

**McHenry Western Lake County EMS | McHenry County College
Skill Proficiency Record**

< Hemorrhage Control >

Provider Name: _____ Date: _____

Instructions: Items marked with an asterisk (*) must be demonstrated with 100% accuracy; otherwise a retest will be required.

Performance Standard	Satisfactory			Required Coaching			Unsatisfactory		
	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3
*Dons appropriate PPE (minimum standards listed) [] Gloves [] Protective eyewear	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Identifies type of bleeding [] Capillary [] Venous [] Arterial	[]	[]	[]	[]	[]	[]	[]	[]	[]
Applies direct pressure to bleed site using the rescuer's hand and absorbent material such as gauze	[]	[]	[]	[]	[]	[]	[]	[]	[]
Exercises caution not to remove gauze to prevent disruption of clotting	[]	[]	[]	[]	[]	[]	[]	[]	[]
Applies additional gauze as necessary	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Identifies effectiveness of direct pressure and chooses appropriate alternative method of hemorrhage control if necessary [] Hemostatic agent [] Tourniquet	[]	[]	[]	[]	[]	[]	[]	[]	[]
If direct pressure is effective, properly applies pressure bandage [] Uses rigid object to concentrate pressure over wound [] Tightly wraps bandaging around gauze and rigid object to control bleeding	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Assesses presence of distal circulation	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Monitors effectiveness of bandage and chooses appropriate alternative method of hemorrhage control if necessary	[]	[]	[]	[]	[]	[]	[]	[]	[]

Performance Validation: [] Pass [] Retest -----> [] Pass [] Fail

Comments: _____

Evaluator's Signature

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< Tourniquet Application >

Provider Name: _____ Date: _____

Instructions: Items marked with an asterisk (*) must be demonstrated with 100% accuracy; otherwise a retest will be required.

Performance Standard	Satisfactory			Required Coaching			Unsatisfactory		
	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3	Test 1	Test 2	Test 3
*Verbalizes indication for tourniquet use									
[] Profuse extremity bleeding	[]	[]	[]	[]	[]	[]	[]	[]	[]
[] Inability to control bleeding with direct pressure									
*Dons appropriate PPE for hemorrhage control	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Explains procedure to patient	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Wraps tourniquet strap around effected extremity and threads through at least one buckle opening	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Pulls strap tight and folds backward over itself and affixes Velcro	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Turns windlass clock-wise until bleeding stops	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Secures windlass in capture device and affixes Velcro security strap over windlass	[]	[]	[]	[]	[]	[]	[]	[]	[]
*Records time of application on tourniquet	[]	[]	[]	[]	[]	[]	[]	[]	[]

Performance Validation: [] Pass [] Retest -----> [] Pass [] Fail

Comments: _____

Evaluator's Signature