

HOW TO PROPERLY SETUP AN IFAK/TFAK

In a team environment where multiple operators are on the same objective/mission it is imperative that some things be setup in a way that is the same or VERY similar so that while under extreme stress/duress one can quickly and efficiently locate and utilize specific items. The IFAK/TFAK is one of these items that MUST fall into this category.

At GBC we follow the MARCH-E acronym. Therefore our IFAK/TFAK pouches and bags are setup with this in mind. This is a form of "layering" and with a proper pouch or bag you will have the ability to place items as such. Layering is defined in this regard as placing items of greatest necessity on the top and those of lesser need deeper in the pouch/bag.

The first item that should be readily available, often times strapped or rubber banded to the outer part of the pouch/bag is a tourniquet. This is for stopping massive extremity hemorrhage which is the #1 cause of battlefield death.

MASSIVE HEMORRHAGE – Tourniquet(s) accessible quickly, not underneath other non-essential items. The tourniquet is the ONLY adjunct that is utilized while CUF (Care Under Fire) is being administered whether it is self-aide, buddy-aide or remote-aide. Trauma shears and gloves should be easily accessible in this location to cut away clothing to expose the wound and to protect the rescuer from BBP.

AIRWAY – The NPA (Nasopharyngeal Airway) is next in line. This is an adjunct that is inserted in the casualties' nostril to open an otherwise non-patent airway. This is generally done in the TFC (Tactical Field Care) portion, where you are no longer on the X and are in a more secure or "safer than before" location.

RESPIRATIONS – The chest seal and NCD (Needle, Chest Decompression) are in this location. The seals are used to seal penetrating wounds such as GSW's, stab wounds, etc. in the casualties chest/thoracic region otherwise referred to as "the box." There are two, for treating an entry and exit wound. The NCD is utilized to decompress a collapsed lung. This is also utilized in the TFC portion.

CIRCULATION – This area is reserved for the Mylar "space blanket" which is utilized to help contain body heat in a casualty who has or had a massive hemorrhage that has been corrected. Keeping a casualty warm will drastically increase their survivability. This area also can contain a saline lock, IV catheters and other fluid resuscitation items used for promoting circulation. TFC application.

HYPOTHERMIA – This area is redundant as it can contain items used for treating shock as mentioned above. Generally the H in MARCH covers head injuries as well. Thus, rolled gauze and trauma pads are layered in this position.

EVERYTHING ELSE – Remaining items such as small bandages, Israeli bandages, Z-fold gauze, tape, Cyalume stick, NSAID's, etc. will be in this location.

(NOTE: Not all kits are stocked with mentioned items. Custom built kits are available)