_

Tourniquet and Trauma Kit: NM260001

New Mexico Law Enforcement Academy Annual In-Service Training Curriculum 2026

COURSE TITLE:

2026 In-Service Tourniquet & Trauma Kit (Stop the Bleed)

TERMINAL LEARNING OBJECTIVE:

To refresh prior knowledge, skills and abilities in how to control a life-threatening bleed.

ENABLING LEARNING OBJECTIVES:

1. LOCATE AND INDENTIFY A MAJOR BLEED
2. STOP THE BLEED BY DIRECTOR PRESSURE, WOUND PACKING AND TOURNIQUET APPLICATION

INSTRUCTIONAL METHODS:

Discussion, lecture, practical application

HANDOUTS: Lesson Plan

COURSE DURATION: 30 MINUTES

CURRICULUM REFERENCES: Bleeding Control – Stop the Bleed Course

EQUIPMENT, PERSONNEL, AND SUPPLIES NEEDED: Training equipment

TARGET AUDIENCE: Certified Police Officers

INSTRUCTOR RATIO: 1:10

EVALUATION STRATEGY: Demonstration of necessary skills

AUTHOR &ORIGINATION DATE:
©Stop the Bleed American College of Surgeons

REVISION / REVIEW DATE(S):
1/16/26

REVISED / REVIEWED BY:
NMLEA

Course Content:

Instructor Notes

This course information is proprietary and must be used appropriately.

- Why are we here? This is an important empowerment step before you even start the presentation.
- The instructor notes will ensure all instructors address key content elements and maintain the ACS STB Course continuity. They are not intended to be read but

should be used as guidance. The instructor should be responsive to the audience and the environment and make necessary and appropriate adjustments.

- This presentation includes the slide set you will need to deliver the didactic portion of the Version 3 (late 2024) ACS Stop the Bleed Basic course and key instructor notes to assist you with the delivery of this material. Consider downloading and printing these slides as a handout for course participants. *Please note that all material included in this slide presentation and all content on the instructor portal is proprietary to the American College of Surgeons, trademarked by the ACS, and any use outside of instruction with the ACS is strictly forbidden, and will be met with legal action.*

A. Introduction

1. Bleeding emergencies can be graphic and disturbing

SLIDE: Bleeding emergencies can be graphic and disturbing

It is essential to note that images may be disturbing but preparing learners for what they might see is necessary.

- **Injuries vary – important to impart that some can be serious, and others not as much, but all bleeding should be stopped. Keeping calm is an important step.**

2. Bleeding can kill

SLIDE: Bleeding can kill, but YOU can Stop the Bleed

a) Bleeding is one of the biggest dangers after a serious injury. If someone loses too much blood, they can go into shock or even die. Severe bleeding can lead to death in just a few minutes. The good news is that you can be a hero in an emergency!
b) This course will teach you some simple steps to control bleeding until help arrives.
c) By applying pressure directly to the wound and following the other steps, you can Stop the Bleed and save someone's life.

3. Where can you use this training?

SLIDE: Where can you use this training?

_

a) This training can be used any place where there might be an injury.
    1) Car accident
    2) Playground
    3) Kitchen injuries
    4) Natural disasters, etc.

SLIDE: What types of items can cause serious bleeding?

a) Knives
b) Sports and boating
c) Farming equipment
d) Carpentry and woodshop
e) Automobile crashes
f) Broken glass
g) Violence, etc.

4. Time – the Clock

SLIDE: Time – the clock

a) Severe bleeding can become fatal in as little as 3 – 5 minutes.
    1) This is faster than most emergency medical services (EMS) can arrive, making bystander intervention crucial in saving lives.
    2) Example: If someone suffers a deep wound in a car accident, waiting for paramedics without intervention could lead to life-threatening blood loss before they arrive.
    3) Controlling bleeding within the first few minutes dramatically increases survival chances.
    4) Acting within the first 60 seconds - by applying pressure, packing the wound, or using a tourniquet – can be the difference between life and death.
    5) The average EMS response time in the U.S. is 7 – 10 minutes but varies by location and traffic conditions.
    6) In remote areas it can take even longer.
    7) Every second counts. Bystanders must act immediately rather than waiting for help.

5. Initial Steps: Calling EMS

SLIDE: Alert Emergency Medical Services

a) Call for help as soon as possible
b) Law enforcement may arrive before EMS

6. Assess the scene for safety

SLIDE: Scene Safety

a) You can't help if you're also injured.
b) In a bleeding emergency, ensuring scene safety is paramount and a critical step before moving into action.
c) This ensures that the responder and the victim are protected from additional harm.
d) Remember that something caused the victim to bleed, and that mechanism of injury is still present and could potentially hurt you or others.

7. Look for Bleeding control kits or a first aid kit

SLIDE: Stop the Bleed equipment

- When available, use certified equipment

8. Personal Safety and Hygiene

SLIDE: Personal Protective Equipment

a) When available wear gloves when helping someone who is bleeding.
b) If you come in contact with someone's blood, let EMS know or another medical professional.
c) Handwashing before and after is encouraged.

9. Bleeding anatomy

SLIDE: Bleeding Anatomy

a) Blood pumps from the heart outwards throughout the body.
b) Understanding how the blood flows will help control bleeding.

10. Uncontrolled bleeding

SLIDE: Uncontrolled Bleeding

a) A sign of severe bleeding is a large pool of blood around the wound or on the ground around the victim.
b) Be concerned if the person's clothing is soaked with blood.
c) Blood may spurt out in pulses if the injury is near a large artery.

11. Direct Pressure

SLIDE: Direct Pressure

a) An effective step to control bleeding is called direct pressure.
b) This means placing a cloth or towel directly, anything that is absorbent, over the wound and applying firm, steady pressure with your hand.
    1) The pressure helps to close off the blood vessels around the wound, slowing down or stopping the blood flow.
    2) The key is to push down hard and hold it there.
    3) Don't be afraid to press firmly – it might feel uncomfortable for the injured person.
    4) Maintain pressure until help arrives or use another control mechanism, such as wound packing or torniquet application.
    5) Do not lift the dressing to check. Maintain steady pressure.

12. Wound Packing

SLIDE: Wound Packing

a) If direct pressure with a cloth isn't enough to stop the bleeding, use wound packing.
b) This is important if direct pressure over the wound does not stop the bleeding.
c) Wound packing involves gently stuffing gauze or some cloth directly into the wound.
    1) Packing the wound creates pressure from the inside, which can control the bleeding.
    2) This can be effective for deep wounds or spurting blood.

3) If gauze is not available, any cloth can be used.
4) Do not lift the dressing to check, maintain steady pressure.

13. Apply pressure after packing

SLIDE: Apply Pressure after Packing

- After packing the wound, direct pressure is re-applied and continued.

14. Tourniquet Application

SLIDE: Tourniquet Application

a) Tourniquets are a last resort for controlling bleeding.
b) Used in severe injuries to the arms or legs where direct pressure or wound packing isn't working.
c) A tourniquet cuts off blood flow completely by squeezing the blood vessels shut.
d) Using a tourniquet properly is critical
e) Using a tourniquet incorrectly can cause further damage to the limb or worsen the bleeding.

15. Tourniquet steps: wrapping the tourniquet

SLIDE: Tourniquet steps: wrapping the tourniquet

a) Talk to the victim and reassure them you are helping them.
b) Let them know what you are doing and talk them through it.
c) Place the tourniquet 2-3 inches above the wound, avoiding joints.
d) If the wound is near a joint, place the tourniquet above the joint or the upper portion of the limb.
e) The strap is then threaded through the buckle and tightened securely around the limb.

16. Tourniquet steps: pull tight

SLIDE: Tourniquet steps: pull tight

a) Understand that applying a tourniquet requires a TIGHT application.
b) Pull the band tight until it is snug around the limb.
c) You should not be able to slip a finger between the strap and the skin.

17. Tourniquet steps: Windlass

SLIDE: Tourniquet steps: Windlass

a) Tightening the tourniquet causes significant pain
b) Once the strap is secure, locate the windlass rod on the tourniquet.
c) Twist the windlass rod until the bleeding stops.
d) The windlass can be turned in either direction.
e) Once the bleeding stops, secure the windlass rod in the clip to maintain pressure.
f) Wrap the remaining strap over the windlass rod and secure it with the remaining strap.
g) Place the white tab, that indicates time over the rod to ensure the tourniquet remains tight and in place.
h) NEVER loosen or remove a tourniquet once it has been applied.

18. Completed tourniquet

SLIDE: Completed tourniquet

a) Once you've tightened the tourniquet and secured the windlass rod, write the time of application on the tourniquet.
b) If you do not have a pen or marker let EMS personnel know what time you applied the tourniquet.
c) The victim may experience severe pain and scream and tell you to ask the rescuer to remove the tourniquet due to pain. DO NOT remove the tourniquet.

19. Second tourniquet

SLIDE: Second tourniquet

a) If the first tourniquet does not stop the bleeding another can be applied above the initial tourniquet.
b) Apply the second tourniquet in the same manner as the first one.

20. Frequently asked questions

_

SLIDE: Frequently asked questions

a) Tourniquets are important for severe bleeding in the arms and legs.
b) Tourniquets are not appropriate for all wounds.

21. Summary

SLIDE: Summary

Critical techniques for bleeding control include the application of pressure, packing of wounds and tourniquet application. Review Good Samaritan Act laws in your area. The ACS does not advocate using improvised tourniquets as efficacy is not guaranteed. As discussed in the course, you should never remove a tourniquet. Only trained medical professionals should do so.

Practical Application:

Students should practice direct pressure and wound packing on a simulated mannequin.

Students should then practice the application of a tourniquet on another's arm and leg.

Students should then practice a self-application on an arm and leg.

Students should then demonstrate the ability to apply a tourniquet to their strong arm in under 2 minutes.

COURSE AUDIT

PRIMARY INSTRUCTOR:

SECONDARY INSTRUCTOR:

SUPPORT STAFF:

_

DATE(S)/ TIME(S) OF INSTRUCTION:

LOCATION OF INSTRUCTION:

RECOMMENDED CURRICULUM CHANGES: Identify inaccurate information, outdated information, new information to be added to update material, etc. (Use additional pages if necessary)

COURSE AUDIT (Continued)

ADDITIONAL INSTRUCTOR COMMENTS: (If any portion of the course content was not presented, indicate the specific content here)

☐ Alternative curriculum was taught.

Accreditation number of alternative curriculum:

	SIGNATURE	DATE
Primary Instructor		
Reviewed by Program Coordinator		
Reviewed by		
Reviewed by Director/Chief or Designee		