

Crisis Medicine®

PLANNING YOUR IFAK

Considerations for packing
your Individual First Aid Kit



One thing you figure out quickly in Army Special Forces is that if you get a bigger rucksack, you will always find things to put in it: Whether those things need to be there or not. The same thing happens if you buy a bag to use as an Individual First Aid Kit (IFAK) before planning what you are going to pack in it.

The best way to select an IFAK bag or any aid bag is to determine and plan the packing list first, then find a bag that will fit the items on your very thoughtfully selected packing list.

To plan an IFAK, which by definition will be a small “personal” bag, you have to decide which injuries you are planning on managing and which you are not. It should be placed for easy access in an emergency and so where you store it is also important.

Our IFAK plan is for managing immediately life-threatening injuries that can be handled with minimal equipment during an ongoing dangerous event. That is the mission statement in our TC2 course. Our IFAK packing list supports that mission statement.

MISSION STATEMENT

Our IFAK is planned to support managing immediately life-threatening injuries that can be handled with minimal equipment during an ongoing dangerous event.



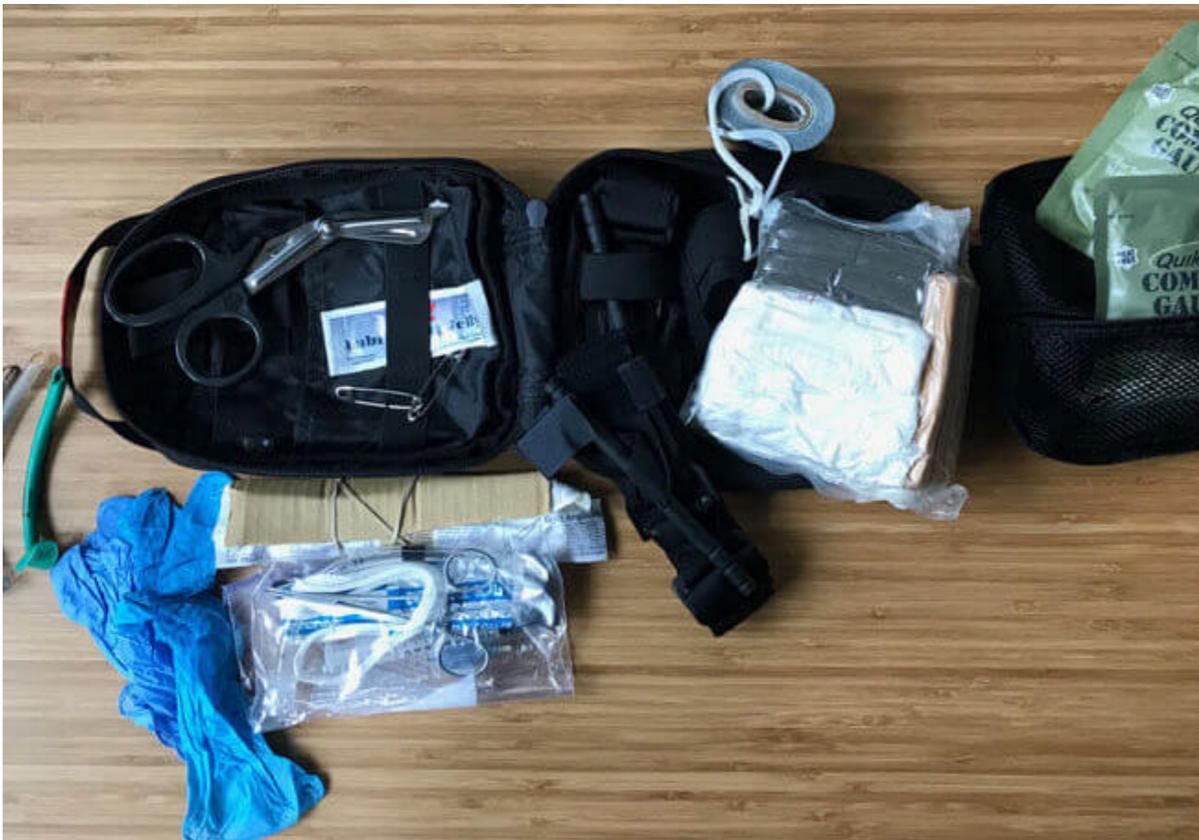
At the outset, **Band-aids don't go in an IFAK**: They go in a "Boo Boo kit". You don't want somebody pulling things out of your IFAK looking for a band-aid. For this reason, we sometimes refer to IFAKs as trauma kits to make the difference between the two clear. We also want to stage the IFAK where it is easy to access and at hand. *Note: Crisis Medicine does not receive financial compensation for any recommendations regarding gear or equipment.*

Based on WDMET data, which drove the entire concept of TCCC, we plan on providing life-saving interventions (LSIs) only.

What DOES go in an IFAK?

Management of Life Saving Interventions: M-A-R-C-H

LSIs pertinent to an IFAK include the management of junctional and extremity hemorrhage, management of airway occlusion, decompression of tension pneumothorax, and prevention of hypothermia. Other more advanced interventions like IV access for shock require too much gear for an IFAK.



Massive Hemorrhage

Tourniquets

If you plan on managing massive hemorrhage from an extremity, you will be using tourniquets. In any study ever conducted on human thighs, verifying occlusion of arterial flow with Doppler ultrasound, the CAT always outperforms any competitors. We only have CAT tourniquets in our IFAKs packing lists. [For reasons not to buy them on Amazon, see our [article on counterfeits](#)].

Since one tourniquet high on a thigh may only occlude arterial flow 70% of the time, you need to have two available. That bumps the efficacy to at least 80% success. If you have more than one casualty, you can quickly run out of commercial tourniquets: Having a plan to improvise isn't poor planning, it's professional.

Wound Packing

If two properly applied tourniquets placed side by side don't control your massive extremity bleeding you will need to wound pack. Additionally, junctional hemorrhage, from necks, groins, armpits, and potentially subclavian vessels will not be amenable to tourniquet placement and also require skills and knowledge of wound packing.

The best way to pack a wound will be with gauze. In my Army Special Forces career, no advanced hemostatic type agents existed, and we routinely packed significant junctional wounds with cotton Kerlix gauze.

Unfortunately, you can go through a lot of gauze packing a wound. Studies show Kerlix gauze works just as well as the current hemostatic gauzes if you know what you are doing. These items also go on our IFAK packing list.

Hemostatic Gauze

A [hemostatic gauze](#) with some scientific evidence it works may help less trained/experienced wound packers. Of the commercially available hemostatic gauzes, Combat Gauze has the most evidence supporting its use. If you can afford to add it to your IFAK, that seems reasonable.

Unless you plan on continuing to hold pressure on a tightly packed wound until the casualty is taken to definitive care, you will need to know how to make a wound packing bandage. The last thing you want is for the gauze in the tightly packed wound to work its way loose and have the person start bleeding to death all over again. Wound packing bandages require a lot of materials.

Airway

Airway intervention is not terribly likely in combat casualties based on the WDMET data, accounting for about 1.6% of deaths. Half will only require simple positioning, think head-tilt chin-lift, and the recovery position. In this situation, a nasal pharyngeal airway can be helpful. The other half of airway interventions statistically will be for direct airway injuries. In that instance, a surgical airway will frequently be the answer and is a paramedic level skill.

Respiration

The minimal equipment needed to decompress a tension pneumothorax is something sharp to make a hole in the chest wall to let out the air under tension. Although you can do this with a knife (which is basically a finger thoracotomy), having a large needle and catheter can make it easier. This too is a paramedic level skill in most states.

There is no good evidence that an open pneumothorax really needs to be sealed. Since we have limited space in an IFAK, we don't have chest seals there.

Circulation

More advanced interventions like IV/IO access require too much gear for an IFAK. Circulation management with an IFAK largely involves keeping the "red stuff in." (By controlling hemorrhage).

Hypothermia Prevention

Equipment for the prevention of hypothermia isn't especially IFAK friendly. The NAR HPMK or PerSys Blizzard transport system are awesome options for a vehicle-mounted bag, but much too large for an IFAK. Having an inexpensive "space blanket" is the best option in a small kit. Persys is working on some IFAK friendly, more robust options.

Standardization of IFAKs

All of the IFAKS in my home, cars, and tactical gear are packed identically. They differ only in color. IFAKs are not location-specific, they are casualty specific to deal with LSIs, so there is no reason to change what is in the IFAK. The plan for the IFAK remains consistent. Obviously, my medical skill set is more advanced than my wife or daughter, but the IFAK they may grab out of the car is loaded the same, in case I am there to use it.



How big is your IFAK?

The IFAK loadout below does make for a pretty big IFAK. With a smaller skill set or scope of practice, items can be omitted. My wife routinely carries a smaller, easy access IFAK in her purse that is primarily designed to deal with massive hemorrhage and thus a smaller packing list: 2 CAT tourniquets, two rolls of z-folded compressed gauze, a vacusealed pack containing a cravat, a 4x7 individual first aid dressing and 4" ETD, a windlass, shears, and gloves.

Based on the packing list I use, the only IFAK that is big enough to hold everything is the Condor Tear Away IFAK (model MA41). There are currently two sizes, and we use the larger. This IFAK bag is cheaply made, but also inexpensive. It seems to hold up fine and when it shows too much wear, I replace the bag. We have students do all the casualty scenarios in our in-person Advanced class with this IFAK and a similar packing list (that class doesn't cover surgical airways, so those materials aren't included).

Mark Your Gear in Red

We recommend red duct tape or similar red markings be used on all medial gear. Imagine approaching a casualty in full gear and having no idea if they are carrying medical equipment or where to find it. However, if in your initial evaluation you see red duct tape on the pull handle of a pouch, the odds are the pouch is an IFAK or contains medical equipment.

When I occasionally interact with medical students at my hospital, I like to ask them why your blood is red. They then attempt to impress me with details of hemoglobin and oxygen bindings, light wavelengths, etc. I stop them to say, "Your blood is red to get your attention when it is leaking out of your body."

We trained a bomb disposal unit and learned the intricacies of getting the bomb suit off an operator in case of injury. Similarly, all those tricky zippers and pull tabs should be marked with red-550 cord or similar. If you want a first responder to find it, mark it in red.

Keep your IFAK Separate

Band-aids, antiseptic wipes, and moleskin may be part of your first aid kit. However, we recommend your first aid kit be kept separate from your IFAK. The reason is this: much like scissors are never where you expect them to be because someone has "borrowed them," if there are every-day items in your IFAK someone may need, like band-aids and pain relievers, they will likely trot off with your IFAK. It will never be where you expect it to be in an emergency.

Similarly, we do not stock items typically referred to as the "12 essentials" (or however many are on your list) in our IFAK/. That is also a separate kit.

All of your IFAKS should be identical so you know precisely what is in it and don't have to expend additional mental effort during an emergency. If your IFAK is then attached to your larger bag/kit in a tear away fashion, that's the best bet.

The Importance of Cravats

We carry cravats in each of our IFAKs. They make a successful improvised tourniquet if we use the others in our kit and need an alternate plan. Because the classic military triangular bandage is made of muslin cotton it is a multi-use item that can be used as:

- a sling,
- to secure splints,
- form a pressure dressing,
- create a tight bandage over a gauze packed wound,
- or even be used as an improvised tourniquet.

Additionally, the cravats come packaged with two large safety pins, which have many other uses.

See [Your IFAK is not Complete Without Cravats](#) also, [Versatile Safety Pins](#)

For further reading

Why we don't buy medical supplies on Amazon: they're fake. Tourniquets are a medical device and subject to FDA regulations. Beginning in 2010 the FDA recognized problems with knock-offs and began requesting counterfeit devices be destroyed, to ensure it would not end up back in the system. Although initially imported as toys for airsoft, they're making their way into legitimate medical kits and systems.

In 2015 in New Hampshire, a fire service unwittingly was carrying such knock-offs on their rigs. When called upon to use them to stop a severely bleeding leg wound, the tourniquet failed. When contacted, NAR said, "no, that's not one of ours. It's a counterfeit." Article, [Counterfeit Tourniquets](#)



TC2 - IFAK PACKING LIST

Tactical Casualty Care Individual First Aid Kit

- (2) Tourniquets - TCCC Recommended (min)
- (2) Kerlix Gauze - Z-folded
- (2) Hemstatic Gauze
- (2) Cravat
- 4 x 7 Individual first aid dressing
- 4" Emergency trauma dressing
- Preplanned Windlass
- Nasal Phyrengal Airways - sized to team & packaged with lubricating jelly
- (2) military safety pins from cravats
- Small roll of 100 MPH tape
- Shears
- Gloves
- Space blanket or Blizzard Bag

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That's it.

But you left out the _____?

Some people will say why don't you carry [fill in their favorite medical gadget]. The reason is simple. These items allow me to run the MARCH mnemonic on any patient, especially my family. It's not going to be enough for a mass casualty event because even local fire and ambulance services do not carry enough gear for a mass casualty event. Studies differ on how many casualties occur in active violent incidents. North American Rescue's public access bleeding control kit comes as an 8-pack of sub-kits because they use data suggesting there are seven casualties per event. There is FBI data suggesting the number may be 4.

The final block of the Crisis Medicine Complete Tactical Casualty Care course is a 1-hour whiteboard discussion where we make a packing list for an IFAK, an aide bag, and a vehicle-mounted bag.

Want to learn how to use everything on this packing list? We have professionally filmed and edited online classes available, most students report the online material is "just like" sitting in our in-person classes. www.crisis-medicine.com

