

STANDARD OPERATING PROCEDURE

# Rothco M-1 Jungle First Aid Kit

Point-of-injury care for minor wounds, abrasions, and common field ailments in recreational and general field environments.

## Scope

Basic First Aid (BFA) only — not a trauma kit

## Users

Hikers, campers, field personnel,  
vehicle carry

## Limitations

No tourniquet, chest seal, or  
airway management

SECTION 1

# Mission Brief & Intended Use

## Intended Use Cases

### Individual Outdoor Use

Hikers, campers, and scouts requiring a durable, belt-mounted solution for blisters, scrapes, and minor cuts.

### Vehicle Supplement

A compact kit for glove box or center console storage to handle minor incidents on the road.

### General Preparedness

A foundational kit for home or personal carry where exposure to significant trauma is not anticipated.

## Doctrinal Limitations

- ❏ **⊖ This is NOT a trauma kit.** It lacks components for managing:
  - Massive hemorrhage — no tourniquets or pressure dressings
  - Penetrating chest injuries — no chest seals
  - Airway compromise — no airway adjuncts

This kit serves as a **first-line response for minor injuries only.**

SECTION 2

# Equipment & Component Familiarization

## 2.1 — Carrier System

### Canvas Pouch

Heavy-duty, abrasion-resistant container. **Water-resistant, not waterproof.** Protects contents from dirt, moisture, and impact.

### Pistol Belt Clips

Two metal clips for standard web belts, duty belts, or equipment straps. Slide belt between clip and pouch body until seated. Engage **both** clips.

### Double-Snap Closure

Secures the top flap. Press down firmly until an audible click. Provides redundant security over hook-and-loop or single-clasp systems.

# Wound Cleaning & Dressing Components

## 2.2 — Cleaning & Decontamination

### Antiseptic Wipes (Alcohol / Iodine / BZK)

Clean intact skin *surrounding* the wound, wiping away from the wound edge. Do not wipe directly inside deep wounds. Iodine may cause allergic reactions.

### Bar of Soap (1/3 oz)

For hand hygiene and surface-level scrape cleaning. Use with clean water before rendering aid.

## 2.3 — Bleeding Control & Dressing

### Examination Gloves

**DON BEFORE ANY PATIENT CONTACT.** Primary PPE — protects both rescuer and casualty from pathogen exchange.

### Steripads (2" & 3")

Sterile gauze pads. Place directly onto a cleaned wound and apply firm direct pressure to control minor bleeding.

### Adhesive Bandages (Assorted)

All-in-one sterile dressings for minor cuts, punctures, and blisters. Ensure non-stick pad fully covers injury.

### 3" Military Bandage

Sterile absorbent pad with conforming gauze roll. For larger surface wounds — apply pad, wrap tails around limb, and tie off securely.

### Telfa Non-Adherent Pad

Designed not to stick to wounds. Use on scrapes, abrasions, or minor burns to prevent pain and disruption of healing on removal.

### Conforming Bandage (2")

Stretchable gauze roll to hold other dressings in place on joints or limbs. Wrap snugly — do not restrict circulation.

### Adhesive Tape Roll

Medical tape to anchor Steripad corners or secure the end of a conforming bandage wrap.

SECTION 2 — MEDICATIONS

# Medication & Support Items

## Aspirin Packs (2 per pack)

For adult pain relief only. **See Section 4.3 for critical administration warnings before use.**

Do NOT administer to unconscious patients, those with NSAID allergies, patients on blood thinners, or anyone under 18 years of age.


## Sugar Packs (2)

Simple carbohydrate source for use in a **conscious and alert** individual displaying signs of hypoglycemia (low blood sugar).

- Individual must be able to swallow independently
- Empty packet into mouth or dissolve in water
- **Never administer to an unconscious or confused person**

## SECTION 3

# Standard Operating Procedure — Deployment

 **Scenario:** During a hike, a team member slips on a wet rock, sustaining a 2-inch laceration and multiple abrasions on their forearm. Bleeding is minor but steady.

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## Scene Assessment & Safety

Ensure the immediate area is safe from further hazards (unstable footing, falling debris). Move the casualty to a stable position if necessary.

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## Wound Cleaning & Hemorrhage Control

Place a **Steripad** directly over the laceration and apply firm direct pressure to control bleeding. Once bleeding is controlled, use **Antiseptic Wipes** to clean surrounding skin, working outward from the wound edge.

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## Secure Dressings

Wrap the forearm with the **Conforming Bandage** using overlapping turns — snug, but not cutting off circulation. Check for pulse or capillary refill in the fingers. Secure the end with **Adhesive Tape**.

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## PPE & Initial Assessment

Open the M-1 Pouch by disengaging both snaps. Don **Examination Gloves** before any patient contact. Visually inspect the injury — confirm it is within this kit's treatment scope (no arterial bleeding, no embedded objects).

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## Wound Dressing

For the laceration: apply a fresh **Steripad** or the pad from the **3" Military Bandage**. For abrasions: apply a **Telfa Non-Adherent Pad** to prevent sticking to raw tissue.

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## Post-Care & Monitoring

Advise the casualty to seek formal medical evaluation. Dispose of used gloves and contaminated materials properly (pack it out). Restock the kit at the first opportunity.

## SECTION 4

# Critical Warnings, Limits & Safety

## 4.1 — Scope of Practice

This kit is for **Basic First Aid only**. The user must operate within their level of training. Attempting procedures beyond your training can cause further injury and legal liability.

## 4.2 — Personal Protective Equipment

Failure to use the included gloves constitutes a significant risk of infectious disease transmission. **Always assume bodily fluids are infectious.**

## 4.3 — Aspirin Administration Warning

**DO NOT administer Aspirin** to any individual who is unconscious, has a known NSAID allergy, is on blood thinners, has a history of bleeding disorders, or is **under 18 years of age**. You are legally and ethically responsible.

## 4.4 — Hypoglycemia Management

Sugar packs are **only for a fully conscious patient who can swallow**. Never place food or liquid in the mouth of an unconscious or confused person — airway obstruction risk.

## 4.5 — Equipment Limitations

- Dressings are insufficient for moderate to severe bleeding
- Canvas pouch is **water-resistant, not waterproof** — submersion will damage contents
- No dedicated tools (shears, tweezers) for splinter removal or cutting clothing

## SECTION 5

# Readiness, Inspection & Sustainment

## 5.1 — Inspection Schedule

### Pre-Mission Check

Before any outing — quick inventory to confirm all components are present.

### Quarterly Inspection

Every three months — detailed inspection of all components and expiration dates.

## 5.4 — Storage

Store in a **cool, dry, and dark location**. Avoid vehicle dashboards or rear windows where extreme temperature fluctuations and direct sunlight degrade contents.

## 5.2 — Inspection Procedure

### 1 Empty Pouch

Remove all contents. Inspect pouch for tears, damaged snaps, or failing stitching.

### 2 Check Expiration Dates



All dated items (antiseptic wipes, medications) must be checked. Replace any expired items immediately.

### 3 Inspect Packaging

Sterile items with torn or water-damaged packaging are no longer sterile and must be replaced.

### 4 Verify Inventory

Use the original contents list to ensure all items are accounted for.

-   **5.3 — Restock Protocol:** Any component used must be replaced at the earliest opportunity. A partially stocked kit is an unreliable kit. Maintain a small inventory of replacement supplies or a second complete kit for immediate backfill.