

# The IFAK (Individual First Aid Kit) Easy Steps to Saving a Life

The IFAK concept seems to be slowly but surely making a presence in South Africa. As a health care professional, it certainly is not where I believe it should be, given the number of public services (excluding EMS and Fire Services) out there that have the potential to come into direct contact with either an injured colleague or member of the public. I thought that by perhaps writing a “shortish” (although I am regularly accused of speaking too much) article and providing a bit of insight into the concept of IFAK, we may see these kits reach the most important audience, where ultimately they could save so many more lives... The services I am speaking about in general are our Police Services, Traffic Services or any other public (or private) law enforcement agency that may be exposed to an injured person. So let’s dive right in...

As eluded to in the title of this article, an IFAK is an acronym for Individual First Aid Kit. What this implies is that it is a small first aid kit that is carried on person. The IFAK effectively contains a small quality of important disposable medical equipment that focuses on the treatment of potentially life threatening traumatic conditions. A basic IFAK does not require any extensive medical training to use, although I am still a strong believer and supporter of basic first aid training for all law enforcement and military personnel. This is something that is still unfortunately lacking in South Africa and I believe that as Public Servants (and I use this term loosely because I feel strongly that all organisations that provide some form of service to the public should be considered public servants) we have an ethical responsibility to provide care where it is needed.



Over my 20 odd years (and yes there were some very odd ones) as a Paramedic, I have seen too many patients die, even though there were services on scene, that through the provision of the most basic form of first aid, may have completely altered the outcome. Why?

Well, this is just my personal opinion; however I think there are three main reasons why. Firstly, the provision of basic care has always been seen as an Emergency Service function only. We have all heard this before, “Don’t touch the patient, wait for the ambulance.” Secondly, most services underestimate the importance of equipping their vehicles and staff with a basic first aid kit and basic training (“it is not our job syndrome”). Thirdly, the combination of these first two points activates the “flight” response rather than the “fight” response when we are faced with something we are ill-equipped to deal with (experience and exposure). You are more than welcome to disagree, however for most emergency care providers, I think you would at least slightly agree with my thoughts. It’s time for some drastic change. Change should be led from the top and become a way of life through all ranks of all public service providers. The question is, “who will rise to the challenge?”



## The Equipment in the IFAK

Now given that most IFAK’s consist of relatively small bags, there is a limit to the amount of equipment that can be housed in each kit. Therefore the focus is on providing equipment that will allow the provider to:

1. Control catastrophic bleeding (immediately life-threatening bleeding)
2. Perform safe mouth to mouth ventilations during CPR (cardiopulmonary resuscitation)
3. Seal off an open chest wound (open pneumothorax or sucking chest wound if you prefer that term)
4. Manage an airway with a nasopharyngeal airway device (certified providers only)
5. Decompress a tension pneumothorax (certified providers only)

Focussing on these skills specifically, allows the IFAK bag to be small and compact and furthermore keeps the contents light and disposable. Now looking at the size of the bag, which in essence is similar in size to an A5 booklet, many will question how effective this will be as a stand-alone kit. Well, I think you would be very surprised at how much can be achieved by using the range of products in the kit. Imagine if every law enforcement or security officer was able to apply a tactical tourniquet to a leg with a severed femoral artery or cover a sucking chest wound with a CritiSeal Chest Wound Seal? Do these two skills require advanced medical training? Certainly not and the identification of these injuries and their basic care can be covered in a couple of hours of training.

Now I know that there will be many medics (particularly from the EMS arena) who will disagree with my thinking on this, or would disagree that a couple hours of training would suffice in teaching these basic skills. You are certainly entitled to your opinion, however if you really think about what you experience on the road on a daily basis, how far apart would our opinions really be? How much skill does it require to apply a pressure dressing or site a chest wound seal? And if the basic provider were to misinterpret the use of a chest wound seal, would this negatively affect the patient's outcome? Based on my experience... I would have to say not...

There are several variations of IFAK's available. At Be Safe Paramedical we have opted for two versions, one for the basic minimally trained person and one for the person who has formal certification and registration and can perform additional skills.

### The IFAK Basic

This is a great kit for the basic provider who has only received introductory level first aid care training.

The basic kit contains items that can dramatically influence the outcome of the trauma patient with a focus on haemorrhage control, closing an open chest wound with a dressing with incorporated one-way-valve (CritiSeal) and resuscitation (CPR face shield).

The kit also contains Be Safe Paramedical's CritiBand multi-trauma bandage (and soon to be CritiBand MkII, with some great improvements) which provides excellent compression and haemorrhage control, as well as accessories such as a pair of rescue scissors.



<b>Haemorrhage Control</b> <ul style="list-style-type: none"> <li>• CritiBand Multi-Trauma Bandage</li> <li>• Rotation Compression Tourniquet</li> <li>• Gauze Dressing</li> <li>• First Aid Dressings</li> <li>• Nitrile Gloves</li> <li>• Tape</li> <li>• Eye Pad</li> </ul>
<b>Chest Trauma</b> <ul style="list-style-type: none"> <li>• CritiSeal Chest Wound Seal</li> </ul>
<b>Airway Care &amp; Resuscitation</b> <ul style="list-style-type: none"> <li>• CPR Face Shield</li> </ul>
<b>Accessories</b> <ul style="list-style-type: none"> <li>• Rescue Scissors</li> <li>• Bag (leg or belt rig)</li> </ul>



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<b>Chest Trauma</b> <ul style="list-style-type: none"> <li>• CritiSeal Chest Wound Seal</li> <li>• 14 Gauge IV Needle, CritiValve One-Way Valve and alcohol swabs for decompression of Tension Pneumothorax</li> </ul>
<b>Airway Care &amp; Resuscitation</b> <ul style="list-style-type: none"> <li>• CPR Face Shield</li> <li>• Nasopharyngeal airway: size 7.0mm and lubricating gel</li> </ul>
<b>Accessories</b> <ul style="list-style-type: none"> <li>• Rescue Scissors</li> <li>• Bag (leg or belt rig)</li> </ul>

It is this version of the IFAK I believe would be of huge benefit to law enforcement and other public services where they may very well be first on scene following a traumatic event. Basic kit, basic skills with maximum benefit going to the patient...

### The IFAK Advanced

The Advanced IFAK is suitable for Emergency Care Providers who have received advanced training to include procedures such as the decompression of a tension pneumothorax and the insertion of a nasopharyngeal airway.

These may include providers who are HPCSA registered to perform these additional skills or Military Medics who are certified to perform these procedures on military personnel.

Both the basic and advanced IFAK's are available in both leg and belt rig versions and in tactical black or Camo. In addition, you are more than welcome to order other items to compliment your kits, i.e. doubling up on the CritiSeal, Rotation Compression Tourniquets or by adding a Haemostatic Agent.

### **A Bit more about our IFAK Bags**

The Be Safe Paramedical IFAK bags are made locally and the design centres on providing rapid access to the equipment from a secure easy to reach platform. Each item of equipment is contained in an individual stretch compartment and we have added some additional compartments for those extra bits of equipment you may want to add.

The leg rig version attaches to a belt and has an adjustable nylon leg harness with a quick release buckle. The bag is finished off with a high quality zip which opens the bag downwards, with the open end resting on the leg. Effectively you will be able to comfortably reach all contents when kneeling next to a patient.

The belt rig IFAK bag consists of a Molle rigged belt attachment for additional stability. It has an inner pouch which folds out to access the equipment. The inner pouch is based on the same stretch compartment approach as the leg rig version and each piece of equipment is clearly identifiable and accessible. In addition, a short bungee cord attaches the inner pouch to the main body of the bag, so there is no chance of leaving the inner pouch behind when retreating from a patient.

Bag selection is based on your personal choice and its intended application. If you are a military medic, the Molle rig version may also be attached to an existing backpack and will therefore free up the upper part of your leg. Some prefer the easier equipment access option of the leg rig and been able to rest it on the upper leg while accessing the contents. Irrespective of which bag you opt for you can rest assured that the bag will be a quality and well-designed product with great features...

### **And in ending...**

In previous editions of The Responder we highlighted several of the products included in the IFAK Range. CritiBand, CritiSeal and CritiValve are all used in either the basic and/or advanced kits and if you have read the articles on these products, you will see that a great deal of time and effort has gone into developing them. You can also rest assured that all of these products are in circulation out in the field right now and have been receiving excellent reviews from both our clinical clients and distributors.

There is a definite need for a greater spread of basic medical skills and equipment and this is particularly true in the trauma patient, where the speed at which the control of bleeding is achieved or how soon an open chest wound is covered may dramatically influence the outcome. Can you imagine how many more patients would be saved if every Police Officer, Traffic Officer and Security Officer was issued with a basic IFAK kit and was able to provide the most basic form of care before EMS or Fire Services arrived on scene? I believe that the statistics would encourage other Public Services all over the world to benchmark South Africa as the golden standard for pre-EMS Care. Feel free to drop me an email at [responder@be-safe.co.za](mailto:responder@be-safe.co.za)



with your thoughts, comments etc... I think it is time for a change, however will the leadership of these Public Services take up the challenge? I will remain optimistic...



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