


Kemp USA Medical Supply Pack E

Field Manual & Standard

Operating Procedure

Inventory · Staging · Deployment · Sustainment

Document ID LG-SOP-10-160-E	Version 1.0
Classification Field Operations	Type Supply Refill Pack

-  **Important:** This is a supply refill pack, **not** a self-contained, organized kit. The user is responsible for properly staging these items in a functional medical bag prior to operational use.

SECTION 1

Mission Brief & Intended Use

1.1 Mission Scope

The Medical Supply Pack E is a comprehensive, multi-category component refill set intended to restock primary medical response bags for trained professionals. Its mission is to provide the core consumable and durable goods required for:

- Immediate patient assessment and stabilization
- Treatment of a broad spectrum of medical and traumatic injuries
- Pre-hospital emergency response
- Bridging the gap between injury occurrence and arrival at a definitive care facility

1.3 Operational Environment



Ground Vehicle Response

Ambulance, patrol car, and fire apparatus restocking



Fixed-Site Medical Stations

Industrial sites, schools, and corporate offices



Disaster Response

Field deployments and mass casualty support scenarios

1.2 Intended User Profile

This supply pack is designated for trained and certified personnel, including:

- Emergency Medical Technicians (EMTs) & Paramedics
- Tactical Medics & Law Enforcement Officers
- Fire-Rescue Personnel
- School Nurses & Safety Officers
- Community Emergency Response Team (CERT) members

All users must operate strictly within their certified scope of practice.

Airway Management & Respiratory Support



Bag Valve Mask (BVM), Adult ×1

Provides positive pressure ventilation to a patient who is not breathing or breathing inadequately. Requires **two-person operation** for optimal seal and delivery.



CPR Mask ×1

A barrier device used to safely deliver rescue breaths during cardiopulmonary resuscitation.




Oral Airways (OPA) 6-Pack ×1

Adjuncts to maintain a patent airway in an unconscious patient. Sized from child to large adult.



Ammonia Inhalants ×5

Respiratory stimulants used to treat or prevent syncope (fainting). **Use with caution.**

-  **Critical Warning:** NEVER insert an OPA into a conscious patient or a patient with an intact gag reflex — this can induce vomiting and aspiration. For BVM use, maintain a rate of **one breath every 5–6 seconds** for an adult. Hyperventilation is a common and dangerous error.

Hemorrhage Control & Major Trauma



CAT Tourniquet ×1

Windlass-style tourniquet for controlling **life-threatening extremity hemorrhage**.



QuikClot® ×1

Hemostatic dressing for controlling moderate to severe bleeding, particularly in junctional areas where a tourniquet cannot be applied.



Trauma Dressing ×1

A sterile, high-pressure bandage for severe wounds.



Combine/Abdominal Pads ×4

Two 5×7" and two 8×10" large, absorbent sterile pads for covering major wounds and viscera.



Burn Sheet 60×90" ×1

Large sterile sheet to cover extensive burns. Protects against contamination and reduces heat loss.



Fluff Roll ×1

Bulky gauze roll used for wound packing or as additional absorbent dressing material.



⚠ QuikClot Warning: This hemostatic agent generates heat upon activation. Inform the patient of this potential sensation. **Do not use on ocular injuries.**

Splinting, Immobilization & Patient Assessment

2.3 Splinting & Immobilization

Splint Roll 36" ×1

Pliable, formable splint for immobilizing suspected fractures or major joint injuries.

Finger Splint ×1

Small, pre-formed aluminum splint for immobilizing finger injuries.

Elastic Bandages ×3

Two 2" and one 6" for securing splints, dressings, or providing compression.

Self-Adherent Bandage 3" ×1

Conforming bandage that sticks to itself, not to skin. For securing dressings or splints.

Triangular Bandage ×1

Versatile dressing used as a sling, swathe, or to secure splints.

2.4 Patient Assessment & Diagnostics

Sphygmomanometer / BP Cuff ×1

Used to measure a patient's blood pressure. For basic field assessment only — not a substitute for advanced cardiac monitoring.

Stethoscope ×1

Used to auscultate lung sounds, heart sounds, and take a manual blood pressure.

Penlight with Pupil Gauge ×1

Used to assess pupillary response to light — a key neurological indicator. Check battery on initial staging.

Wound Care, Dressing & Specialized Care

2.5 Wound Care & Dressing (Minor to Moderate)

Gauze Pads

16× 3×3" and 16× 4×4" sterile pads for cleaning and dressing minor to moderate wounds.

Stretch Gauze Rolls

3× 2" and 3× 3" rolls to secure dressings in place.

Adhesive Bandages 1×3" ×100

Basic sterile adhesive strips for minor cuts and abrasions.

Triple Antibiotic Ointment ×10

Topical antibiotic to prevent infection in minor wounds.

Antiseptic Prep Pads

Povidone Iodine & Alcohol (10 each), BZK Towelettes (×12) for wound cleaning and skin prep.

Petroleum Gauze ×2

Non-adherent dressing for burns or abrasions.

Surgical Tapes

Cloth 1" & 2", Waterproof 1" for securing dressings and other items.

2.6 Specialized Care & Patient Comfort

Glucose Gel ×2

Oral glucose for managing **conscious patients with hypoglycemia** (low blood sugar). Check expiration dates regularly.

Ice Packs, Instant ×2

Chemical cold packs for treating sprains, strains, and reducing swelling.

Mylar Blanket ×1

Hypothermia blanket to retain patient body heat and prevent shock.

Eye Wash 1 oz ×1 & Oval Eye Pads ×2

For irrigating and dressing eye injuries.

Instruments, Tools & PPE

2.7 Instruments & Tools



Life Saver Hammer ×1

Vehicle extrication tool with integrated seatbelt cutter and window punch.



Utility Shears, Black Handle ×1

For cutting through clothing, seatbelts, and leather to expose injuries.



Lister Bandage Scissors 7.5" ×1

Angled-tip scissors for cutting bandages near the skin safely.



Forceps, Kelly Straight ×1

For grasping small objects or tissue. **Not for arterial clamping.**



Tweezers, Blunt Tip ×1

For removing splinters or debris from wounds.



Tongue Depressors ×5

For oral examination or as improvised finger splints.

2.8 PPE & Fluids

Gloves, Nitrile ×3 pairs

Body Substance Isolation (BSI) is mandatory for all patient contact. Change gloves between patients. Don immediately upon arrival at scene.

Sterile Water for Irrigation 500 ml ×1

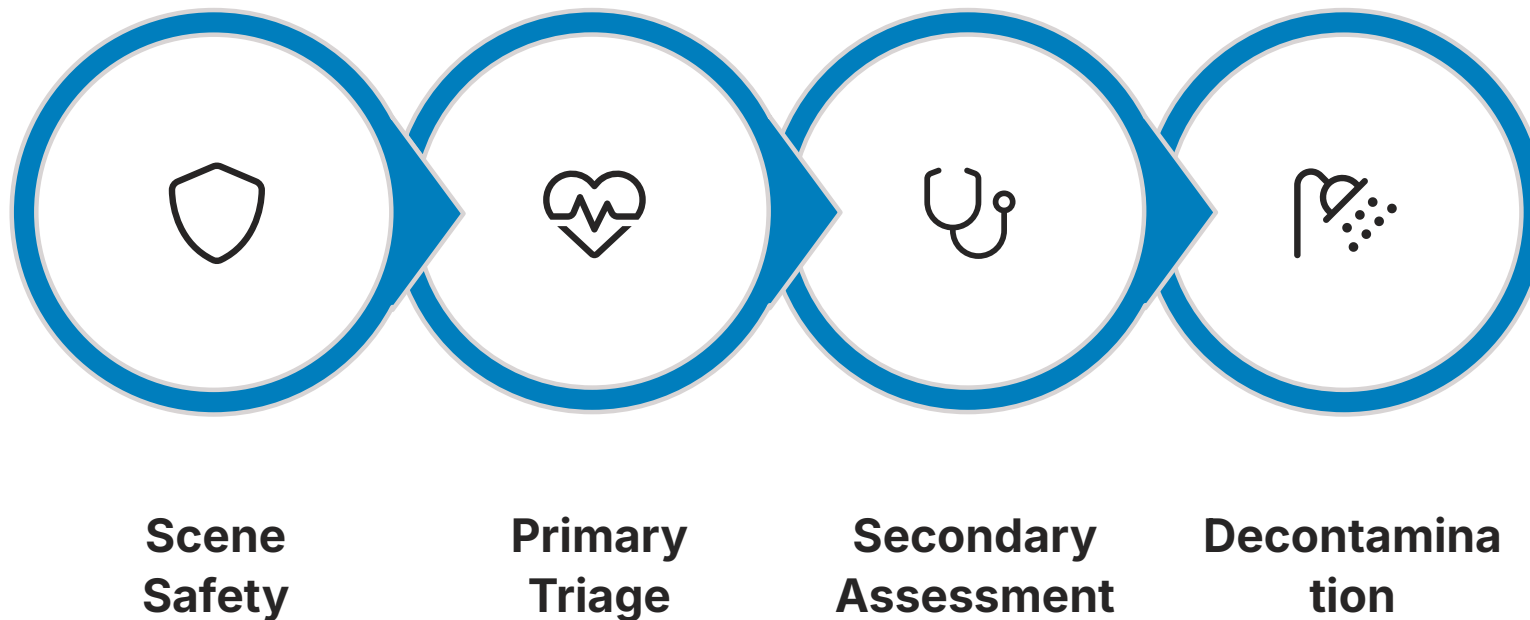
For flushing wounds or eyes. Check expiration date regularly.

BSI Rule: Always wear Nitrile Gloves when there is any potential for contact with bodily fluids. No exceptions.

SECTION 3

Standard Operating Procedure: Deployment

- ❏ **Scenario:** Unit dispatched to a two-vehicle collision on a highway shoulder. Two patients: Driver — altered mental status, labored breathing. Passenger — obvious arm deformity, active facial laceration. Bystanders report driver was slumped over the wheel.



Follow this four-phase response sequence for all major trauma deployments. Each phase must be completed before advancing to the next.

Phase 1 & 2: Scene Safety, PPE & Primary Triage

3.1 Scene Safety & Initial Actions

1 Confirm Scene Safety

Ensure apparatus is positioned to protect the scene. Scan for hazards: fuel leaks, traffic, downed lines.

2 Don PPE

Immediately don at least one pair of the provided **Nitrile Gloves** before any patient contact.

3 Extrication Access

If doors are jammed, use the **Life Saver Hammer** to strike a lower corner of a side or rear window. Use the integrated blade to cut seatbelts.

3.2 Primary Triage & Intervention (MARCH/ABC)

Driver — Altered Mental Status / Labored Breathing

- **Airway:** Jaw-thrust maneuver. If unconscious with no gag reflex — insert appropriate-sized **OPA**.
- **Breathing:** If respirations <8 or >30/min or shallow — deploy **BVM** at one breath every 5–6 seconds.

Passenger — Facial Lac / Arm Deformity

- **Circulation:** Apply direct pressure with **4x4 Gauze Pads**. Escalate to **Fluff Roll** packing or **Trauma Dressing** if uncontrolled. CAT Tourniquet is not applicable for facial injuries.
- **Vitals:** Obtain baseline using **Sphygmomanometer**, **Stethoscope**, and **Penlight** (pupils) once life threats are managed.

Phase 3 & 4: Secondary Treatment & Post-Incident

3.3 Secondary Assessment & Treatment

→ Passenger Immobilization

Cut away sleeve with **Utility Shears**. Form **36" Splint Roll** to immobilize joint above and below the fracture. Secure with **Elastic** or **Self-Adherent Bandages**. Apply **Triangular Bandage** as sling.

→ Wound Management

Clean and dress all minor wounds using **BZK Towelettes** and **Adhesive Bandages**, or **Gauze Pads** secured with **Tape** as appropriate.

→ Shock Management

Place a **Mylar Blanket** on any patient at risk of shock to conserve body heat.

3.4 Post-Incident Protocol

→ Biohazard Disposal

Properly dispose of all biohazardous materials in accordance with applicable regulations and your organization's protocols.


→ Decontaminate Reusables

Clean and decontaminate all reusable instruments: BP Cuff, Stethoscope, Shears, and Forceps.

→ Inventory & Restock

Immediately conduct a full inventory of all consumed items and initiate restock procedures. **Do not return bag to service until at 100% readiness.**

Critical Warnings, Limits & Safety

-  **4.1 Scope of Practice & Liability:** This pack contains items requiring advanced medical training and certification. Use of the BVM, OPAs, CAT Tourniquet, and QuikClot® by untrained individuals can cause **serious injury or death**. All users must operate within their certified scope of practice under their organization's medical direction. Improper use is the sole responsibility of the user.

Oral Airways (OPAs)

NEVER insert an OPA into a conscious patient or one with an intact gag reflex. Risk: vomiting and aspiration.

Bag Valve Mask (BVM)

Hyperventilation is a common and dangerous error. Maintain **one breath every 5–6 seconds** (adult). Ensure proper seal. Watch for chest rise and fall. **Two-person operation is the standard of care.**

QuikClot®

Generates heat upon activation — inform the patient. **Do not use on ocular injuries.**

Life Saver Hammer

Exercise extreme caution when breaking glass. Shield yourself and the patient from fragments. Always break the window furthest from the patient if possible.

4.2 Equipment Limitations

Single-Patient Focus

Advanced items (1 BVM, 1 CAT-T, 1 QuikClot) are sufficient for **one critically injured patient**. This is not an MCI loadout.

Refill Kit Status

These are loose components. User is responsible for staging items in a functional medical bag **before** operational deployment.

Single-Use Consumables

The majority of items are sterile and designed for single use only. **Do not attempt to reuse disposable items.**

Diagnostics Limitation

The included BP cuff and stethoscope are for basic field assessment. They are **not a substitute** for advanced cardiac monitoring equipment.

SECTION 5

Readiness, Inspection & Sustainment

5.1 Initial Staging

01

100% Inventory Check

Upon receipt, perform a full inventory against the official component list. Verify all items are present and packaging is intact.

02

Organize by Function

Group items by function and frequency of use. Create an 'Airway' pouch, a 'Bleeding Control' kit, and a 'Bandaging' module. Place tourniquets, shears, and gloves in **easily accessible external pockets**.

03

Verify Penlight Battery

Check the battery in the Penlight and ensure it is functional before placing the bag in service.

5.2 Recurring Inspection Schedule

1

Monthly Inspection

Visual inspection of all items. Check for damaged packaging on sterile items. Verify expiration dates on: QuikClot, Glucose Gel, Sterile Water. **Cycle out any items within 90 days of expiration.**



2

Post-Deployment

Full inventory and restock is **mandatory after every operational use**, regardless of how minor. Kit must be returned to 100% readiness before being placed back in service.

5.3 Restock Procedure

- Maintain a log of all items used during a response
- Submit a restock request to your supply officer immediately following the call
- Do not place the response bag back into service until all components have been replaced and verified

  **Sustainment Rule:** A bag that is not at 100% is not fit for service. Never deploy a partially stocked response bag.