The use of tourniquets in the Australian Defence Force

Commodore Robyn M Walker, RAN
Director-General, Strategic Health Policy and Plans
Defence Health Service, Canberra, ACT

TO THE EDITOR: In the November 2007 issue of *ADF Health*, McLean et al presented an article on the use of tourniquets in the Australian Defence Force.[1] They reviewed current developments in haemorrhage control in the context of battlefield injury.

However, they failed to mention that the ADF has had the Combat Application Tourniquet available in its inventory since 2006. They also failed to mention the existence of Health Bulletin 4/2006.[2] This oversight could lead readers to mistakenly believe that the Combat Application Tourniquet is not available for use in designated ADF operations.

The decision to authorise use of the Combat Application Tourniquet rests with the relevant deployment mounting headquarters. Before deployment, ADF members issued with Combat Application Tourniquets are required to be instructed in their proper use via a formal training package. Since March 2006, all personnel deploying to the land environment on Operations Catalyst, Slipper and Azure have received training and been individually issued with Combat Application Tourniquets. Personnel undertaking hazardous duties on Operations Paladin, Palate, Tower and Mazurka have also been trained and issued with Combat Application Tourniquets.

In similar fashion, McLean et al failed to thoroughly address the use of haemostatic agents in the ADF. The haemostatic chitosan bandage HemCon (HemCon Inc, Tigard, Ore, USA) has also been available for use in support of ADF operations since March 2006. As for Combat Application Tourniquets, the use of chitosan bandages must be authorised by the relevant deployment mounting headquarters, and pre-deployment training in its proper use is also mandatory. Since March 2006, all medical personnel deployed on Operations Catalyst and Slipper carry two chitosan bandages on their persons, and a further five bandages in their medical kits.

Chitosan bandage is not currently registered by the Therapeutic Goods Administration (TGA). However, the TGA has granted the ADF authority to import HemCon bandages and has permitted specific ADF Medical Officers to authorise their supply. The use of chitosan bandages has been endorsed by the Australian Defence Human Research Ethics Committee, subject to an appropriate informed consent process. ADF policy on the use of chitosan bandages is promulgated in Health Bulletin 3/2006.[3]

Readers may also be interested to know that one of the future serials of Joint Project 2060, the future deployable health capability, will involve conducting an in-depth review of all haemorrhage control devices and agents on the market. The results of this study, scheduled for late 2010, will shape the future policy, training and equipping of all ADF health personnel in respect of field haemorrhage control.

1. McLean JM, Atkinson R, Mooney L, Lovett D. The use of tourniquets in the Australian Defence Force. *ADF Health* 2007; 8: 70-75.
2. Defence Health Bulletin 4/2006. Combat Application Tourniquet™ — use in the ADF. 24 March 2006.
3. Defence Health Bulletin 3/2006. HEMCON™ bandage — use in the ADF. 24 March 2006. ❑

Brigadier Robert Atkinson, RDF, MB BS, MA, DCH, FRACS, FAOrtho
Orthopaedic Surgeon
Department of Orthopaedic Surgery, University of Adelaide, Adelaide, SA
rob.atkinson@surgeons.org

IN REPLY: I thank Commodore Robyn Walker for her comments.

We deemed it inappropriate to overtly reference the Health Bulletins 4/2006 Combat Application Tourniquet and 3/2006 HemCon™ bandage in the public domain at the time of submission. It is pleasing for them to be highlighted now.

We agree that good communication and application are fundamental to enabling best practice.

It is gratifying to note that the authority to use the Combat Application Tourniquet rests with the relevant deployment mounting headquarters before deployment, as the fundamental driver underlying our article was to add to the information enabling a decision for best medical practice. What is best in one theatre of operations may be different in another.

We recognise that the traditional flexibility of the Australian Defence Force is a paramount factor to operational success.

It is acknowledged that the evidence underlying the use of haemostatic agents will always be incomplete and Walker is to be congratulated on the project studying the efficacy and cost-effectiveness of all haemorrhage control devices and agents on the market now and to be developed in the future. ❑

NATIONAL LIBRARY OF AUSTRALIA
18 JUL 2008