

Prehospital Tourniquet Use in Virginia Beach

In 2011, the City of Virginia Beach Department of EMS (VBEMS) reinstated the use of tourniquets for patients with significant bleeding that could not be controlled by direct pressure or other means. Tourniquets can be found on every apparatus. VBEMS currently uses the Combat Application Tourniquet (CAT). Numerous studies over the years and the depth of military experience with successful applications of tourniquets have proven over and over that tourniquet use does save lives. After the Newtown, Connecticut shooting, a group of medical and public safety agencies published the “Hartford Consensus.” These documents were intended to provide recommendations and guidance on preventing death from exsanguination during intentional MCI’s and includes widespread use of tourniquets from skilled providers to laypersons.

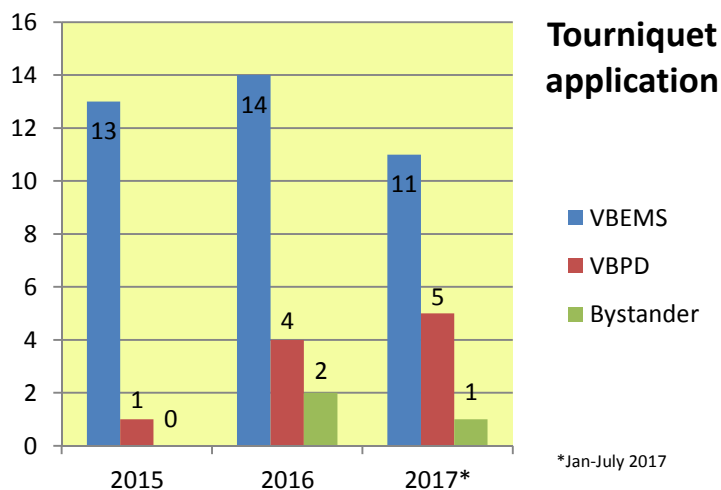
Tourniquet Indications: LIFE THREATENING hemorrhage from an extremity which cannot be controlled by direct pressure.

Application of a tourniquet is permitted by all levels of certification from EMT through Paramedic. Tourniquets should be placed just above the injury site and preferably over a single bone. It should not be placed on a joint or fracture. When applying a tourniquet, the user should make a note of the exact time it is applied and unless medical control orders it, a tourniquet should not be removed. If bleeding is not controlled with the tourniquet, it should be tightened and/or a second tourniquet placed above the first.

A tourniquet is not recommended for a dialysis shunt/fistula to control bleeding unless life-threatening, uncontrollable bleeding is occurring. Fingertip pressure to the bleeding site is usually enough to control it. Pressure bandages are not. If fingertip pressure is not able to control or manage the bleeding, a tourniquet may be placed above the shunt/fistula. Nothing should be placed directly over it.

Since 2011, VBEMS has had 69 patients with a tourniquet applied. Most were applied by VBEMS/VBFD crews. The rest were initiated by the Virginia Beach Police Department or a bystander. The cause of injuries range from motorcycle accidents to stabbings and near amputations to gunshot wounds.

Some patients required a second tourniquet applied to the same limb due to continued bleeding or two limbs were affected. Between 2015-2017, there were 25 total patients where tourniquets were applied to lower extremities and 21 to upper extremities.



STOP the Bleed



There is a nationwide campaign called “STOP THE BLEED” designed to teach bystanders how to control bleeding and stop blood loss until help arrives. You can find more information here <http://www.bleedingcontrol.org/> In 2015, the White House officially launched the campaign.

Bleeding Control Kits

Kits have been trialed at special events and with VBPD (for self rescue) already and have been added to EMS supervisor vehicles and zone cars for some time now. Now, they are being added to fire apparatus and ambulances. These bleeding control kits contain both CAT and SWAT tourniquets, a pressure dressing, packing for deep wounds and a blood resistant chest seal (Halo). They are intended to MCI type events but can also be used for severe bleeding situations with individual patients.

Sources

- Snyder D, Tsou A, Schoelles K. Efficacy of Prehospital Application of Tourniquets and Hemostatic Dressings to Control Traumatic External Hemorrhage. DOT HS 811 999b. Washington, DC: National Highway Traffic Safety Administration. May 2014. Available at: www.ems.gov.
- TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC. REGIONAL MEDICAL PROTOCOLS, 12th EDITION (October 2016)

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