FIELD MANUAL & SOP

# Kemp USA EMS Drug Pouch

Advanced Life Support Medication Cell — Operational Guide for ALS Providers

| Organize | Protect | Account |
| --- | --- | --- |
| Rapid access under stress | Passive thermal insulation | Inventory & expiry verification |

SECTION 1

# Mission Brief & Intended Use

## 1.1 Mission Profile

This pouch serves as a dedicated **Medication Cell for Advanced Life Support (ALS) providers** operating in mobile or austere environments. Its primary mission is to organize, protect, and enable rapid access to temperature-sensitive parenteral (IV/IM) and oral medications during high-acuity medical and trauma responses.

It is designed to function as a modular component within a larger jump bag, aid bag, or as a standalone drug kit secured within a response vehicle.

## 1.2 Intended User & Scope

This equipment is intended for use by licensed **Paramedics, Flight Medics, Tactical Medics (TEMS)**, and other certified ALS-level clinicians. The user is expected to be proficient in pharmacology, medication administration protocols, and sterile procedures.

> This pouch is a storage and organization tool; it does not confer medical authority or replace professional training and judgment.

## 1.3 Operational Context

This pouch is engineered to solve three critical field problems:

### Organization

Consolidates a standard ALS medication loadout into a logical, easily deployable format, reducing time spent searching for the correct drug under stress.

### Protection

Provides passive thermal insulation to mitigate drug degradation from short-term exposure to temperature extremes common in vehicle interiors or outdoor settings.

### Accountability

Facilitates rapid inventory and expiration date verification through transparent external windows, enhancing readiness and compliance.

SECTION 2

# Equipment & Component Familiarization

Components are grouped by **operational purpose** for rapid reference in the field.

## 2.1 Medication Storage & Organization

### Dedicated Vial Pockets (×17)

Elasticized pockets for standard 10mL vials and glass ampules. Segregates individual drugs, prevents glass-on-glass impact, and enables immediate visual identification.

*Load vials with labels facing outward for expedited selection.*

### Rollout Organization Flaps

Unzipping the main compartment and unfolding these flaps provides full interior access, exposes additional storage, and creates a clean, organized workspace on-scene.

### Hook-and-Loop Compartments

Located on the rollout flaps for items that do not fit in vial pockets. Use for pre-filled syringes (e.g., Epinephrine, Naloxone), nasal atomizers, or small IV fluid bags (250/500ml).

## 2.2 Environmental Protection & Durability

### Mylar Insulated Interior

Reflective lining provides passive thermal regulation by slowing temperature change. Protects medications from brief ambient temperature spikes.

*This is a mitigating measure — not active refrigeration. See Section 4.2.*

### Water-Resistant Nylon Exterior

The outer shell provides protection from environmental moisture such as rain or fluid splash, preserving drug packaging and label integrity.

## 2.3 Inventory Management & Access

### Clear Inventory Windows

Transparent external pockets for rapid inventory verification. Allows visual count of key medications and expiration date checks **without unzipping the pouch.**

*Place loadout cards or key drug labels here for at-a-glance checks.*

### Oversized Zipper Pulls

Engineered for positive grip and rapid deployment while wearing **gloves or operating under stress.** Enables fast, non-fumbling access to the main compartment.

## 2.4 External Carriage & Integration

### MOLLE Webbing Exterior

PALS webbing allows modular integration with compatible trauma packs or vests. Alternatively, use to attach high-frequency tools: trauma shears, penlight, or pre-packaged alcohol swabs for immediate access.

SECTION 3

# Standard Operating Procedure: Deployment

**Scenario:** You are a paramedic staged for a mass gathering event, operating from a primary ALS jump bag. You may be required to move on foot rapidly. Your drug pouch must be fully stocked, inventoried, and ready for immediate deployment.

## 3.1 Pre-Deployment: Pouch Stocking & Integration

01

### Segregate by Class/Protocol

Organize medications per your service's protocols — by drug class (cardiac, respiratory, analgesic) or treatment algorithm (ACLS, RSI).

02

### Load Vials

Insert all vials and ampules into the 17 elastic pockets, labels visible. Confirm each vial is free of cracks or precipitate.

03

### Load Larger Items

Place pre-filled syringes, IV bags, and bulky items into the hook-and-loop compartments. Ensure they are secure and will not shift during transport.

04

### Populate Inventory Window

Insert a loadout card listing all contents and critical expiration dates into the clear external window for rapid pre-shift inspection.

05

### Attach Ancillary Tools

If required, use the exterior MOLLE webbing to attach trauma shears or other essential tools.

06

### Integrate with Primary Kit

Securely place the stocked drug pouch into its designated slot within your primary response bag or ambulance cabinet, oriented for easy identification and retrieval.

## 3.2 On-Scene Deployment

01

### Retrieve Pouch

Remove the pouch from the primary bag or cabinet and place it on a stable, clean surface if possible.

02

### Open & Deploy

Use the oversized zipper pulls to fully open the main compartment. Unfold the rollout flaps to expose all contents and create an organized workspace.

03

### Select & Prepare Medication

Visually identify the required medication. Announce your selection and dosage aloud per protocol. Prepare the drug using aseptic technique.

04

### Secure Pouch

After administration, return unused materials to their designated location. Close and zip the pouch to protect remaining contents before moving the patient or clearing the scene.

⚠️ SECTION 4

# Critical Warnings, Limits & Safety

## 4.1 Scope of Practice & Liability

**WARNING:** This is a professional equipment carrier. The presence of this pouch and its contents does **NOT** authorize any individual to perform medical procedures or administer medications beyond their certified scope of practice and direct medical control. Unlawful administration of medication is a criminal offense.

## 4.2 Equipment Limitations

### 🌡️ Passive Insulation Only

The mylar lining slows temperature change but is **NOT** a refrigerator or active cooler. It will not prevent heat or cold soak if left in an extreme environment (e.g., vehicle dashboard in direct sun, freezing outdoor conditions) for a prolonged duration. Adhere to all manufacturer temperature storage requirements for medications.

### 🚫 Not a Sharps Container

This pouch is not designed for the disposal of used needles or broken glass ampules. All sharps **must** be disposed of in an approved, puncture-proof sharps container.

### 🚫 Not Crush-Proof

The pouch provides organization and padding but will **not** protect glass vials from damage under significant compressive force or blunt impact.

## 4.3 Security of Controlled Substances

**WARNING:** This pouch is **NOT** a lockbox. The user is solely responsible for maintaining positive control of this pouch and adhering to all local, state, and federal regulations, as well as agency policies, regarding the security, inventory, and chain of custody of all medications — especially controlled substances.

SECTION 5

# Readiness, Inspection & Sustainment

## 5.1 Pre-Shift Inspection (Daily)

### Visual Inventory

Use the clear exterior window to conduct a rapid visual check of key medications. Verify loadout card matches contents.

### Expiration Check

Visually inspect expiration dates on visible medications. Open the pouch to confirm dates on all items as required by policy.

### Zipper Function

Open and close all zippers to ensure they travel freely and are not damaged.

### Check for Damage

Inspect the pouch exterior for rips, tears, or contamination.

## 5.2 Post-Call Sustainment

### Decontaminate

Clean the nylon exterior with an approved disinfectant wipe or solution per agency protocol. **Do not submerge the pouch.**

### Restock

Immediately replace any medications used during the call. Document usage per protocol.

### Re-Inspect

Perform a quick check for any damage or contamination that may have occurred during the call.

## 5.3 Periodic Inspection (Weekly/Monthly)

### Full Unload

Completely empty the pouch of all contents.

### Deep Clean

Thoroughly clean the interior and exterior of the pouch. Allow it to **air dry completely** before restocking.

### Inspect All Components

Check all seams, elastic pockets, and MOLLE webbing for signs of wear, fraying, or loss of elasticity. Report any deficiencies and **replace the pouch if its integrity is compromised.**

**Inspection Cadence Summary**
**Daily:** Visual inventory, expiry check, zipper test, exterior check
**Post-Call:** Decontaminate, restock, re-inspect
**Weekly/Monthly:** Full unload, deep clean, component inspection