

**Utilization of the**  
**Individual First Aid Kit (IFAK)**

**(Slide 1)**

INTRODUCTION:

GAIN ATTENTION. You are behind cover, taking and returning fire when you hear your squad mate cry out. You look over at your buddy and see that he has been hit in the arm and is bleeding profusely. You continue to return fire. After incoming fire has been suppressed, you take a closer look and you see that a chunk of your buddy's upper arm has been blown off. He appears to be in intense pain, screaming, and blood spurting everywhere. What are you going to do?

OVERVIEW. This class will teach the student to treat 1) a minor to moderate wound, 2) a moderate to severe wound, and 3) treat a burn with the new individual first aid kit. Please note this lesson is intended to show you how to use the new individual first aid kit according to techniques and principles you have learned before.

**(Slide 2)**

LEARNING OBJECTIVES:

**INSTRUCTOR NOTE. HAVE THE STUDENTS READ THE LEARNING OBJECTIVES IN THEIR STUDENT HANDOUT.**

TERMINAL LEARNING OBJECTIVE (TLO). Given a simulated casualty, with a completed evaluation of the wound and an individual first aid kit, identify the procedures to treat the wound, without error.



ENABLING LEARNING OBJECTIVES (ELOs).

1. Given a simulated casualty, with a minor to moderate wound and an individual first aid kit, identify the procedures to treat the wound, without error.
2. Given a simulated casualty, with a moderate to severe wound and an individual first aid kit, identify the procedures to treat the wound, without error.
3. Given a simulated casualty, with a burn wound and an individual first aid kit, identify the procedures to treat the wound, without error.

METHOD/MEDIA. This class will be presented utilizing Power Point presentation with the aid of a projector and computer. A demonstration individual first aid kit with components will be utilized.

EVALUATION. Not applicable.

**(Slide 3)**

TRANSITION. To begin with we are going to discuss how to treat a minor to moderate wound utilizing the new individual first aid kit.

BODY:

1. Try to move the casualty to adequate cover, if necessary. Always keep in mind the four life saving steps; Restore the breathing, Stop the bleeding, treat for shock, and protect the wound. For the first wound example we will assume it is a mild to moderately bleeding wound. Utilizing the new individual first aid kit, follow these steps:

**(Slide 4)**

- a. Expose the wound. Cut and lift clothing away from the wound to expose it. If there are any penetrating objects in the wound, **do not remove**



them. Leave the object in place for removal by medical personnel.

- b. Remove the pressure dressing from the individual first aid kit.

**(Slide 5)**

- c. The wound we are demonstrating is smaller than what is needed by the extended pad. Therefore, fold in the wings of the pressure dressing.

**(Slide 6)**

- d. With the absorbent pad in place over the wound (tension hook facing up), wrap the elastic wrap around the limb and anchor the Velcro strip.

**IMPORTANT: IF THERE IS A PROTRUDING OBJECT FROM THE WOUND, PACK GAUZE AROUND OBJECT AND SECURE. THE ELASTIC WRAP IS WRAPPED OVER THE GAUZE AND AROUND THE OBJECT.**

- e. Verify that the tension hook is facing up.

**(Slide 7)**

- f. Feed the elastic wrap through the tension hook.
- g. Pull elastic wrap through the tension hook. Once the elastic wrap is taught, reverse the direction of the wrap to secure the bandage in place. The objective is to pull the wrap tight enough to cause pressure of the bandage on the wound, without being so tight that it cuts into the skin or acts as a tourniquet.

**(Slide 8)**

- h. Continue wrapping the elastic bandage around the wound.
- i. Once you have reached the end of the elastic wrap, there is another Velcro strip.



- j. Grab the end of the elastic wrap and rotate it to secure the Velcro strip to the wrap.
- k. If the wound appears to continue to bleed, as evidenced by a soaked through dressing, or blood leaking from under the dressing, place another dressing over the original dressing and apply direct pressure for at least 5 minutes.
- l. If this fails to stop the bleeding, treat it as a severe bleed as discussed below:

**(Slide 9)**

TRANSITION. Now that we know how to treat a minor to moderate wound using the new individual first aid kit, let's take a look at how to treat a moderate to severe wound.

2. For the treatment of a casualty with severe bleeding, utilizing the new individual first aid kit, follow these steps:
  - a. Cut clothing away from wound to expose the wound completely.
  - b. If possible have another buddy try to slow or stop the bleeding using pressure points.

**(Slide 10)**

- c. Unwrap gauze roll and place in wound. Use a second roll if necessary.
- d. Remove pressure dressing from packaging and place absorbent pad over gauze and the wound.

**(Slide 11)**

- e. Continue to wrap pressure dressing around the wound as previously explained in the Minor to Moderate Wound Section. Apply direct pressure for at least 5 minutes



- f. With the pressure dressing in place, monitor wound for bleeding.

**(Slide 12)**

- g. If after the application of direct pressure to the pressure dressing the bleeding is stopped, splint the leg, and seek medical attention as soon as possible

**(Slide 13)**

- h. If the bleeding continues to flow from the wound, remove the tourniquet from the first aid kit and prepare to apply the tourniquet.

**(Slide 14)**

- i. Apply the tourniquet two to four inches above the wound, so that the tourniquet is positioned between the wound and the heart. **IMPORTANT: FOR WOUNDS SUSTAINED TO THE TORSO AND HEAD A TOURNIQUET WILL NOT BE USED.**

**(Slide 15)**

- j. The latex tourniquet is wrapped once around the leg with both s-hooks close together. Run the end of the latex tourniquet through the stainless steel hook and pull in the opposite direction. Continue to wrap around the leg until the flow of blood is stopped. Secure to the other s-hook. **IMPORTANT: ONCE THE TOURNIQUET IS IN PLACE, IT IS ONLY TO BE REMOVED BY MEDICAL PERSONNEL.**

**(Slide 16)**

- k. If the wound continues to bleed, you will have to use the hemostatic clotting agent. Prepare a new gauze roll and fresh bandage for use.

**(Slide 17)**



- l. Remove original dressing, wipe up excess blood, and discard. Open up the packet of granular hemostatic agent. Pour the agent into the wound. If any of the hemostatic agent falls outside of the wound, wipe off immediately to protect the surrounding tissue. **IMPORTANT: DO NOT APPLY TO OPEN CHEST OR ABDOMINAL WOUNDS. DO NOT APPLY TO WOUNDS NEAR THE EYE. ONLY USE SUFFICIENT AMOUNT OF HEMOSTATIC AGENT TO STOP THE BLEEDING. THE ENTIRE PACKAGE IS NOT NECESSARILY NEEDED. THE SIZE OF THE WOUND DICTATES THE AMOUNT OF AGENT USED.**

(Slide 18)

- m. There are several Cautions and Warnings that need to be adhered to while working with the hemostatic agent:
  - 1) **CAUTION** - Contact with small volumes of water causes extreme heat. Remove water from skin prior to application. If burning is experienced, flood affected area with water.
  - 2) **WARNING** - Sterility not guaranteed if wrapper is damaged or opened.
  - 3) **WARNING** - Avoid breathing dust; dust may irritate eyes, nose, throat, skin; burns can result. Flush affected area with water.
  - 4) **WARNING** - If inhaled, remove to fresh air for 15 minutes.
  - 5) **WARNING** - Do not store in direct sunlight.

(Slide 19)

- n. Unfold the gauze roll and pack the wound.
- o. Place the absorbent pad of the pressure dressing on top of the gauze roll and the wound. The



wings of the pressure dressing will be out due to the size of the wound.

**(Slide 20)**

- p. With the absorbent pad in place over the wound (tension hook facing up), after rotating the pressure dressing, press elastic wrap on to Velcro strip at edge of bandage to anchor it securely. Continue to wrap the pressure dressing as explained during the minor to moderate wound wrapping sequence until the dressing is secure. Apply direct pressure for at least 5 minutes. If the dressing becomes extremely hot to your touch, or the casualty complains of extreme pain at site of dressing, pour at least  $\frac{1}{4}$  canteen of water onto the dressing.
- q. The last step is to splint the leg and mark the forehead of the casualty with a "T" and note the time and date the tourniquet was applied. **Do not** remove the tourniquet. The tourniquet is only to be removed by medical personnel.

**(Slide 21)**

TRANSITION. With the utilization of the hemostatic agent and pressure dressing explained, let's discuss the utilization of the burn dressing.

- 3. For the treatment of a casualty with a burn to his left hand, utilizing the new individual first aid kit, follow these steps:
  - a. Determine severity of burn. This dressing is only necessary for second or third degree burns.
  - b. Open and remove the burn gel dressing from the package.
  - c. Pull the burn dressing apart so that it is fully extended.



- d. Apply the burn dressing to the burnt area of the hand. If necessary, cut burn dressing to fit burned area.

**(Slide 22)**

- e. Remove the gauze roll from packaging and loosely wrap the gauze around the hand to keep the burn dressing in place.
- f. Continue to wrap the gauze around the wound until there is approximately 6"-8" of gauze overhang remaining.

**(Slide 23)**

- g. Taking the gauze overhang and cut down the center of the gauze to the end so that you have two tails that will be used to secure the dressing.
- h. Wrap the tails in opposite directions until there is enough of the tails remaining to secure the dressing with a square knot.
- i. Once the burn dressing is in place, continue to monitor the casualty for signs of hypothermia and/or dehydration.

**(Slide 24)**

TRANSITION. As we have seen, the new kit allows for treatment of bleeding wounds with the hemostatic agent and to treat burns. Are there any questions on what we have covered so far?

OPPORTUNITY FOR QUESTIONS:

- 1. Questions from the class.  
Questions to the class: *Give references or explanations as to the reasons why the answers given are correct.*

Question: True or false, for moderate to severe wounds once you have the pressure dressing in place, you can remove the tourniquet?



Answer. False. The tourniquet is only to be removed by medical personnel.

Question: True or False. For burns, the gauze is wrapped loosely over the burn dressing and burn.

Answer. True.

SUMMARY.

With the new first aid kit we are better prepared to stop severe arterial and venous bleeding. In past wars, it has been proven that if this capability existed, many lives could have been spared. The new clotting agent is the first of a new generation of products that can help stop bleeding that current methods won't permit. However, in certain instances it can cause a burn, so it should only be used as directed, and only for life threatening wounds. The new pressure dressing with the addition of the stainless steel s-hook and Velcro strips allow for ease of use by the individual. Lastly, we now have a proven burn dressing that cools and protects the burn wound and eases the suffering of the casualty. It also has the capability of extinguishing white phosphorus that can be very difficult to extinguish. Overall the new first aid kit has become a life saving kit.



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