



MED-TAC
INTERNATIONAL



MED-TAC FIELD REFERENCE · FAMILY SERIES

FAMILY MEDICAL READINESS GUIDE

A practical plan to protect the people who count on you — what to have, where to keep it, and how to practice using it as a family. Bleeding control first — plus one-page playbooks for the other emergencies families actually face.

Marco R. Torres, MD, NRP · Founder, MED-TAC International

Version 1.0 · September 2026 · tactical-medicine.com

ASSESS



EQUIP



STAGE



PRACTICE

CLINICIAN-FOUNDED · SERVICE-DISABLED VETERAN-OWNED · SOUTH FLORIDA, US OF A



READ ME FIRST

READINESS IS AN ACT OF CARE.

You already do this. You have smoke detectors you test, a car seat you had inspected, a plan for where the kids meet if the house is on fire. None of that is fear — it is the ordinary care of people who are responsible for other people. This guide applies the same habit to medical emergencies.

It is a household plan in three parts: **what to have** (matched to your family, not a generic list), **where to keep it** (three locations, so no one is ever more than seconds from the essentials), and **how to practice it** (a 20-minute drill, run like a fire drill, with a role for every age). It leads with life-threatening bleeding, because that is the one emergency where an equipped bystander with the right tool changes the outcome before help can arrive — and then gives you one-page playbooks for cardiac arrest, choking, burns, falls, stroke, severe allergic reactions, poisoning, and seizures.

WHAT THIS GUIDE IS NOT

It is not a substitute for emergency services or for hands-on training. When someone is seriously hurt or ill, **call 911 first**. Everything here is about the minutes between the call and the arrival — and about making sure the right things are within reach when those minutes start.

DO IT IN ONE WEEKEND

SATURDAY MORNING

Take the **Readiness Assessment** (p. 06) and walk the **Room-by-Room Audit** (p. 11). Fill in the **Household Medical Profile** (p. 20).

SATURDAY AFTERNOON

Stage the **three locations** — on you, in every vehicle, at the home station (pp. 10–12). Buy only what the assessment says is missing.

SUNDAY

Run the **first family drill** (p. 17). Put the **Fridge Card** (p. 23) on the refrigerator and the **Vehicle Card** (p. 24) in every glovebox.

DOC'S NOTE — THE PERSON STANDING CLOSEST

Across years as a flight medic, a tactical medic, and a physician, the most important person at a bad scene was almost never me. It was whoever got there first — usually a spouse, a parent, a teenager, a neighbor. The families who did well were not the ones with the most gear. They knew where the kit was, they had opened it before, and nobody froze deciding who should call. That is a plan, not a purchase. This guide is how you build one. — Marco R. Torres, MD, NRP

WHEN YOU FINISH, YOUR HOUSEHOLD WILL HAVE

A STAGED SYSTEM

Bleeding control on you, in every vehicle, and at one labeled home station — matched to your risks, not a catalog.

A REHEARSED TEAM

Every member knows the kit location, the 911 script, and their job. Children included, by age.

THE PAPERWORK RESPONDERS ASK FOR

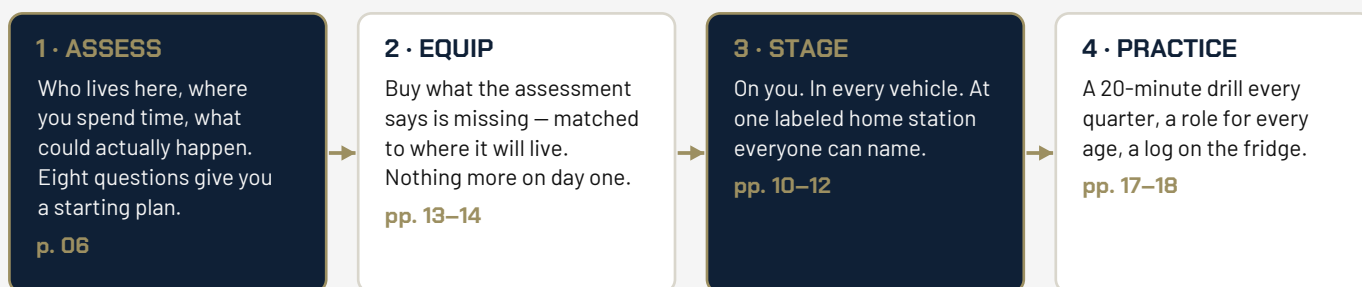
Medications, blood thinners, allergies, and conditions for every member, printed and in every kit.

CONTENTS

ASSESS. EQUIP. STAGE. PRACTICE.

01	The Minutes That Matter	04	10	The Three-Tier Family Standard	13
02	What Actually Happens at Home	05	11	The Household Emergency Playbook	15
03	The Household Readiness Assessment	06	12	The Family Drill	17
04	The Framework – Recognize & Call	07	13	What Children Can Do, by Age	18
05	Control – Press, Pack, Tourniquet	08	14	Seniors, Special Needs, and Pets	19
06	Stabilize & Transition	09	15	Household Medical Profile	20
07	The Three-Location Rule	10	16	Keep It Ready – Quarterly Check & Logs	21
08	The Room-by-Room Home Audit	11	17	Training That Outlasts a PDF	22
09	The Vehicle Standard	12			

THE FOUR-STEP PATH



PRINT THESE SIX PAGES

Readiness Assessment (p. 06) · **Room-by-Room Audit** (p. 11) · **Household Medical Profile** (p. 20) · **Drill Log & Quarterly Check** (p. 21) · **Fridge Card** (p. 23) · **Vehicle Card, 2-up** (p. 24).

Use card stock for the cards. Slide the Profile and Vehicle Card into a clear sleeve so they survive a spill, and re-print the Profile every time a medication changes – an out-of-date list is worse than none.

HOW TO READ THE EVIDENCE TAGS

[**VERIFIED**] traceable to a named guideline, study, or government dataset in the References. [**MECHANISM**] physiology or consensus reasoning, not a trial. Untagged instruction is standard lay-responder first aid consistent with C-TECC bystander guidance and the American Heart Association. Prices are live tactical-medicine.com prices on the version date. Questions and corrections: info@tactical-medicine.com.

SECTION 01

THE MINUTES THAT MATTER

Emergencies are rare. When one happens, the person who acts first is almost never the ambulance crew. It is whoever is standing closest.

7 MIN

Median 911-to-arrival time for EMS nationally — about twice that in rural areas, where nearly 1 in 10 calls waits close to 30 minutes. **[VERIFIED]**

73%

of cardiac arrests outside the hospital happen at home. Only about 4 in 10 victims get bystander CPR. **[VERIFIED]**

1 IN 4

adults 65 and older falls each year — about 3 million emergency visits annually. **[VERIFIED]**

#1

Bleeding is the leading cause of potentially preventable death after injury — and it kills in minutes, not hours. **[VERIFIED]**

THE GAP YOU FILL

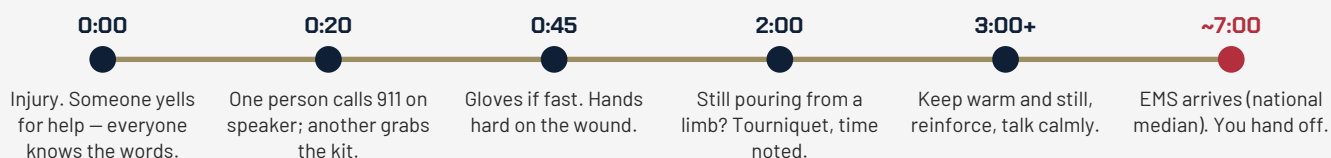
Picture where your family is most likely to face an emergency: a kitchen knife that slips, a table saw in the garage, a grandparent who falls in the hallway, a collision on the way to practice, a child who chokes at dinner. None of these are battlefield scenarios, and in every one of them the first responder is already in the room. A 911 call brings professionals in a median of about seven minutes. A severe bleed, a stopped heart, or a blocked airway does not wait. What happens in that gap is decided by what is within reach — and whether anyone has practiced reaching for it.

READINESS IS A SYSTEM, NOT A PURCHASE

Kits sitting in closets fail in three predictable ways. Every section of this guide exists to fix one of them.

FAILURE	WHAT IT LOOKS LIKE ON THE DAY	THE FIX	WHERE
Location failure	The kit exists. Nobody can find it, or it is in the trunk of the other car, or under the sink behind the bleach.	Three staged locations, labeled, that every member over eight can name	Sections 07–09
Contents failure	Everyone knows where it is — and it is a drugstore box of adhesive bandages with nothing that stops a serious bleed.	Kits matched to where they live, each with a real bleeding-control core	Sections 03, 10
Skills failure	The right kit is right there, and nobody has ever opened it. People freeze deciding who should call and who should press.	A 20-minute quarterly drill with a role for every age	Sections 12–13

THE SEVEN-MINUTE GAP — WHAT A PREPARED HOUSEHOLD DOES WITH IT



NOT FEAR. FIRE-DRILL THINKING.

Nobody installs a smoke detector expecting a fire tonight — the cost is small, the habit is easy, and the one night it matters, it matters completely. Medical readiness works the same way, and the everyday payoff is calm.

SECTION 02

WHAT ACTUALLY HAPPENS AT HOME

Plan for the emergencies your household is most likely to face, not the ones in the movies. This map drives everything you buy and practice.

EMERGENCY	WHO IS MOST AT RISK	WHERE IT HAPPENS	WHAT CHANGES THE OUTCOME IN THE FIRST MINUTES	PLAYBOOK
Severe bleeding	Anyone using knives, glass, power tools; crash victims	Kitchen · garage · workshop · road	Hard direct pressure, wound packing, a tourniquet on a limb — within reach in seconds	pp. 07–09
Falls & head strikes	Adults 65+, anyone on blood thinners, toddlers on stairs	Bathroom · stairs · bedroom at night	Not lifting someone who is hurt; knowing when a 'minor' bump needs the ER today	p. 16
Cardiac arrest	Adults with heart disease — but it can strike anyone	Home (73% of cases)	Immediate 911, hands-only CPR, and an AED as fast as one can be reached	p. 15
Choking	Toddlers; adults 70+; anyone eating fast while talking	Dinner table · playroom · car	Back blows and abdominal thrusts (chest thrusts for infants) without hesitation	p. 15
Burns & scalds	Young children (hot liquids), cooks, grill-masters	Kitchen · bathroom · yard	20 minutes of cool running water — and nothing else on the skin	p. 15
Poisoning & overdose	Children under 6; teens; adults mixing medications	Kitchen · bathroom · garage · purses	Poison Help (1-800-222-1222) on the fridge; naloxone where opioids are in the home	p. 16
Severe allergic reaction	Anyone with a known food, sting, or drug allergy	Table · yard · school · restaurants	Epinephrine first, then 911 — not antihistamine and wait	p. 16
Stroke	Older adults; high blood pressure, atrial fibrillation	Anywhere, often morning	Recognizing it (BE FAST), calling 911, noting the time last seen normal	p. 16
Vehicle crash	Every driver and passenger	Road — often not your crash	A kit reachable from the driver's seat; scene safety before first aid	p. 12

THE GARAGE NUMBER [VERIFIED]

Table saws alone send an estimated **26,500** people to emergency departments each year for blade-contact injuries, about **2,800** of them amputations (U.S. Consumer Product Safety Commission). Power tools deserve their own kit, within arm's reach of the machine — not across the garage.

WHY THIS GUIDE LEADS WITH BLEEDING

[MECHANISM]

Most emergencies on this map need a phone, your hands, and a calm voice. Severe bleeding is the one where a specific tool — a tourniquet, packing gauze, a pressure dressing — decides the outcome, and where that tool must already be staged. That is why the kit sections focus on bleeding control, and the other eight get a one-page playbook each.

SECTION 03

THE HOUSEHOLD READINESS ASSESSMENT

Eight questions, ten minutes, one pen. Check every box that applies, then read your starting plan below.
Print this page.

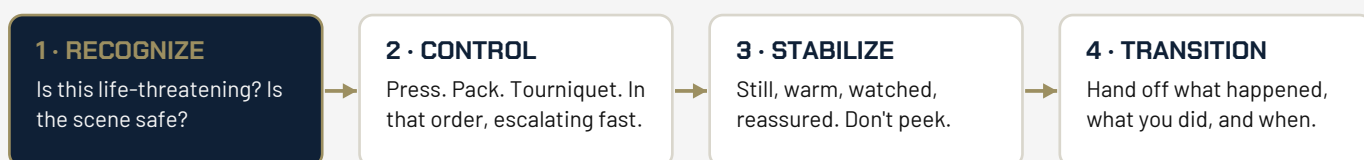
- 1 **Where does your household spend most of its time?**
☐ Town or suburb – EMS usually under 10 min ☐ Rural or remote – EMS 15+ min
☐ Frequent highway driving or road trips ☐ Trails, water, farm, or hunting
- 2 **Who lives here? (check all)**
☐ Child under 8 ☐ Child 8–13 ☐ Teen 14+ ☐ Adult 65+
☐ Member with medical, mobility or communication needs ☐ Dog or other pet
- 3 **Higher-risk activities at home?**
☐ Power tools or workshop ☐ Heavy knife and kitchen work ☐ Firearms in the home
☐ Pool, chainsaw, or farm equipment
- 4 **Anyone on a blood thinner or daily antiplatelet (warfarin, apixaban, rivaroxaban, clopidogrel, daily aspirin)?**
☐ Yes ☐ No ☐ Not sure – check this week
- 5 **How many vehicles does the family drive – and how many have a kit reachable from the driver's seat?**
☐ 1 vehicle ☐ 2 vehicles ☐ 3 or more ☐ Kits reachable: ____ of ____
- 6 **What is staged today?**
☐ Adhesive bandages only ☐ First-aid kit, no tourniquet ☐ Bleeding control in 1–2 places ☐ All three locations
- 7 **Training in the household?**
☐ None ☐ A class over 2 years ago ☐ Current bleeding control or CPR
- 8 **Budget to start?**
☐ Under \$100 ☐ \$100–\$250 ☐ \$250–\$500 ☐ \$500+ (AED planning)

IF YOU CHECKED...	START HERE
Q6: bandages only, or no tourniquet	Your first purchase is a real bleeding-control core – windlass tourniquet, pressure dressing, packing gauze – at the home station and in the car you drive most. Under \$100: MED-TAC Bleeding Control Kit + a C-A-T Gen 7 for the car (pp. 13–14).
Q1: rural, road trips, outdoors	A Tier 2 kit in every vehicle before anything else, plus a second tourniquet. Run your drills as if help is 30 minutes away.
Q3: tools, firearms, farm	A dedicated bleeding-control kit within arm's reach of the workbench, safe, or equipment – separate from the home station (p. 11).
Q2: adult 65+ · Q4: yes or not sure	Hemostatic gauze in every kit; the Household Medical Profile first (p. 20); a kit staged low near the bedroom and bath (p. 19).
Q2: children, special needs, pets	Roles by age (p. 18); choking and CPR playbooks read first (p. 15); medicines locked; Poison Help on the fridge; pages 19 and 21.
Q7: none · Q8: \$500+ with heart disease	Book one hands-on bleeding-control or CPR class within 90 days. A home AED is a conversation with your physician (p. 14).

SECTION 04

THE FRAMEWORK — RECOGNIZE & CALL

Four phases, in order, every time. The same priority professionals use — massive bleeding first — translated into household language.



The Preparedness Framework follows the civilian bystander guidance of the Committee for Tactical Emergency Casualty Care (C-TECC) and the first letter of MARCH — **M**assive hemorrhage before everything else. Pages 08 and 09 cover phases 2–4. [VERIFIED]

PHASE 1 · RECOGNIZE — WHAT SERIOUS BLEEDING LOOKS LIKE

- Blood that is **spurting or pulsing**
- Blood **flowing steadily** that does not slow with firm pressure
- Blood **pooling** on the floor or ground instead of wiping away
- Clothing or bandages **soaking through** — and continuing to soak
- Any **amputation**, partial or complete
- Bleeding with **confusion, pale or gray skin, cold sweat, fast breathing** — the body is running out of blood (shock)

FIND IT

Cut or pull clothing away so you can see the wound. Blood pools under heavy clothing, in armpits, in the groin, and under the body — run your gloved or covered hands front and back, head to toe. The worst wound is not always the loudest one.

PHASE 1 · CALL — THE 911 SCRIPT

Point and name: "Sam — call 911 and put it on speaker." A crowd that hears "someone call" often means nobody does.

1 · Where first. "My address is _____, near _____." If the call drops, they can still come.

2 · What. "Someone is bleeding badly from the leg." Say *badly*.

3 · Answer, don't hang up. The dispatcher can coach you while you work.

WHILE YOU WAIT, THE THIRD PERSON:

Unlocks the door, turns on the porch light, puts pets away, and waits at the street to wave the ambulance in. At night, a flashlight at the curb saves minutes.

Alone? Call on speaker, set the phone down, and get your hands on the wound while you talk.

SAFETY FIRST — TEN SECONDS THAT MATTER

Is the danger still there? Turn off the saw, the stove, the power. Stop traffic or move to the shoulder. Get away from the dog that bit. Then help. Gloves if they are in reach — never delay pressure to find them; a plastic bag or a thick towel over your hand works.

WHEN IN DOUBT, IT IS SERIOUS

Over-treating a small bleed costs you a bandage and some embarrassment. Under-treating a big one costs everything. If you are asking yourself whether it is bad enough — it is. Press hard, and escalate.

SECTION 05

CONTROL — PRESS, PACK, TOURNIQUET

Escalate fast. Most household bleeds stop with hard, continuous pressure. The ones that don't need packing or a tourniquet within a minute or two, not ten.

1 · PRESS

Gauze, a clean towel, or a shirt directly on the wound.

Stack both hands, lock your elbows, lean your body weight in.

Hard and continuous — **at least 3 minutes** without lifting to look. Hemostatic gauze lists its own minimum on the package.

2 · PACK

For deep wounds where pressure on the surface is not enough — **groin, armpit, buttock**, or a large deep wound on a limb.

Push gauze into the wound toward the source until it is packed full, then hold hard pressure on top.

Neck: hard direct pressure — never wrap anything around the neck.

3 · TOURNIQUET

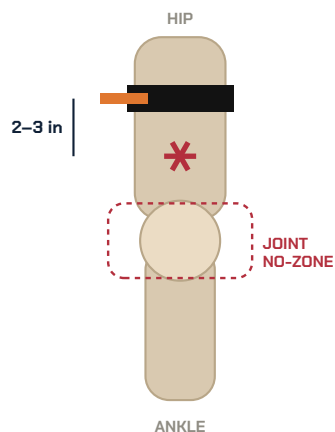
Arm or leg bleeding that pressure does not stop — or any amputation.

Place it (see diagram), pull the strap tight, twist the windlass **until the bleeding stops**, lock it.

Write the time on it. It will hurt — that means it is working. **Do not loosen or remove it.** Still bleeding? A second one just above the first.

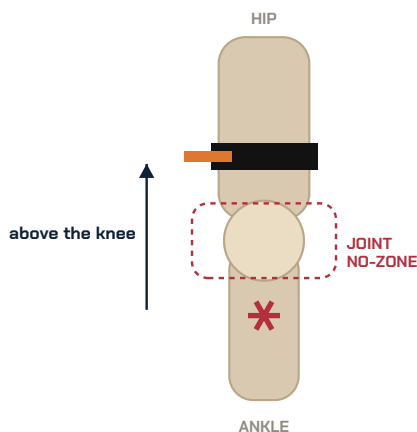
WHERE THE TOURNIQUET GOES — THREE CASES

VERIFIED — ACS / CoTCCC / C-TECC



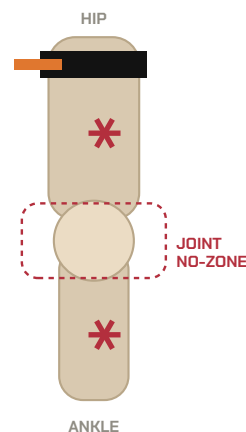
A · YOU CAN SEE THE WOUND

Bare the limb. Place it 2-3 inches above the wound, on the same bone.



B · 2-3 INCHES LANDS ON A JOINT

Never on the knee or elbow. Move it above the joint, onto the thigh or upper arm.



C · CAN'T FIND IT · MANY WOUNDS · DARK

High and tight: as high on the limb as it will go, over clothing if you must.

TOURNIQUET FACTS FAMILIES ASK ABOUT

[VERIFIED]

- **Arms and legs only** — never the neck, chest, or belly. Tourniquets stopped limb bleeding and saved lives in large military and civilian series.
- **Windlass tourniquet** (C-A-T style) for the home station and vehicle; it is what EMS and trauma teams expect to find.
- **Children:** most commercial tourniquets fit most children, but most limb bleeds in kids stop with pressure — escalate only if pressure fails. Age 2 and under: pressure, not a tourniquet.

PLAIN OR HEMOSTATIC GAUZE? [MECHANISM]

Pressure does most of the work either way. Hemostatic gauze adds a clotting agent that helps where the body's own clotting is weak — which is why every kit in a household with someone on a **blood thinner** should carry it. Check the expiration date twice a year.

SECTION 06

STABILIZE & TRANSITION

Bleeding controlled is not the finish line. The next minutes are about keeping them warm, still, and watched – and handing off exactly what you did.

PHASE 3 · STABILIZE

- **Keep them still and lying flat** – sitting up only if it makes breathing easier.
- **Keep them warm** – a blanket under and over, even on a warm day. Blood loss makes people cold fast, and cold blood clots poorly. [MECHANISM]
- **Don't peek.** Never pull off a soaked dressing to look – add more on top and press harder.
- **Nothing to eat or drink**, even if they ask. They may need surgery.
- **Recheck** every dressing and the tourniquet after anyone moves them. Movement loosens things.
- **Talk to them.** Name, what happened, that help is coming. Calm is contagious – so is panic.
- **Stops responding and not breathing normally?** Start CPR (p. 15).

PHASE 4 · TRANSITION – THE HANDOFF

When responders arrive, one person gives the handoff in this order, then hands over the Household Medical Profile (p. 20):

- 1 **Who** – name and age.
- 2 **What happened** – and what time.
- 3 **What you did** – "Tourniquet right thigh at 6:42. Packed the groin."
- 4 **Medications** – especially any **blood thinner**.
- 5 **Allergies and conditions.**

Say the tourniquet time twice. It is the first thing the surgeon will ask.

SIGN OF SHOCK	WHAT IT MEANS	WHAT YOU DO
Pale, gray, or blotchy skin; cold sweat	Blood is being pulled away from the skin to protect the brain and heart	Find and control any bleeding you missed; keep warm; lay flat
Fast breathing, fast weak pulse	The heart is compensating for lost volume	Tell 911 it is getting worse – it changes their priority
Confusion, anxiety, drowsiness	The brain is not getting enough blood	Keep talking; keep them lying down; do not let them walk
Thirst	A common shock symptom – not a need	Wet lips only; nothing to drink

RESTOCK WITHIN 48 HOURS

Replace every item used – and **replace any tourniquet that was used on a person**. A used kit left half-empty is how the next emergency meets an empty pouch.

DEBRIEF THE DRILL WAY

Next day, ten minutes at the kitchen table: what worked, what was slow, what was missing. Write it in the drill log (p. 21).

TAKE CARE OF THE HELPERS

It is normal for adults and children who helped to feel shaken, replay it, or sleep poorly for a while. Talk about it. If it lingers for weeks, talk with your doctor or pediatrician.

SECTION 07

THE THREE-LOCATION RULE

Stage bleeding control in exactly three kinds of places, so no one in the family is ever more than seconds from the essentials — at home, on the road, or out.

1 · ON YOU

Job: the kit you have when you did not plan to need one — playground, parking lot, restaurant, trail.

Minimum: a tourniquet, packing or hemostatic gauze, gloves.

Stage it: a fixed pocket of the purse, diaper bag, backpack, or stroller — the same pocket every day.

Not: loose in the bottom of a bag you empty and repack every week.

2 · IN EVERY VEHICLE

Job: the workhorse — your crash, someone else's crash, the injury at the ballfield.

Minimum: windlass tourniquet, pressure dressing, packing gauze, chest seal, gloves, shears.

Stage it: driver's door pocket, console, or seat back — **reachable seated and belted**.

Not: the trunk. A driver pinned behind the wheel cannot reach the trunk.

3 · THE HOME STATION

Job: the household anchor — trauma core plus everyday first aid for burns, sprains, and cuts.

Minimum: everything in #2, plus a blanket, burn dressing, splint, and the Household Medical Profile.

Stage it: one fixed, labeled spot near the kitchen or main entry, at adult reach, not locked.

Not: behind the cleaning supplies, in a locked closet, or in the room nobody uses.

HOME STATION RULES

- **One place, forever.** Moving the kit resets everyone's memory to zero.
- **Visible and labeled.** A red case reads as first aid to guests, sitters, and grandparents.
- **Adult reach, not locked.** Above toddler height; never behind a key or code.
- **Two floors or a big house?** Add a second bleeding-control kit on the other level.
- **Workshop, garage, gun safe, farm equipment:** their own kit, within arm's reach of the hazard — in addition to the station.
- **Own an AED?** It lives next to the station, and everyone knows both are there.

THE EVERYDAY-CARRY STANDARD

Realistic carry for a parent or caregiver is small: a wallet-size kit or a tourniquet in a purse pocket, gauze, and gloves. If you carry only one item, carry a tourniquet — it is the one thing nothing else improvises well.

Windlass vs. elastic. A windlass tourniquet (C-A-T style) is the standard for the car and the home. Flat elastic tourniquets fit a back pocket but need more practice to stretch to the right tension — practice with the one you actually carry. **[MECHANISM]**

Kids' bags: sports bag and school-trip bag get a pocket kit when a trained adult is with them — the kit is only as good as the hands nearby.

THE 15-SECOND TEST

Stand everyone in the farthest bedroom. Say "Go." Each member, one at a time, brings back the home-station kit. Target: under **15 seconds** for every member old enough to carry it — and every member 8 and up can say where the vehicle kit and the home station are without looking. Anyone slower, or unsure, is your next drill. (A MED-TAC training target, not a published standard.)

SECTION 08

THE ROOM-BY-ROOM HOME AUDIT

Walk it with a pen once a year and after any move or new family member. Every box you can't check is a to-do – most cost nothing.

HOME STATION / MAIN ENTRY

- ☐ Bleeding-control kit: tourniquet, packing gauze, pressure dressing, gloves, shears, blanket
- ☐ Labeled, unlocked, adult reach, never moved
- ☐ Household Medical Profile in a sleeve inside the lid
- ☐ AED here, if you own one
- ☐ House number visible from the street at night

GARAGE / WORKSHOP

- ☐ Dedicated bleeding kit within arm's reach of the saw or bench
- ☐ Blade guards on; push sticks at the table saw
- ☐ Chemicals in original containers, up high or locked
- ☐ A clear floor path wide enough for a stretcher

BEDROOMS

- ☐ Phone and flashlight at every adult bedside
- ☐ Personal kit at floor-reachable height for seniors or members with mobility needs
- ☐ Night lights on the path to the bathroom
- ☐ Smoke and carbon-monoxide alarms tested this month

MEDICINES & HAZARDS

- ☐ All medicines up high or locked – including visitors' purses
- ☐ Naloxone in the home if anyone is prescribed opioids
- ☐ Button batteries and magnets out of children's reach
- ☐ Firearms locked, ammunition stored separately

KITCHEN

- ☐ Poison Help 1-800-222-1222 on the fridge with the Fridge Card
- ☐ Cleaners and dishwasher pods up high or locked
- ☐ Fire extinguisher reachable, not over the stove
- ☐ Everyone knows burns get cool running water for 20 minutes – no ice, no butter
- ☐ Knives stored blade-down or in a block, not loose in a drawer

BATHROOMS

- ☐ Everyday first aid: adhesive bandages, gauze, tape, antiseptic, thermometer
- ☐ Non-slip mat and grab bars where older adults bathe
- ☐ Medicines locked; expired ones disposed of
- ☐ Water heater set no higher than 120 °F to prevent scalds

STAIRS & HALLWAYS

- ☐ Handrails on both sides, working lights top and bottom
- ☐ Safety gates for toddlers
- ☐ Nothing stored on the steps

YARD, POOL & OUTDOORS

- ☐ Pool fenced on all sides with a self-latching gate
- ☐ Bleeding kit goes out with the chainsaw, mower, or ATV
- ☐ Extinguisher near the grill
- ☐ Sting-allergy epinephrine goes outside with the person who needs it

SCORE IT

Count your unchecked boxes. Pick the three that would matter most on a bad day – usually the kit locations, Poison Help, and medicines – and fix them this weekend. The rest go on the quarterly checklist (p. 21).

SECTION 09

THE VEHICLE STANDARD

Families spend hours a week on the road, and a crash scene is where a bystander kit is most likely to be the only kit for many minutes.

STAGE IT RIGHT

- **One kit per vehicle** — not one kit that moves between cars. The day it matters, it will be in the other one.
- **Driver-reachable:** door pocket, console, under the front seat with a strap, or a seat-back panel. Not the trunk, not under the cargo floor.
- **Secured:** a loose kit becomes a projectile in a crash, and ends up under a seat where no one can find it.
- **Minimum contents:** windlass tourniquet, pressure dressing, packing gauze, vented chest seal, gloves, trauma shears, a marker, and an emergency blanket.
- **Family additions:** the Vehicle Card (p. 24) in a sleeve — member medical notes, blood-thinner reminders — plus any epinephrine or inhaler a passenger needs.



Reachable seated and belted: the door-pocket kit comes out with one hand, without unbuckling or leaning into the back seat.

HEAT AND COLD [MECHANISM]

Car interiors swing from freezing to well past 140 °F. Rubber, elastic, adhesives, and some medications degrade. Check the kit **twice a year when the clocks change:** packages sealed, gauze in date, tourniquet flexible and uncracked, gloves not sticky. Medications do not live in the car year-round.

COMING UPON A CRASH — IN ORDER	WHY
1 • Park safely — past the scene, on the shoulder, hazards on. Never block the lane responders need.	A second crash is the biggest danger to helpers
2 • Call 911 — location by mile marker, exit, or cross street. Say how many vehicles and people.	Dispatch sends more units for more people
3 • Look before you walk — traffic, fire, fuel, downed lines. If it is not safe, stay back and keep calling.	You cannot help anyone if you become a patient
4 • Leave them in the car unless there is fire or immediate danger. Talk through the window.	Moving a crash victim can worsen spine injuries
5 • Life-threatening bleeding first — press, pack, tourniquet — then stay with them until EMS takes over.	It is the injury that kills fastest and that you can fix

THE VEHICLE STANDARD, IN ONE LINE

Kit in the door pocket of every family vehicle · Vehicle Card in the glovebox · Tourniquet flexible, packages sealed, gauze in date · Checked at every clock change.

SECTION 10

THE THREE-TIER FAMILY STANDARD

Match what you buy to where it will live. Every kit here carries a real bleeding-control core. Prices are live tactical-medicine.com prices, 23 September 2026.

TIER 1 • ON YOU The kit you have when you did not plan to need one

FROM ~\$30

MED-TAC



Wallet Trauma Kit — Slim EDC Stocked \$49.95 – \$69.99

Inside: elastic SWAT-T tourniquet, compressed or hemostatic gauze (QuikClot or Celox Rapid Ribbon), gloves — in a billfold-size carrier.

Best for: back pocket, purse, small EDC bag. Empty carrier alone is \$19.95 — buy a stocked one.

CoTCCC-RECOMMENDED



C-A-T Gen 7 Tourniquet \$28.99 each

Inside: the windlass tourniquet EMS expects to find. Black and orange are CoTCCC-recommended; **blue is the trainer**.

Best for: the single highest-value item. One for every adult's bag or car — plus one blue trainer for drills.



RED Personal Aid Kit \$104.95

Inside: C-A-T tourniquet, compressed gauze, 4-in pressure dressing, burn gel, wound care, OTC medicines, CPR mask, survival blanket — 1.2 lb.

Best for: diaper bag, backpack, stroller, sports bag — bleeding control plus everyday first aid.

TIER 2 • EVERY VEHICLE The workhorse — one per car, reachable from the seat

~\$95–\$160

DRIVER-REACHABLE



Vehicle Door Panel First Aid Kit \$105.99 Basic • \$156.99 w/ hemostatic dressing

Inside: C-A-T, pressure dressing, packing gauze, vented chest seal twin pack, burn dressing, shears, CPR mask, marker, minor-care load.

Best for: the driver's door of every family vehicle — reachable seated and belted.



B-CON Bleeding Control Kit \$94.95

Inside: orange C-A-T, QuikClot hemostatic dressing, 4-in pressure dressing, gloves, marker, just-in-time instruction card — 7 oz.

Best for: console or seat-back of a second vehicle; adding a real bleeding core to an existing first-aid kit.



Lightning-X Vehicle First Aid Kit \$99.99

Inside: tourniquet, pressure bandage, gauze, dressings, trauma shears, gloves, CPR mask in a compact soft case.

Best for: glovebox or under-seat when you want first aid and bleeding control in one case.

BUYING ORDER

Start with one windlass tourniquet in the car you drive most and a kit at the home station. Add the rest as the assessment (p. 06) directs. Configurations and prices change — the product page on tactical-medicine.com is always the source of truth.



TIER 3 • THE HOME STATION

The fixed household anchor everyone can name

~\$50–\$235

HOME ANCHOR



RED Home Aid Kit \$229.99

Inside: orange C-A-T, two packing gauze, two 6-in pressure dressings, two hypothermia wraps, burn, splinting and wound care, OTC block — 32 items in a bright red case.

Best for: the household anchor: one case that covers the bad day and the everyday.



NAR Trauma & First Aid Kit — Class A

\$184.99 • \$209.95 • \$234.99

Inside: full ANSI/ISEA Z308.1-2021 Class A first aid plus C-A-T, vented chest seal twin pack, SAM splint, eye wash, burn gel; choice of hemostatic.

Best for: larger or multigenerational households and home businesses. A carry bag — hang it on a hook, not a cabinet.

MED-TAC • BEST VALUE



MED-TAC Bleeding Control Kit \$49.95

Inside: genuine C-A-T Gen 7, Emergency Trauma Bandage, two compressed gauze, thermal blanket, shears, gloves, marker — 1 lb.

Best for: the workshop, garage, gun safe, or second floor — the kit that sits next to the hazard.

ADD-ONS

When the assessment says your household needs them

CARDIAC



Philips HeartStart OnSite Home AED \$1,499.99

Inside: voice-guided defibrillator with pre-installed pads, daily self-tests; infant/child pads sold separately.

Best for: homes with a member who has heart disease. Decide with your physician; check the product page for prescription requirements.

BURNS



TacMed Basic Burn Kit \$38.16

Inside: two hydrogel burn dressings, three gel sachets, cohesive bandage, shears, gloves.

Best for: kitchens and grills. Cool running water first, 20 minutes — hydrogel is the second step, not the first.

PETS



Elite K9 First Aid Kit \$54.95

Inside: wound dressings, irrigation, antiseptics, self-adhering wrap, and a muzzle — 24 items.

Best for: the family dog, staged with the vehicle kit for trails and trips (p. 19).

BUILD YOUR OWN

Allergies, special-needs equipment, a specific tourniquet you trained on? Build it component by component with the MED-TAC IFAK Bundle Builder — bundle savings apply automatically as you add items. tactical-medicine.com/pages/build-your-own-ifak-kit-custom-bundle-builder

HSA / FSA

Many first-aid supplies and AEDs may be eligible for HSA or FSA funds. Review eligible products at tactical-medicine.com/pages/hsa-fsa-eligible-products and confirm with your plan administrator.

SECTION 11

THE HOUSEHOLD EMERGENCY PLAYBOOK

Nine emergencies, one row each. Every adult reads these two pages this weekend. Standard lay-responder first aid consistent with the 2025 American Heart Association guidelines.

EMERGENCY	RECOGNIZE IT	DO THIS	NEVER
CARDIAC ARREST CALL 911 • GET THE AED <i>Go deeper: The CPR Brief</i>	Collapsed. Does not respond to a shout and a hard shoulder tap. Not breathing, or only gasping — gasping is not breathing.	1 911 on speaker; send someone for an AED. 2 Hands-only CPR: heel of one hand on the center of the chest, other hand on top, push hard (at least 2 in) and fast (100–120 a minute) . 3 AED on as soon as it arrives — turn it on and follow the voice. 4 Swap compressors every 2 minutes. Children and infants: the dispatcher will coach you.	Stop to check for a pulse. Wait for EMS to start. Worry about hurting them — ribs heal; stopped hearts do not.
CHOKING • ADULT OR CHILD OVER 1 SILENT = SEVERE <i>Go deeper: The Choking Brief</i>	Cannot speak, cough, or breathe. Hands at the throat. Silent, then turning blue. <i>Coughing hard? Let them cough — stay close.</i>	Ask "Are you choking?" Stand behind them. 5 firm back blows between the shoulder blades with the heel of your hand, then 5 abdominal thrusts — fist just above the navel, quick in and up. Repeat until it comes out. Pregnant or too large to reach around: chest thrusts. They collapse: 911, start CPR, look in the mouth before each breath.	Blind finger sweeps. Slapping the back of someone who is coughing well. Leaving them alone to "go to the bathroom."
CHOKING • INFANT UNDER 1 CALL 911 IF IT DOESN'T CLEAR <i>Go deeper: The Choking Brief</i>	Cannot cry, cough, or breathe. Weak or no sound. Lips turning blue.	Face-down along your forearm, head lower than the chest, jaw supported. 5 back blows . Turn face-up on your other arm. 5 chest thrusts in the center of the chest, just below the nipple line. Repeat. Stops responding: 911 and infant CPR.	Abdominal thrusts on an infant. Holding a baby upside down by the feet. Blind finger sweeps.
BURNS & SCALDS 911 FOR LARGE, DEEP, FACE, HANDS, AIRWAY <i>Go deeper: The Burn Brief</i>	Red, blistered, white-leathery, or charred skin. Hot liquids cause most burns in young children. Hoarse voice or soot at the nose = airway burn.	Stop the burning. Cool running water for 20 minutes — cool tap water, not ice. Remove rings, watches, and clothing that is not stuck. Cover loosely with plastic cling film laid over, not wrapped around, or a clean dry cloth. Keep the rest of the body warm. Seek care for burns bigger than the person's palm, deep burns, the face, hands, feet, groin or joints, chemical or electrical burns, infants and older adults.	Ice, butter, oils, toothpaste, flour. Popping blisters. Peeling off stuck clothing.

YOU WILL NOT REMEMBER ALL OF THIS UNDER STRESS

Reading is preparation; practice is readiness. Each row has a deeper MED-TAC Brief, and each is a drill scenario on page 17. If you can't remember the row, call 911 — dispatchers coach CPR, choking, and bleeding control over the phone every day.

EMERGENCY	RECOGNIZE IT	DO THIS	NEVER
FALLS & HEAD STRIKES BLOOD THINNER + HEAD = ER TODAY <i>Go deeper: The Clot Brief</i>	Cannot get up. Pain in the hip, wrist, neck, or back. Hit their head. Confusion, vomiting, worsening headache, or drowsiness in the hours after.	Don't rush to lift. Ask what hurts; check for bleeding. Hurt or can't get up: 911 — pillow and blanket where they lie. Unhurt: roll to the side, get to hands and knees, crawl to a sturdy chair, rise slowly. Any head strike on a blood thinner goes to the ER the same day, even if they feel fine.	Pull someone up by the arms. Move them with neck or back pain. Give food or drink if they may need surgery.
STROKE BE FAST • CALL 911 <i>Go deeper: The BE FAST Brief</i>	Balance lost • Eyes — vision loss • Face drooping • Arm or leg weak • Speech slurred or strange • Time to call 911.	911 immediately — even if symptoms fade. Note the time they were last seen normal; it decides which treatments are possible. Keep them comfortable, on their side if vomiting. Unlock the door.	Give aspirin, food, drink, or medicine. Drive them yourself. Wait to see if it passes.
SEVERE ALLERGIC REACTION EPINEPHRINE FIRST • THEN 911 <i>Go deeper: Pediatrics 2017 (AAP)</i>	After a food, sting, or medication: trouble breathing, wheeze, throat tightness, hoarse voice; swelling of lips, tongue, or face; widespread hives with vomiting; faintness.	Epinephrine auto-injector immediately into the outer thigh — through clothing is fine. Call 911. Lie down with legs raised; sit up if breathing is hard. No better after 5–10 minutes, EMS delayed, and a second injector is available: give it.	Give an antihistamine instead of epinephrine. Stand or walk them around. Wait because it "looks mild."
POISONING & OVERDOSE POISON HELP 1-800-222-1222 <i>Go deeper: America's Poison Centers</i>	Open containers, pills, or detergent pods near a child. Burns around the mouth. Vomiting, drowsiness, confusion. Opioid overdose: very slow or no breathing, blue lips, pinpoint pupils, won't wake.	Unresponsive, not breathing, or seizing: 911 . Otherwise call Poison Help, 1-800-222-1222 — free, confidential, 24/7 — with the container in your hand. Suspected opioid overdose: naloxone nasal spray, call 911, rescue breaths or CPR; repeat naloxone in 2–3 minutes if no response.	Make them vomit. Give salt water, milk, or syrup of ipecac. Wait for symptoms to appear.
SEIZURE 911 IF OVER 5 MINUTES <i>Go deeper: CDC seizure first aid</i>	Sudden stiffening and jerking, falling, unresponsive; sometimes just staring and unaware. Often confused and sleepy afterward.	Time it. Move hard objects away; cushion the head. Once the jerking stops, roll them onto their side and stay until fully awake. Call 911 if it lasts more than 5 minutes , it is their first seizure, another follows, they are hurt, in water, pregnant, have trouble breathing, or do not wake up.	Hold them down. Put anything in their mouth. Give food or drink before they are fully alert.

WHERE THIS COMES FROM

CPR, choking, and naloxone: 2025 AHA Guidelines [VERIFIED]. Burns: ANZCOR 9.1.3 and American Burn Association referral criteria [VERIFIED]. Head strike on anticoagulants: Nishijima 2012 [VERIFIED]. Epinephrine: AAP clinical report 2017 [VERIFIED]. Getting up after a fall: National Institute on Aging. Seizure first aid: CDC [VERIFIED]. Full citations, p. 25.

SECTION 12

THE FAMILY DRILL

Twenty minutes, four times a year, run like a fire drill. The goal is not perfect technique — it is that nobody freezes, and everybody knows their job.



Practice, not panic: one person holds hard pressure with a folded towel, one runs the pretend 911 call from the script, the kit is open on the table.

THE 20-MINUTE SCRIPT

- 1 Announce it** and draw a scenario from the bank below. No surprise drills with young children — calm is the lesson.
- 2 Shout and assign.** First to see it yells "HELP!" The leader points and names: "Maya — call 911. Leo — get the kit."
- 3 Make the call** out loud, address first, on a phone that is switched off. **Never dial 911 to practice.**
- 4 Treat it:** pressure on a towel; pack a rolled towel into a cupped hand; the **blue trainer** tourniquet over an adult's sleeve — snug, then released.
- 5 Hand off** to someone playing EMS: who, what, when, what you did, medications.
- 6 Rotate roles and debrief:** what went well, what was slow, what was missing. Log it (p. 21).

SCENARIO BANK — DRAW ONE	WHAT IT PRACTICES	LEAD ROLE
"Deep cut on Dad's forearm from the kitchen knife."	Pressure, escalating to packing; the 911 script; gloves	Any adult or teen
"Mom's hand slipped at the table saw."	Tourniquet on the arm, time written, second person on scene safety (power off)	Teen or adult
"Grandpa fell in the bathroom and hit his head."	Not lifting; blanket and pillow; blood thinner + head strike = ER; the Profile handoff	Adult; child calls 911
"The baby is choking at dinner."	Infant back blows and chest thrusts on a doll; who calls, who meets EMS	Adult; teen practices on doll
"Uncle collapsed in the yard and isn't breathing right."	Hands-only CPR on a pillow; send for the AED; swap every 2 minutes	Teens and adults rotate
"We're the first car at a crash on the highway."	Park safe, hazards, 911 with mile marker, look before walking, vehicle kit	Driver
"Bee sting at the picnic — lips swelling."	Trainer auto-injector to the outer thigh, 911, lie down; second dose timing	Whoever carries it
"Pot of boiling water tipped onto a leg."	20 minutes of cool running water, cling film over not around, what to skip	Any adult; kids time it

FOUR TIMES A YEAR

Tape the drill log beside the Fridge Card. A family that has done four drills does not freeze on the fifth, and the child who ran the pretend 911 call is the one who makes the real one.

SECTION 13

WHAT CHILDREN CAN DO, BY AGE

Children handle this better than adults expect when it is framed as helping — the same way they learn fire drills. Give every child a job sized to their age.

AGE	KNOWS	DOES IN A REAL EMERGENCY	PRACTICES IN DRILLS
3–5	Their full name and a parent's name. 911 is for emergencies. Where the red kit lives.	Shouts for a named adult. Brings the kit if it is within reach.	Pointing to the kit; saying "Help, Mom is hurt"; the family's street name
6–7	Their address and phone number. The Fridge Card is the emergency page.	Calls 911 on speaker and says the address. Fetches the kit. Helps hold a towel with an adult's hands on top.	The 911 script out loud on a switched-off phone; the 15-second kit test
8–12	Everything above, plus the three kit locations and the five-part handoff.	Holds hard pressure. Reads the Fridge Card aloud to guide a frozen adult. With training, can apply a tourniquet.	Pressure and packing on a towel; blue trainer tourniquet on a manikin or an adult's sleeve
13+	Everything an adult knows.	Full adult skills: pressure, packing, tourniquet, CPR, choking, handoff. Can lead.	Leads drills; takes a hands-on class with a parent

THE EVIDENCE ON KIDS AND TOURNIQUETS

[VERIFIED]

In a 2025 study of **322 children aged 8 to 12** taught bleeding control and C-A-T tourniquet application, every age group met the pre-set competency threshold on both knowledge and hands-on testing; 11-year-olds reached **80%** overall success, and body size did not predict success. The authors concluded training can begin as early as third grade (Chang et al., *JACEP Open*, 2025).

Older children tightened more effectively — so plan for an 8-year-old to *hold pressure and guide*, and a teen to *apply*.

PRACTICE SAFETY — NON-NEGOTIABLE

- **Blue trainer** for practice; real tourniquets stay sealed and staged. Store them apart.
- **Never tighten a tourniquet on a child** in practice. Children practice on a manikin or an adult's sleeve — snug, then released at once.
- **Adults** practicing on their own limb: a few seconds, then release. Stop for numbness or sharp pain.
- **Compressions** on a pillow or manikin — never on a person.
- **Never dial 911** to practice; use a phone that is switched off.
- **Replace** any real tourniquet that has been used on a person.

HOW TO TALK ABOUT IT

Skip graphic details. Talk about jobs: "If someone gets hurt, your job is to get the red kit and bring it to me." Praise the job done, not the drama avoided. If a child saw a real emergency, answer their questions simply and honestly, and let them tell it more than once — that is how children process it.

SECTION 14

SENIORS, SPECIAL NEEDS, AND PETS

The standard plan fits most households. These adjustments close the gaps for the members who need something different.

SENIORS AND BLOOD THINNERS [VERIFIED]

Anticoagulants (warfarin, apixaban, rivaroxaban, dabigatran, edoxaban) and antiplatelets (clopidogrel, prasugrel, ticagrelor, daily aspirin) turn small bleeds into serious ones.

- **Press harder and longer** — keep pressure on until EMS takes over.
- **Hemostatic gauze** in every kit in the house.
- **Any head strike** means the ER the same day. In ED patients with head injury, immediate brain bleeding was found in 12% of those on clopidogrel and 5% on warfarin (Nishijima 2012).
- **Stage for the floor:** falls are the leading senior emergency, so a personal kit and a phone belong where someone lying on the floor can reach them.
- **Medication list** in the kit sleeve, updated every quarter and at every change.



Staged low: a personal kit and phone reachable from the floor, next to the chair — and the medication list updated together, every quarter.

SPECIAL-NEEDS HOUSEHOLDS

- **Adaptive staging:** kits within wheelchair reach — between 15 and 48 inches off the floor, the ADA reach range. [VERIFIED]
- **Communication card** in the kit for non-verbal members: yes/no, a pain scale, and key facts ("I have autism," "I have a feeding tube").
- **Caregiver redundancy:** two people trained on every device and rescue medication — the primary caregiver may be the casualty.
- **Devices on the Profile:** model, settings, supplier, and the doctor who manages it.
- **Ask your 911 center** (non-emergency line) whether you can add medical notes to your address.

PETS

- **Pet kit with the vehicle kit** for trails and trips: gauze, self-adhering wrap, irrigation, and a muzzle.
- **Muzzle first.** Even gentle dogs bite when they hurt.
- **Direct pressure works on pets too.** Hold it and drive to the vet; call ahead.
- **Never give human pain relievers** — ibuprofen, naproxen, and acetaminophen are toxic to dogs and cats. Call your vet or an animal poison control line. [VERIFIED]

THE ONE THING TO DO TODAY

Complete the Household Medical Profile (next page) for every member — and give a copy to anyone who watches your children, your parents, or your pets.

SECTION 15

HOUSEHOLD MEDICAL PROFILE

The sheet responders ask for. Keep one in the home-station sleeve, one in every vehicle, and a photo on every adult's phone. Re-print at every medication change.

ADDRESS _____	PRIMARY DOCTOR & PHONE _____
NEAREST CROSS STREET / LANDMARK _____	PHARMACY & PHONE _____
GATE, DOOR, OR LOCKBOX CODE _____	EMERGENCY CONTACT 1 _____
NEAREST EMERGENCY DEPARTMENT _____	EMERGENCY CONTACT 2 _____

POISON HELP 1-800-222-1222 • FREE, CONFIDENTIAL, 24/7
EMERGENCY 911

NAME	AGE	CONDITIONS	MEDICATIONS & DOSE	BLOOD THINNER?	ALLERGIES	DEVICES • NOTES
				☐ Yes ☐ No Drug: _____		
				☐ Yes ☐ No Drug: _____		
				☐ Yes ☐ No Drug: _____		
				☐ Yes ☐ No Drug: _____		
				☐ Yes ☐ No Drug: _____		
				☐ Yes ☐ No Drug: _____		

UPDATED ON _____ BY _____ *Also on each adult's phone: Medical ID / Emergency SOS*

SECTION 16

KEEP IT READY – QUARTERLY CHECK & LOGS

A kit is only as good as its last inspection. Fifteen minutes a quarter keeps every location stocked, in date, and practiced.

Q1 · JANUARY	Q2 · APRIL	Q3 · JULY	Q4 · OCTOBER
☐ Run a drill ☐ Check expiration dates in all kits ☐ Re-print the Medical Profile if anything changed ☐ Test smoke and CO alarms	☐ Run a drill ☐ Vehicle kits: heat check before summer (with the March clock change) ☐ Replace sunscreen, bug spray, sting kits ☐ Review Room-by-Room Audit	☐ Run a drill ☐ Back-to-school: update children's roles by age ☐ Check epinephrine and inhaler dates ☐ Refresh kids' bag kits	☐ Run a drill ☐ Vehicle kits: cold check before winter (with the November clock change) ☐ Book next year's hands-on class ☐ Add blankets and hand warmers to vehicles

DRILL LOG

DATE	SCENARIO	LEADER	WHAT WAS SLOW OR MISSING	FIX BY

RESTOCK & EXPIRATION LOG

ITEM	LOCATION	EXPIRES	USED / REPLACED ON	INITIALS

SECTION 17

TRAINING THAT OUTLASTS A PDF

Reading is preparation. Hands are readiness. Climb this ladder one rung a year and your household will be ready for the day nobody schedules.

1 · HOUSEHOLD DRILLS

Free, quarterly, 20 minutes — this guide, pages 17–18. Everyone, every age.

2 · A HANDS-ON COMMUNITY CLASS

Bleeding control and CPR classes are offered by many fire departments, hospitals, and schools — most are short and many are free. Take one with your teenager.

3 · MED-TAC ACADEMY

Structured clinical education paths from MED-TAC's instructors.
tactical-medicine.com/pages/med-tac-academy

4 · THE MARCH LEARNING CENTER

The professional framework behind household readiness — Massive hemorrhage, Airway, Respiration, Circulation, Hypothermia.
tactical-medicine.com/pages/march-protocol-the-complete-guide-to-tactical-casualty-care



FIND YOUR FAMILY'S KIT IN EIGHT QUESTIONS

Scan for the Family Medical Readiness hub: the 8-question kit finder, every Tier 1–3 kit in this guide, and the IFAK Bundle Builder. tactical-medicine.com/pages/family-medical-readiness-solutions

Free companion references — The Trauma Brief, The CPR Brief, The Choking Brief, The Burn Brief, The Pediatric Trauma Brief, The BE FAST Brief, and The Clot Brief: start at tactical-medicine.com/brief

ABOUT MED-TAC INTERNATIONAL

MED-TAC International is a Service-Disabled Veteran-Owned Small Business founded, owned, and operated by medical, public safety, and military professionals. Founder Marco R. Torres, MD, NRP, is a physician and medical educator with experience as a tactical medic and flight medic. He is a U.S. Navy veteran and also founded ALKEONHealth.com. We curate evidence-based trauma and first-aid solutions aligned with C-TECC guidance and the MARCH framework — for professionals, schools, churches, workplaces, and prepared families. MED-TAC kits are assembled in the USA. Rated 4.83 out of 5 across more than 750 customer reviews.

FOR GROUPS

Churches, schools, HOAs, scout troops, and employers: bulk family kits, home-station packages, and group training — marco@tactical-medicine.com.

Questions about this guide, corrections, or clinical content: info@tactical-medicine.com.

Shop family kits:
tactical-medicine.com/collections/civilian · Articles:
tactical-medicine.com/blogs/learn

FAMILY EMERGENCY QUICK REFERENCE

TAPE IT TO THE FRIDGE · FILL IN THE BLANKS · PRACTICE IT QUARTERLY



SEVERE BLEEDING

- 1 **SAFE?** Stop the danger – saw off, stove off, traffic. Gloves if they are in reach. Don't wait for them.
- 2 **CALL 911** Point and name who calls. Speaker on. **Address first.** Say "bleeding badly." Stay on the line.
- 3 **PRESS** Hard, both hands, elbows locked, body weight in. **3 minutes minimum. Don't peek.** Soaked? Add more on top.
- 4 **PACK** Deep wound in the groin, armpit, or buttock: push gauze in toward the source until full, then press hard on top.
- 5 **TOURNIQUET** Arm or leg still bleeding: **2–3 inches above the wound – never on a joint.** Can't find it? **High and tight.** Twist until bleeding stops. Lock it. **Write the time.** Don't loosen it.
- 6 **WARM & HAND OFF** Blanket under and over. Nothing to drink. Keep talking. Tell EMS: who, what, when, what you did, **blood thinners.**

EVERYTHING ELSE – CALL 911 FIRST

NOT BREATHING NORMALLY

Hands-only CPR: center of chest, hard and fast. Get the AED.

CHOKING, CAN'T COUGH

5 back blows + 5 abdominal thrusts. Infant: 5 back blows + 5 chest thrusts.

BURN

Cool running water 20 minutes. No ice, no butter. Cover loosely.

STROKE – BE FAST

Balance · Eyes · Face · Arm · Speech · Time. Note time last seen normal.

ALLERGIC – CAN'T BREATHE

Epinephrine in the outer thigh now. Then 911. Lie down.

FALL + HEAD STRIKE

Don't lift if hurt. On a blood thinner = ER today.

SEIZURE

Time it. Clear the area. On their side after. 911 if over 5 minutes.

POISON / PILLS

Poison Help 1-800-222-1222. Not breathing or seizing: 911.

OUR ADDRESS _____

HOME STATION IS _____

VEHICLE KITS ARE IN _____

AED IS _____

TRAINED MEMBERS _____

LAST DRILL _____





VEHICLE CARD · KEEP IN THE GLOVEBOX



OUR KIT LIVES IN THE

AT A CRASH

1 Park past it, hazards on. **2** 911 — mile marker, exit, or cross street; how many people. **3** Look before you walk: traffic, fire, fuel, wires. **4** Leave them in the car unless there is fire. **5** Bleeding first.

SEVERE BLEEDING

Press hard 3+ minutes, don't peek. **Pack** deep groin or armpit wounds. **Tourniquet** on an arm or leg still bleeding: 2-3 in above the wound, never on a joint — can't find it, high and tight. Tighten until it stops. Write the time.

KIDS IN THE CAR

Leave an infant or child in the car seat unless there is fire or you must reach a wound — the seat protects the neck. Keep them talking and warm.

HAND OFF TO EMS

Who · what happened · when · what you did and **tourniquet time** · medications, especially **blood thinners** · allergies.

OUR FAMILY — MEDICAL NOTES

Blood thinners, allergies, conditions, epinephrine or inhaler carried:

TWICE-A-YEAR CHECK (CLOCK CHANGE):
☐ Packages sealed

☐ Gauze in date

☐ Tourniquet flexible

☐ Gloves intact

☐ Card current

Poison Help 1-800-222-1222

CUT HERE · FOLD TO FIT



VEHICLE CARD · KEEP IN THE GLOVEBOX



OUR KIT LIVES IN THE

AT A CRASH

1 Park past it, hazards on. **2** 911 — mile marker, exit, or cross street; how many people. **3** Look before you walk: traffic, fire, fuel, wires. **4** Leave them in the car unless there is fire. **5** Bleeding first.

SEVERE BLEEDING

Press hard 3+ minutes, don't peek. **Pack** deep groin or armpit wounds. **Tourniquet** on an arm or leg still bleeding: 2-3 in above the wound, never on a joint — can't find it, high and tight. Tighten until it stops. Write the time.

KIDS IN THE CAR

Leave an infant or child in the car seat unless there is fire or you must reach a wound — the seat protects the neck. Keep them talking and warm.

HAND OFF TO EMS

Who · what happened · when · what you did and **tourniquet time** · medications, especially **blood thinners** · allergies.

OUR FAMILY — MEDICAL NOTES

Blood thinners, allergies, conditions, epinephrine or inhaler carried:

TWICE-A-YEAR CHECK (CLOCK CHANGE):
☐ Packages sealed

☐ Gauze in date

☐ Tourniquet flexible

☐ Gloves intact

☐ Card current

Poison Help 1-800-222-1222


SOURCES

REFERENCES AND EVIDENCE TRAIL

1. Mell HK, Mumma SN, Hiestand B, Carr BG, Holland T, Stopyra J. Emergency medical services response times in rural, suburban, and urban areas. *JAMA Surgery*. 2017;152(10):983–984. About 1.7 million EMS activations; national median ~7 min; rural roughly twice urban; nearly 1 in 10 rural calls ~30 min (American College of Emergency Physicians summary).
2. American Heart Association. CPR Facts & Stats (cpr.heart.org), from the Heart Disease and Stroke Statistics update: 73.4% of out-of-hospital cardiac arrests at home or residence; 40.2% received bystander CPR; adult survival to discharge 9.1%.
3. American Heart Association. 2025 Guidelines for CPR and Emergency Cardiovascular Care — Part 6, Pediatric Basic Life Support; Part 7, Adult Basic Life Support (hands-only CPR, compression rate and depth, foreign-body airway obstruction, lay naloxone).
4. Centers for Disease Control and Prevention. Facts About Older Adult Falls (updated September 2026): more than 1 in 4 older adults fall each year; ~3 million emergency department visits annually.
5. Davis JS, Satahoo SS, Butler FK, et al. An analysis of prehospital deaths: Who can we save? *J Trauma Acute Care Surg*. 2014;77(2):213–218 (hemorrhage the leading cause of potentially preventable prehospital death). Eastridge BJ, et al. Death on the battlefield (2001–2011). *J Trauma Acute Care Surg*. 2012;73(6 Suppl 5):S431–S437.
6. U.S. Consumer Product Safety Commission. Safety Standard Addressing Blade-Contact Injuries on Table Saws. *Federal Register*, 1 November 2023: est. 26,500 ED-treated blade-contact injuries in 2017, ~2,800 amputations. CPSC Publication 5098, Tap Water Scalds (water heaters at 120 °F).
7. American College of Surgeons Committee on Trauma, Bleeding Control Basic course materials: tourniquet 2–3 inches above the wound, not over a joint. North American Rescue instructor guidance, "2–3 Inches vs. High and Tight." Committee on Tactical Combat Casualty Care, TCCC Guidelines (current). Committee for Tactical Emergency Casualty Care, TECC Guidelines for Active Bystanders and First Responders (2024–11–25).
8. Kragh JF Jr, et al. Survival with emergency tourniquet use to stop bleeding in major limb trauma. *Ann Surg*. 2009;249(1):1–7. Teixeira PGR, et al. Civilian prehospital tourniquet use is associated with improved survival in patients with peripheral vascular injury. *J Am Coll Surg*. 2018;226(5):769–776.
9. Chang CD, Bosson N, Gausche-Hill M, et al. Assessing hemorrhage control and tourniquet skills in school-aged children. *JACEP Open*. 2025. n = 322, ages 8–12; all age groups exceeded the 60% competency threshold; 11-year-olds 80%.
10. Australian and New Zealand Committee on Resuscitation. Guideline 9.1.3, First Aid for Burns (20 minutes cool running water; no ice). American Burn Association, Guidelines for Burn Patient Referral.
11. Nishijima DK, et al. Immediate and delayed traumatic intracranial hemorrhage in patients with head trauma and preinjury warfarin or clopidogrel use. *Ann Emerg Med*. 2012;59(6):460–468.
12. Sicherer SH, Simons FER; AAP Section on Allergy and Immunology. Epinephrine for first-aid management of anaphylaxis. *Pediatrics*. 2017;139(3):e20164006.
13. American Heart Association / American Stroke Association, stroke warning signs (F.A.S.T.); BE-FAST adds Balance and Eyes — sources in The BE FAST Brief. National Safety Council, Injury Facts: choking (5,923 deaths, 2024). CDC, Seizure First Aid.
14. America's Poison Centers; MedlinePlus: Poison Help 1-800-222-1222 — free, confidential, 24/7. National Institute on Aging, falls and getting up safely. U.S. Access Board, 2010 ADA Standards §308 (reach range 15–48 in). ASPCA Animal Poison Control / U.S. FDA: human NSAIDs and acetaminophen are toxic to pets.
15. Product contents and prices: live product pages at tactical-medicine.com, accessed 23 September 2026. Configurations and prices change; the product page is the source of truth.

DISCLAIMER

This guide provides general educational information for households and does not constitute medical advice, a protocol, certification, or a substitute for hands-on training or professional care. Always call 911 for serious injury or illness. Follow the instructions of emergency dispatchers and responders, and the manufacturer's instructions for any device. Product mentions are for identification. MED-TAC does not guarantee delivery times. © 2026 MED-TAC International. Free to share unmodified; not for resale.

Author: Marco R. Torres, MD, NRP — physician and medical educator with field experience as a tactical medic and flight medic; U.S. Navy veteran; founder of MED-TAC International and ALKEONHealth.com. Questions and corrections: info@tactical-medicine.com.



YOU CAN'T SCHEDULE THE EMERGENCY. YOU CAN SCHEDULE THE READINESS.

Clinician-founded. Service-disabled veteran-owned. Built by people who have been first on scene — in the field, in the aircraft, and in the emergency department — and who would rather your family be ready first.



tactical-medicine.com/pages/family-medical-readiness-solutions

info@tactical-medicine.com · [@medtacintl](#) · [@talkingtacmed](#)