



TACTICAL TEAM MEDICAL LOADOUT

THREE-TIER STANDARD · OPERATOR IFAK, TEAM MEDICAL BAG, CASUALTY MOVEMENT

SCOPE. This card defines what is carried and where. It does not define authorization. TEMS scope is set in writing by your medical director. Nothing here authorizes a skill your director has not validated.

FRAMEWORK. Civilian tactical operations are governed by **TECC**. **TCCC** is the military framework. They are separate and they do not mirror each other. Cite the one that actually governs your team in your SOP.

TIER 1 — OPERATOR IFAK (identical kit, identical position, every operator)

	CAPABILITY	MIN. QTY	CARRIAGE
M	Windlass limb tourniquet, CoTCCC-recommended	2	1 outside the pouch, staged and visible; 1 inside
	Hemostatic wound packing gauze	1	IFAK
	Pressure / trauma dressing	1	IFAK
A	Nasopharyngeal airway — if trained	1	IFAK
R	Vented chest seal	2	IFAK
H	Casualty wrap or hypothermia blanket	1	IFAK or assault pack
+	Gloves, shears, marker, casualty card	1 set	IFAK

TIER 2 — TEAM MEDICAL BAG (TEMS / team medic)

	CAPABILITY	MIN. QTY	NOTE
M	Limb tourniquets	4	Resupply for the element, not just the medic
	Junctional tourniquet and / or pelvic binder	1	Junctional bleeding is the gap most teams do not train
	Hemostatic gauze / pressure dressings	4 / 4	
A	NPA assorted, supraglottic airway, manual suction	per scope	Medical director validated only
R	Vented chest seals	6	
	Chest decompression needle, 14 or 10 ga × 3.25 in	per scope	TEMS scope only, under written medical direction
C	Vascular access set; TXA and blood products	per scope	Protocol-dependent — do not carry unauthorized
H	Active warming and casualty wraps	1 / 2	
+	Splints, triage tags, K9 module if the team runs a dog	1 set	

TIER 3 — CASUALTY MOVEMENT

	CAPABILITY	MIN. QTY	NOTE
	Soft litter or drag device	1 per element	Carried on the element, not staged at the vehicle
	Casualty collection point and evacuation route	—	Briefed before entry, not decided after contact

PLACEMENT 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.** Under armor and load-bearing gear, the tourniquet goes on the limb — not routed over the carrier.
- Every operator carries the same kit in the same place. Standardize position over personal preference. Anyone must be able to work anyone else's kit blind.
- Two chest seals per operator, minimum.
- The casualty collection point is a pre-mission decision. Teams that decide it under fire lose the casualty to the movement, not the wound.

INSPECTION

- **Pre-mission** — kit check by the team medic against this card, logged.
- **Quarterly** — full inventory by operator, signed by the operator and the team leader.
- **Post-application** — device destroyed and replaced; log entry within 24 hours.

TRAINING FLOOR

- Every operator: Direct Threat Care, self-aid and buddy-aid, one-handed application — **in full kit, under load**, not in a classroom in a polo shirt.
- TEMS: scope-defined skills validated annually by the medical director **in writing**. A verbal understanding is not a scope of practice.
- Rehearse casualty movement with the actual litter you carry, wearing the actual kit you wear, over the actual distance you would cover.

THE FIVE FAILURES WE FIND ON AUDIT

1. Non-standard kit placement across the team — every operator arranged their own.
2. Junctional and pelvic capability absent while the team trains only extremity bleeding.
3. Decompression capability carried by operators not authorized to use it.
4. No signed annual scope validation from the medical director.
5. Litter has never been used in a rehearsal. First real drag happens on a real casualty.

Vendor-neutral by design. No product names, model numbers, or prices appear on this card. Hand it to a purchasing officer, attach it to a policy, or drop it 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.

