

By Dr. Dan Olesnick

Combat Medical Gear

Essential tools could mean life or death.



BlackHawk's Stomp II

At the International School of Tactical Medicine (ISTM) in Palm Springs, CA, tactical medical gear is an ever-evolving discussion. In the tactical medical environment we are constantly bombarded with more new equipment that we're expected to carry. This equipment gets very heavy. Everyone wants to know what the right toolkit to have is and how to deploy it. I wish it were that simple.

Equipment Lists Vary: We're asked to provide standard lists of equipment needed for a tactical operation for an agency SOP. If there was a standard configuration, it would be easy. There is no single standard for the makeup of any tactical unit, much less its medical element.

The medical component of a tactical unit can be made up from any mix of first responders, Emergency Medical Technicians (EMT), Paramedics (EMT-P), corpsmen, nurses, physician assistants, or physicians. The gear they carry depends on their levels of training, budget, distance and time to the treatment facility and ultimately, agency SOP. One must think of what the individual practitioner is actually trained or certified to do in the tactical environment before the equipment can be determined.

Medical Tactical Kits' Weight and Bulk Matter: Helmet, goggles, headset, microphone, balaclava, BDUs, ballistic plates, tactical vest, all the things attached to the vest, hydration system, belt, gunbelt, sidearm, long gun, spare magazines, tactical illumination tools, cuffs, radio, knife, knee pads, elbow pads, boots and gloves are standard for everyone on the tactical team.

As medics, we have not even begun to add our medical toolkit to this already cumbersome load. A fully stocked medical pack for an emergency physician or a trauma surgeon can be massive. Load size and weight become a great factor in a team member's stamina and physical perfor-

mance. It is unlikely an encumbered team member could fit through the doorway with any stealth or grace after running 400 yards.

A streamlined profile is preferred to a bulky one, reducing weight at the same time. The best method to accomplish this task is to distribute the weight and bulk among multiple team members. The same medical equipment can be distributed among multiple medics on the same team if a modular approach was used.

Distributing Weight and Accessibility: At ISTM we have all come to agree on one

Simply put...there is no single standard for the makeup of any tactical unit, much less its medical element.



Having the appropriate medical tools with you could mean the difference between life and death for this downed officer.

thing as far as tactical medical equipment; a modular approach to your toolkit.

Every team member should carry a Personal Supply Module (PSM). This module should have basic supplies for each individual team member. The medic should never have to use the supplies he is carrying to treat minor injuries or initially stabilize a team member.

A PSM typically weighs eight ounces when complete, distributing an eight to 10-pound loads amongst all team members. This reduces bulk and weight for the medic, but any team member may be able to self-administer aid prior to the medic's arrival and intervention. With multiple casualties or in situations such as the Hollywood shootout, where a medic cannot access a downed officer, this may be life saving.

Every team medical officer with at least an EMT-Basic certification should carry a Basic Medical Module (BMM). Additional trauma supplies, personal protective equipment, splinting material and basic airway supplies make up the bulk of the BMM. Oxygen cylin-

ders are too cumbersome to be of use in the tactical environment, whereas lightweight, compact tactical litters or other extrication devices are typical additions to the BMM.

Physicians and mid-level providers such as corpsmen, nurses and paramedics will benefit from the Intermediate Medical Module (IMM). This module will contain advanced airway tools, suturing supplies, IV preparations and medications.

The Advanced Medical Module (AMM) is reserved for physicians and will have surgical instruments.

Durability, Utility and Vacuum Packaging:

Tactical units deploy in every kind of environment from desert-dry to hurricane-wet. Once wet, most packaging becomes soft and tears open, exposing our costly medical items to contamination with water, dirt and bacteria. This renders our equipment useless in the tactical pre-hospital environment. If moisture is not your problem, friction and time will do the same damage to your packaging.

The best technique is to vacuum-package it. The evacuation of air from the equipment creates a very compact package that is only a fraction of its prior bulk. The slight addition in weight from the plastic packaging is clearly offset by reducing the size of your medical pack and streamlining your profile. The prepackaging of different items within a modular system aids in the process of stocking items. The durable, clear-plastic packaging aids in ready identification of the module and package contents. Prepackaged supplies kept in the support vehicle, Personal, Basic, Intermediate and Advanced Medical Modules all can be re-stocked immediately as needed during the mission or after it has been completed.

In summary, make sure you use a modular approach and distribute medical equipment among team members. Streamline your equipment list and carry as little unnecessary gear as possible. Vacuum-package everything for durability, ease of identification and restocking.

ABOUT THE AUTHOR:

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