

EFA-TTK-SOP-V1.0

Elite First Aid Tactical Trauma Kit

Field Manual & Standard Operating Procedure

For first responders, SAR personnel, and prepared citizens operating in environments where definitive medical care is delayed.

Mission Brief

Section 1

Equipment

Section 2

SOP Deployment

Section 3

Warnings

Section 4

Sustainment

Section 5

SECTION 1

Mission Brief & Intended Use

The Tactical Trauma Kit is a **comprehensive, mobile medical system** designed to manage a wide spectrum of injuries — from minor abrasions to life-threatening trauma. It bridges the operational gap between a personal IFAK and a full paramedic-level aid bag.

Remote Site Operations

Basecamp medical support for SAR teams, wilderness expeditions, or industrial sites.

Disaster Response

Primary medical bug-out bag for managing injuries when EMS is overwhelmed.

Vehicle / Convoy Support

Designated vehicle kit for responding to traffic collisions or incidents in transit.

Range Safety Operations

On-site trauma management for shooting ranges or tactical training events.

- Operational Parameters:** Designed for a single trained provider managing multiple patients. Supports the **M.A.R.C.H. patient assessment protocol**. Weight: **10 lbs.** — man-portable over moderate distances in backpack configuration.

Equipment & Component Familiarization

All components should be organized within the pack's compartments based on these functional groupings for **rapid access under stress**.

2.1 — Airway Management

Objective: To establish and maintain a patent airway in an unconscious patient.

Item	Description & Use	Qty
Airway, 110mm (OPA)	J-shaped adjunct to prevent tongue obstruction in unconscious patients with no gag reflex. ⚠️ CRITICAL: Trained/authorized personnel only. Improper use risks vomiting, aspiration, or airway trauma.	1
Airway, 80mm (OPA)	Smaller OPA for pediatric or smaller adult patients. Same usage and warnings as above. ⚠️ CRITICAL: Trained/authorized personnel only.	1
CPR Face Shield	Disposable barrier device to protect the rescuer during rescue breathing.	1

2.2 — Bleeding Control & Trauma Dressings

Objective: To control life-threatening external bleeding.

Item	Description & Use	Qty
BleedStop Bandages	Hemostatic-impregnated dressings to accelerate clotting when applied directly to a bleeding wound with pressure.	2
Trauma Pads, 12" x 30"	Large absorbent sterile pads for severe bleeding from major torso or limb trauma. Cover and apply pressure after wound packing.	3
Trauma Pads, 5" x 9"	Sterile absorbent dressings for moderate to heavy bleeding. Cover packed wounds or dress significant soft tissue injuries.	10

2.3 — Bandages & Dressings

Objective: To dress and secure wounds of varying sizes.

Item	Description & Use	Qty
Plastic Bandages, 1" x 3"	Standard adhesive bandages for minor cuts and abrasions.	16
Plastic Bandages, 2" x 4"	Larger adhesive bandages for wider minor wounds.	5
Fabric Knuckle Bandages	Fabric bandages shaped to conform to knuckles and other joints.	10
Sterile Gauze Pads, 4" x 4"	Sterile pads for wound coverage, packing, or absorption.	10
Elastic Bandage, 6" x 5yd	Secure splints in place or apply compression to sprains and strains.	1
Triangular Bandages, 40" x 40" x 56"	Versatile cloth for slings (upper extremity), swathes (secure arm to body), or emergency tourniquet band.	3
Waterproof Tape, 1" x 2.5 yds	Secure dressings in wet or high-moisture environments.	2
Safety Pins	Secure triangular bandages, slings, or improvised dressings.	12

2.4 — Wound Closure

Objective: To close minor lacerations and reduce scarring.

Item	Description & Use	Qty
Butterfly Wound Closures	Adhesive strips for holding edges of small, clean lacerations together.	5

2.5 — Burn Care

Objective: To manage minor burns and reduce pain.

Item	Description & Use	Qty
Burn Gel Packets	Water-based gel packets for soothing minor burns and reducing pain.	5

2.6 — Antiseptics & Skin Prep

Objective: To clean wounds and prevent infection.

Item	Description & Use	Qty
BZK Antiseptic Towelettes	Clean skin around a wound before dressing. Not for use inside a deep wound.	44
Ammonia Wipes	Respiratory stimulants to assess or arouse a patient with syncope. Crush and wave under patient's nose.	6
Sting Relief Pads	Topical relief for insect stings and minor skin irritations.	6
Antibiotic Ointment Packets	Apply to minor scrapes and cuts to help prevent infection.	10
Anti-Itch Packets	Topical relief for allergic skin reactions, rashes, or insect bites.	2

2.7 — Cleansing & Hygiene

Objective: To maintain hygiene and prevent secondary infection.

Item	Description & Use	Qty
Deodorant Soap	General cleansing of hands and skin in field conditions.	1
Hand Sanitizer, 2oz	Decontaminate hands before and after patient care when soap and water are unavailable.	1
Eyewash, 4oz	Sterile saline for flushing debris or chemicals from the eyes.	1

2.8 — Pain Relief

Objective: To manage pain in conscious patients.

Item	Description & Use	Qty
Ibuprofen Tablets	OTC NSAID for pain and inflammation management. Follow standard dosing. Not for use in patients with known allergy, GI issues, or suspected internal bleeding.	10

2.9 — Immobilization & Splinting

Objective: To immobilize suspected fractures or dislocations to reduce pain and prevent further injury.

Item	Description & Use	Qty
Padded Flexible Splint, 4" x 36"	Pliable, lightweight splint moldable to immobilize almost any bone in the body — arms, legs, ankles.	1
Tongue Depressor / Finger Splints	Rigid splints for immobilizing finger fractures or dislocations.	5
Cervical Collar	Semi-rigid collar to restrict cervical spine movement in patients with suspected neck injury. ⚠️ CRITICAL: Apply only when mechanism of injury suggests spinal involvement. Trained personnel only.	1
Elastic Plastic Strap	Secure splints or immobilization devices in place.	1

2.10 — Instruments & Tools

Objective: To perform wound management and patient assessment procedures.

Item	Description & Use	Qty
Bandage Shears	Cut away clothing, seatbelts, or materials to expose injuries. Can cut through dressings and bandages.	1
Forceps, Curved	Locking forceps for clamping blood vessels or grasping tissue. ⚠️ CRITICAL: Trained medical providers only.	1
Forceps, Straight	Locking forceps for grasping tissue or foreign bodies. ⚠️ CRITICAL: Trained medical providers only.	1
Tweezers	Remove small splinters, debris, or stingers from a wound.	1
Scalpel Handle	Surgical cutting instrument handle. ⚠️ CRITICAL: Trained/authorized personnel only.	1
Scalpel Blades	Sterile surgical blades for use with scalpel handle. ⚠️ CRITICAL: Trained/authorized personnel only.	2

2.11 — Eye Care

Objective: To protect and manage injured eyes.

Item	Description & Use	Qty
Sterile Eye Pads	Cover an injured eye to protect from light and contaminants.	5

2.12 — Personal Protective Equipment (PPE)

Objective: To protect both patient and rescuer.

Item	Description & Use	Qty
Nitrile Exam Gloves	PPE — worn during all patient contact to prevent exposure to bloodborne pathogens and bodily fluids.	8(pairs)

2.13 — Diagnostic Equipment

Objective: To gather vital signs and assess patient status.

Item	Description & Use	Qty
Blood Pressure Unit	Cuff & sphygmomanometer used with stethoscope to measure systolic/diastolic blood pressure — a key shock indicator.	1
Stethoscope	Auscultate heart, lung, and bowel sounds; required for blood pressure readings.	1
Penlight	Assess pupillary response to light (key head injury indicator); illuminate wounds or oral cavity for inspection.	1

2.14 — Other / Miscellaneous

Objective: Environmental protection and reference.

Item	Description & Use	Qty
Emergency Blankets	Mylar blankets to reflect body heat and prevent or treat hypothermia — a common trauma complication.	2
First Aid Guide	Reference booklet for field use. Consult for procedures outside your training level.	1

SECTION 3

Standard Operating Procedure: Deployment

Scenario: You are the designated safety lead for a recreational convoy on a remote forest service road. A vehicle rolls into a ravine. Three casualties: two ambulatory with lacerations, one trapped — conscious, with an obvious lower leg deformity and heavy scalp bleeding. No cellular service. Objective: triage, treat, and stabilize until evacuation.

1	Scene Safety & PPE Confirm the scene is safe — vehicle stable, no fuel leaks. Don nitrile gloves before approaching any casualty.
2	Initial Triage Quickly assess all three patients. Direct the two ambulatory patients to a safe location and instruct them to apply self-pressure to any bleeding.
3	Address Massive Hemorrhage Focus on the most severely injured patient. Use utility shears to expose injuries. Apply a Multi-Trauma Dressing or ABD Pad to the scalp wound with firm pressure. Secure with elastic bandage if needed.
4	Airway & C-Spine Assess the airway. Patient is conscious and talking — airway is patent. Verbally instruct them to keep head and neck still given the rollover mechanism.
5	Breathing & Circulation Assess breathing quality. Obtain pulse rate and quality. Use the Blood Pressure Unit and Stethoscope for a baseline reading to monitor for developing shock.
6	Head-to-Toe Exam Fracture: Mold the SAM Splint to immobilize the lower leg; secure with elastic bandage. Do not attempt reduction. Hypothermia: Apply an emergency blanket immediately. Minor wounds: Once primary patient is stable, clean and dress the ambulatory patients' lacerations with antiseptic wipes and butterfly closures.
7	Documentation & Monitoring Note time of incident, all interventions, and vital signs. Continuously monitor the critical patient's mental status and vitals until evacuation arrives. Prepare patient for transport.

Critical Warnings, Limits & Safety

Scope of Practice

This kit contains items requiring advanced medical training (OPAs, Sutures, Scalpels, Hemostats). Attempting to use these without formal training, certification, and legal authorization **can cause severe patient harm and create significant personal liability. DO NOT USE ITEMS YOU ARE NOT TRAINED AND AUTHORIZED TO USE.**

Not a Substitute for Definitive Care

The purpose of this kit is to **stabilize a patient and prevent death or further injury** until they can be transported to a hospital. It is a temporary measure — not a replacement for professional medical care.

PPE is Mandatory

Always wear nitrile gloves when treating a casualty to protect yourself from bloodborne pathogens. **Change gloves between patients if possible.**

Tourniquet Limitations

The included rubber tourniquet is a **last resort** for life-threatening limb hemorrhage uncontrollable by other means. It is less effective than modern windlass tourniquets. Seek hands-on training and consider adding a **CoTCCC-recommended model** (e.g., CAT Gen 7, SOFTT-W) to this kit.

Patient Consent

If the patient is conscious and coherent, **you must obtain their consent before providing aid.**

SECTION 5

Readiness, Inspection & Sustainment

Quarterly Inspection Protocol

→ Full Inventory

Component-by-component check against the standard loadout. Immediately replace any used, missing, or damaged items.

→ Expiration Dates

Check all sterile items (dressings, wipes, gloves, sutures, eyewash). Rotate near-expired items to training supply; replace with new stock.

→ Seals & Packaging

Confirm all sterile packaging is intact. Check bottles for leaks.

→ Electronics

Test the penlight. Replace batteries annually or as needed.

→ Backpack Integrity

Inspect all zippers, straps, and buckles for wear. Confirm compression straps are functional.

Restock, Storage & Augmentation

After-Use Restock

After any use, conduct a full inventory and restock immediately.

Never return a partially used kit to a ready-state. Build a standardized re-supply list to streamline purchasing.

Storage Conditions

Store in a **climate-controlled, dry environment** away from direct sunlight. Avoid vehicle trunks during extreme heat or cold — temperature extremes degrade supplies.

Recommended Augmentation

- CoTCCC windlass tourniquet (CAT Gen 7 or SOFTT-W)
- Vented chest seals for penetrating thoracic trauma
- Nasopharyngeal Airways (NPAs)
- Personal medications required by your team or family

Remember: A kit that hasn't been inspected is an unknown kit. Your readiness is only as good as your last inspection. Treat sustainment as an ongoing mission requirement, not an afterthought.