfactory

| Officer informs emergency medical personnel of tourniquet and/or ensures tourniquet is visible to medical personnel. |

Rating: satisfactory  unsatisfactory

---

Student Name: ___________________________

Agency: ___________________________

Instructor Signature: ___________________________

Instructor Agency: ___________________________

Instructor Name: ___________________________

Date: ______________