



EMS TRAUMA RESPONSE LOADOUT

PER-UNIT MINIMUM · RESPONSE BAG, UNIT STOCK, SUPERVISOR CACHE

SCOPE. This card describes availability and quantity. It does not describe authorization. Every item below is governed by your medical director and state protocol. Carry nothing you are not credentialed to use.

FRAMEWORK. **TECC** governs civilian tactical and warm-zone response. **TCCC** is the military framework. They are separate and non-mirroring. In curriculum and protocol, name which one governs the claim you are making.

PER RESPONSE BAG

	CAPABILITY	MIN. QTY	NOTE
M	Windlass limb tourniquet, CoTCCC-recommended	2	Two. One is a single point of failure
	Hemostatic gauze / plain packing gauze	2 / 4	
	Pressure / trauma dressings	4	
A	OPA set, NPA set, supraglottic airway, suction	per scope	
R	Vented chest seals	4	Two per casualty, front and back
	Decompression needle, 14 or 10 ga × 3.25 in	per protocol	Credentialed providers only
C	Vascular access set; pelvic binder	1 set / 1	
	TXA; blood products	per protocol	Only where a program and medical direction exist
H	Active warming; casualty wrap	1 / 1	Hypothermia is the leg most often skipped
+	Shears, marker, triage tags, casualty card	1 set	

PER UNIT AND SUPERVISOR CACHE

	CAPABILITY	MIN. QTY	NOTE
	Second-line resupply module	1	Enough to re-arm the response bag once without returning to base
	Soft litter or drag device	1	
	Supervisor / MCI cache in individual pull packs	10-25 casualty	Plus 50 triage tags and 10 wraps

PLACEMENT AND CLINICAL DOCTRINE

- **On the skin 2-3 in above the wound, never over a joint; high and tight only under threat or with the source not visible.** Convert only when protocol criteria are met.
- Two seals per casualty. Roll the patient and check the back before sealing the front.
- **Pediatrics** — most commercial tourniquets work on most children when applied correctly. Life-threatening limb bleeding: tourniquet first. The real limit is the very small limb: age 2 and under, use direct pressure or a pressure wrap; tourniquet only as a last resort. **Do not teach that standard tourniquets do not work on children.**
- **Pressure wraps are an adjunct.** Except in children 2 and under, they are not first-line massive hemorrhage control and must never occupy that slot in a curriculum.

INSPECTION

- **Each shift** — bag seal check and expiration sweep of first-out items.
- **Monthly** — full inventory against this card.
- **After use** — restock before the unit clears, not at end of shift.

TRAINING FLOOR

- Initial and annual skill validation is **hands-on and timed on a task trainer**. A written quiz validates recall, not capability, and reviewers know the difference.
- Log every field tourniquet application: time applied, limb, device, converted or not, disposition. This is the dataset your quality assurance program lives on and almost no service has it.
- Run one supervisor-cache deployment drill per year using the actual cache, not a demo bag.

THE FIVE FAILURES WE FIND ON AUDIT

1. Skill validation replaced by a written test.
2. No application log — no quality assurance, no defensible record.
3. Pediatric hemorrhage taught as "tourniquets do not work on kids."
4. Pressure wrap taught as a first-line hemorrhage device.
5. MCI cache never opened between purchase date and incident.

Vendor-neutral by design. No product names, model numbers, or prices appear on this card. It is an operational standard you can hand to a purchasing officer, attach to a policy, or drop into a grant application without endorsing a supplier. Prepared by Marco R. Torres, MD, NRP — physician and medical educator, U.S. Navy veteran, and founder of MED-TAC International and ALKEONHealth.com.