FIRST AID DRESSINGS, FIRST AID KITS AND EMERGENCY MEDICAL CARE KITS

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Zoltán GULYÁS
Brigadier General, HUNAF
Director, NATO Standardization Office
# RECORD OF RESERVATIONS

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<th>CHAPTER</th>
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Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.
### RECORD OF SPECIFIC RESERVATIONS

<table>
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<th>[nation]</th>
<th>[detail of reservation]</th>
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| CAN      | (1) Oxygen and Delivery System: Not applicable to the CAF portable Emergency kits. Portable, disposable BVMs are included in the kits for ventilation. The oxygen and related delivery systems are available in Ambulances and at the static care level. There is no intent to add oxygen and delivery systems to the CAF portable Emergency kits.  
(2) Analgesics: By designation, no medication (NATO Class-6505) are added in the CAF First Aid kits. As soon as meds are added to a kit, they become “Treatment Kits”. Therefore, the CAF Emergency treatment kits contain analgesics. There is no intent to add any analgesics to our CAF First Aid Kits.  
(3) Chest Tube insertions Trays & Chest Tubes: Not included in first line Medical Emergency kits for the Med Technicians as they do not have the qualification for the procedure. Although, the PAs and MOs shall be provided the material to proceed with chest tube insertion in order to provide immediate level of care & initial stabilisation at Role 1 (FOB) level. The chest insertion procedure is taught at QL6B level (Physician Assistant) and Medical Officer only. There is no intent to add chest tube insertion trays and chest tubes to our first tubes line Medical Emergency kits for Med Technicians. |
| CZE      | CZE does not use the Tranexamic acid to manage catastrophic haemorrhage. |
| FRA      | Currently, French individual first aid kits (IFAK) do not contain haemostatic or occlusive chest dressings. |
| GBR      | GBR views the scaling of the kits described in this AMedP as useful guidance; however, the scaling of GBR issued kits and inclusion of items such as rescue covers, haemostatic agents, dressings and tourniquets may vary depending on the operational environment, threats and requirements. In addition, British Standard BS8599-2 will continue to be the baseline standard for GBR Vehicle First Aid Kits (V-FAKs). |
| NLD      | In the NLD armed forces, the Individual First Aid Kit does not contain:  
- Topical hemostatic agent and/or dressing,  
- Large triangular bandage,  
- Analgesic drug.  
In the NLD armed forces, the Vehicle First Aid Kit does not contain:  
- Topical hemostatic agent and/or dressing,  
- Analgesic drug.  
In the NLD armed forces, the Emergency Medical Care Kits do not standardly contain: |
- Tranexamic acid,
- Oxygen with delivery system,
- Bag Valve Mask.

<table>
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<tr>
<th>NOR</th>
<th>Point 1.2: d) Ordinary dressings will be used instead of occlusive dressings h) No triangular bandage is provided in this kit k) No rescue cover against hypothermia is provided in this kit l) Will be available, but not as part of kit.</th>
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<td>Point A.2 A) Airway: Rigid cervical collar has been removed due to little scientific data supporting its use B) Breathing: No oxygen on this level C) Circulation: Crystalloid fluids will be replaced with minimum freeze-dried plasma.</td>
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<td>SVK</td>
<td>The Slovak Republic reserves the right not to implement the requirement that the product containing tranexamic acid be a part of the emergency kit, invoking the fact that such products are not registered in the Slovak Republic. In compliance with the currently applicable standard on medicines in the Slovak Republic, the intravenous antibiotics were not included as a part of the emergency kit either, therefore the intravenous antibiotics will be procured through acquisition programs.</td>
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CHAPTER 1 FIRST AID DRESSINGS, FIRST AID KITS AND EMERGENCY MEDICAL CARE KITS

The following kits and their items are the minimum required for essential first aid of NATO Forces and will be provided at appropriate levels. The number of kits and items may be supplemented at national discretion.

1.1 Individual First Aid Kit

This kit is recommended to be carried by all military personnel. All military personnel should be adequately trained in the proper wear and maintenance of the kit, and be properly trained in the application and use of all components. It is to be assembled and issued at national discretion, and all potency dated materiel should be held under medical supervision until issue is required.

1.2 The kit shall comprise:

a. Carrying case.

b. Gloves, Patient Exam.

c. Carrying case insert.

d. Occlusive dressing for open chest wound.

e. Arterial haemostatic tourniquet (one-hand self-applicable).

f. Topical hemostatic agent and/or dressing.

g. Small sterile occlusive dressing.

h. Large triangular bandage.

i. Compressive bandage.

j. Analgesic drug (at National discretion).

k. Rescue cover for hypothermia prevention.

l. Instruction for use - simply worded and/or pictographic.
1.3 Vehicle First Aid Kit

This kit is recommended to be carried in all military vehicles. All military personnel should be adequately trained in the proper application and use of all components. It is to be assembled and issued at national discretion, and all potency-dated materiel should be held under medical supervision until issue is required. The kit shall comprise the same equipment as the individual kit, in a sufficient amount in accordance with national regulations.

1.4 Special purpose First Aid Kits

It is recommended that special purpose kits, such as jungle, snake-bite, survival, Special Operations Forces and those peculiar to air or naval operations should be developed by each nation in accordance with national requirements.
### ANNEX A  EMERGENCY MEDICAL CARE KITS

#### A.1 Emergency medical care kits
The emergency medical kits carried by trained and credentialed medical personnel above the level of combat life saver (Medics, nurses, doctors) forward of any MTF will depend on the competency of the personnel, operational environment and transport platforms. The kit should follow the principles of TCCC and use the <C> ABC DE or equivalent paradigm. Nations should review these medical kits in light of their own requirements and tailor them to the specific operations.

#### A.2 The kit should contain as a minimum:

<table>
<thead>
<tr>
<th>Category</th>
<th>Items</th>
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<tbody>
<tr>
<td>C - Catastrophic Haemorrhage</td>
<td>Tourniquets, Haemostatic agents and or - dressings, Tranexamic acid, Wound packing material (standard or haemostatic)</td>
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<tr>
<td>A - Airway</td>
<td>Basic airway kit- oropharyngeal / nasal airways, Supraglottic devices (trained specialised personnel only), Kit and drugs for Rapid Sequence induction (trained specialised personnel only), Surgical Airways (trained specialised personnel only), Suction devices, Rigid cervical collars</td>
</tr>
<tr>
<td>B - Breathing</td>
<td>Oxygen with delivery system, Bag Valve Mask, Occlusive dressing with flutter valve, Kit for chest decompression (at National preference), Chest drain kits (trained specialised personnel only)</td>
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<td>C - Circulation</td>
<td>Intravenous access equipment, Intraosseous access equipment, IV Crystalloid fluids</td>
</tr>
<tr>
<td>D - Disability</td>
<td>Kit to immobilise limbs</td>
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<tr>
<td>E - Environment</td>
<td>Warming blankets</td>
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**Other drugs and equipment that are required**
- IV Analgesia/Sedation- in accordance with national guidelines
- IV/IM Adrenaline/Epinephrine (optional)
- IV Antibiotics- in accordance with national guidelines.
- Medical Documentation (eg. Field Medical Card) - in accordance with national guidelines
AMedP-8.7(A)(1)