

# **If you carry a sidearm, you need to train with and carry an IFAK!**

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The first question which is likely being asked by those who are unfamiliar with military / paramilitary terminology, is what exactly is an IFAK?

The answer is that the term IFAK is an acronym for “Individual First Aid Kit”.

Developed by the military in response to research into the causes of deaths in combat which maintained a higher degree of survivability with minimal immediate medical intervention. This research was conducted primarily during Operation Enduring Freedom between 2003-2004 and Operation Iraqi Freedom in 2006. According to the statistics obtained from this research, the number of preventable deaths in combat accounted for approximately 7.8 percent of total combat deaths, which appeared to remain for the most part unchanged since the Vietnam War.

Military Brass considered these losses as unacceptable and a new training protocol of emergency medical training for non-medical was created. Identified as “Tactical Combat Casualty Care (TCCC)”, where every soldier would be trained in and equipped with a personal first aid kit called an “IFAK”. Designed to enable to individual soldier to initiate immediate self-rescue techniques or to render immediate care to their “Combat Buddy”.

To this day every soldier within the US Military is issued this kit as part of their combat load-out.

Initially the IFAK utilized a very simple design and included the equipment necessary to address the two most common injuries. The equipment selected and contained within these kits was required to be easy of use by non-medical personnel and as stated earlier address the two major causes of preventable deaths in combat which were uncontrollable hemorrhage and airway obstructions.

## ***WHY YOU SHOULD CARRY AN IFAK IF YOU CARRY A SIDEARM.***

Drawing from Recent events including the Boston Marathon bombing, the Fort Hood shooting, and several other mass casualty shootings, it has become abundantly clear that anyone who may find themselves within such an environment needs to have the ability and equipment to provide immediate self-rescue instead of simply waiting for help to arrive. Perhaps one of the main considerations for this is that often civilian paramedics are traditionally staged away from the scene until it is safe and in the event of a wound which is hemorrhaging or an obstructed airway this delay can and often will lead to death or more severe injury.

For example, in the Fort Hood shooting an officer shot through both thighs. However this officer did not have an IFAK and while off-duty physicians who were on scene attempted to render aid by applying direct pressure and improvised tourniquets, they were not successful and this officers life was saved only when a medic applied an actual tourniquet which successfully stopped the hemorrhage and save the officers life. In the case of the Boston Marathon Bombing, multiple improvised tourniquets 27 to be exact were used and applied. Unfortunately all were required to be replaced with actual tourniquets to

prevent further hemorrhage and further injury. What this demonstrates is that while an improvised tourniquet can be used if necessary (Under the principle of something is better than nothing.) for the low cost and small size of a C-A-T Tourniquet at minimum anyone who carries a firearm should make this piece of equipment part of their “EDC” (Every Day Carry).

### ***ESSENTIAL EQUIPMENT OF AN IFAK***

While an IFAK can and should be personalized to the individual, every kit requires some specific equipment. The following is a listing of essential equipment which every IFAK must have.

- **EQUIPMENT BAG**



Each IFAK starts with a pouch or bag with which to contain the supplies and equipment. There is no real rule to the type of pouch used, provided it is durable, zippered and maintains a way to attach it to ones belt. The pouch should be accessible with either hand and should not be overly encumbering to the wearer.

- **A WINDLASS STYLE TOURNIQUET**



A tourniquet is a tool designed to control external hemorrhage to extremities. It works by compressing the tissues and blood vessel of the extremity, which slows or sometimes completely stops the flow of blood to the wound.

- **HEMOSTATIC GAUZE**



Unlike traditional gauze pads, hemostatic gauze is coated with a special chemical called a hemostatic agent. This hemostatic agent works by assisting in the clotting of blood through artificial means and is designed primarily for use on wounds to the head, neck or body where a tourniquet cannot be used. Although there exists no hard and fast rule that says hemostatic gauze cannot be used in conjunction with a tourniquet.

- **MECHANICAL PRESSURE BANDAGE**



A mechanical pressure bandage also called an Israeli Bandage, was developed by Bernard Bar-Natan while serving in the Israeli IDF and it is specially designed bandage which uses direct pressure to slow or stop bleeding by applying direct pressure. Because of its relative small size (4” – 6”) the mechanical bandage can be carried as an alternative to a tourniquet, although a tourniquet will be superior in most cases.

- **Compressed Gauze**



Compressed gauze is simply rolled gauze that vacuum-sealed to make a smaller package and maintain sterility until used.

- **CHEST SEAL – VENTED / ASHERMAN CHEST SEAL**



The vented chest seal and the Asherman Chest Seal are both designed to provide the same medical treatment.

When a foreign object of any source penetrates the chest wall, if the lung is not deflated it is possible and likely that air will become trapped between the lung and inside chest wall which will cause pressure against the lung eventually causing the lung to completely fail and collapse. This is known as a tension pneumothorax and if not treated effectively and immediately can be fatal.

The vent on the chest seal allows air to escape the thorax while preventing outside air from entering during respiration.

Another treatment for this emergency condition is known as “Needle Decompression”, however this procedure which involves inserting a needle into the chest cavity to release the built up pressure requires additional advanced training.

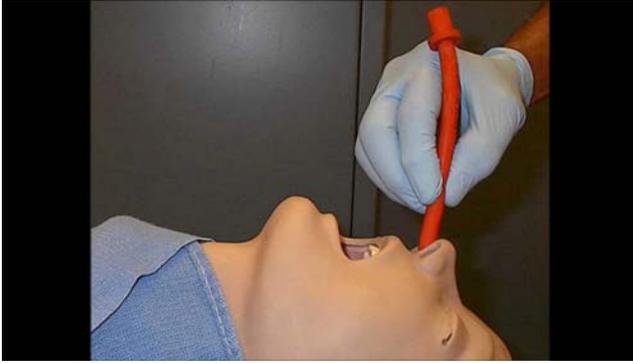


- **NON-LATEX GLOVES**



Gloves should be used anytime blood or other bodily fluids may come in contact with skin in order to reduce the chance of transmission of and provide protection infectious body substances.

- **NASOPHARYNGEAL AIRWAY (NPA)**



An NPA or Nasopharyngeal Airway is a type airway adjunct that is inserted through either nostril and into the nasopharynx and is intended to help prevent the tongue from occluding the airway in a semi-conscious or unresponsive patient ONLY. Proper training is essential to the proper use of this equipment.

- **SMALL ROLL OF DUCT TAPE**



Duct tape is perhaps one of the most utilitarian substances ever created. It can be used to bind a wound, repair an area or build items.

A small roll of Duct Tape should be included in within every IFAK.

- **TRAUMA SHEARS**



Trauma shears also called EMT shears are another utilitarian tool. These low cost shears are able to cut through virtually anything, including a penny.

As such these shears should absolutely have a place in any IFAK.

## ***IN CONCLUSION***

In conclusion, the decision of whether or not to carry an IFAK rests firmly with the individual. The decision should be made only after careful consideration and the receipt of appropriate training with the equipment contained within.

Many law enforcement agencies currently keep a IFAK within the patrol vehicle as opposed to being carried by the officer, which while better than not having an IFAK at all in some instances this can actually be the case and should be considered as the need to leave an incident to retrieve ones kit may not be possible and therefore is likened to not having it at all.

## ***ABOUT THE AUTHOR***

Brian Scott Williams is the founder, CEO and Director of Training at Grey Wolf Consulting, with nearly 3 decades of combined experience in law enforcement, close security consulting and as a professional trainer and instructor in weapons and tactics, he has authored "Welcome to the Real World, A Dangerous Place to be Caught Unprepared!" and is the creator of the The O.E.T. System™ for C.Q.B. Engagements. In 1995 he received a commendation for bravery from the Lake Housatonic Authority Marine Police and in November of 2000 was accepted to the Connecticut State Police Firearms Advisory Council. As a certified NRA training counselor and law enforcement instructor, Brian has received training through The Heckler & Koch International Training Division, DEF-TEC Law Enforcement Training Division Sig Sauer Academy and other sources. He is a certified N.A.U.I. Master Level Scuba Diver in underwater rescue techniques, a former Emergency Medical Technician in the State of Connecticut, and served for 18 months as a chief training officer for a local volunteer ambulance Corp, with responsibilities that included the design and implementation of training programs for Corp personnel.

For additional information about the training services provided by Brian S. Williams or his company Grey Wolf Consulting, LLC please visit **[www.greywolfconsulting.us](http://www.greywolfconsulting.us)**

