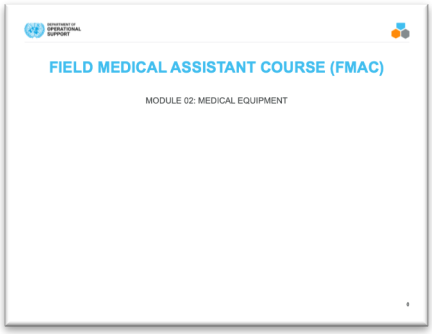
FIELD MEDICAL ASSISTANT COURSE (FMAC)

Instructor Handbook

MODULE 02 – **MEDICAL EQUIPMENT**

NOTE TO TRAINERS: Pass out appropriate kits so the students can have them in hand during the discussion.

SLIDE 1 – TITLE SLIDE



SLIDE 2 – TFMA ROLES

Tactical Field Medical Aid is broken up into four roles of care. The most basic is taught to Buddy First Aid (BFA), which is designed to instruct in the absolute basics of hemorrhage control and to recognize more serious injuries.

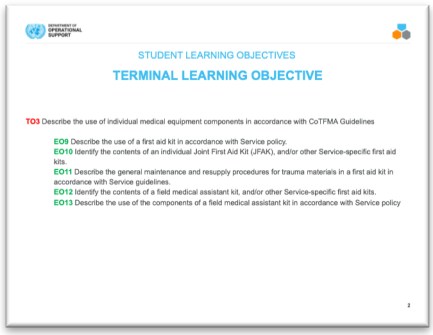
You are in the Field Medical Assistant (FMA) role. This teaches you more advanced care to treat the most common causes of death on the battlefield, and to recognize, prevent, and communicate with medical personnel the life-threatening complications of these injuries.

The Combat Medic/Corpsman (CMC) role includes much more advanced and invasive care requiring significantly more medical knowledge and skills.

Finally, the last role, Combat Paramedic/Provider (CPP) is for Combat paramedics and advanced providers, to provide the most sophisticated care to keep our wounded warriors alive and get them to definitive care.

Your role as a FMA is to treat the most common causes of death on the battlefield, which are massive hemorrhage and airway/respiratory problems. Also, you are given the skills to prevent complications and treat other associated but not immediately life-threatening injuries.

SLIDE 3 – TLO/ELO



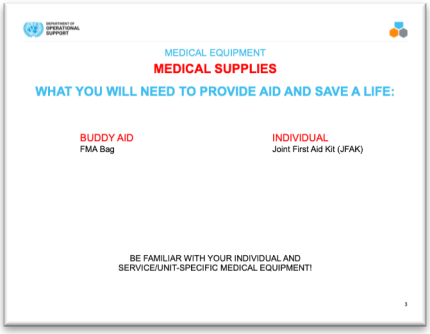
The Medical Equipment module has **five cognitive learning objectives**. The cognitive learning objectives are to:

1. Describe the use of the first aid kit in accordance with Service policy
2. Identify the contents of the Buddy First Aid Kit and/or other Service-specific first aid kits,
3. Describe the general maintenance and resupply procedures for trauma materials in the first aid kits
4. Identify the contents of a Field Medical Assistant kit

5. Describe the use of the components of a Field Medical Assistant kit in accordance with Service Policy.

The critical aspects are to be familiar with the contents, use, and maintenance/resupply of the BFAK, FMA kit, and/or other Service-specific first aid kits used by a FMA to provide aid and save a life on the battlefield.

SLIDE 4 – MEDICAL SUPPLIES YOU WILL NEED TO PROVIDE AID AND SAVE A LIFE



Service members in today's military carry a large array of equipment, and survival on the battlefield depends heavily on the ability to properly use that equipment.

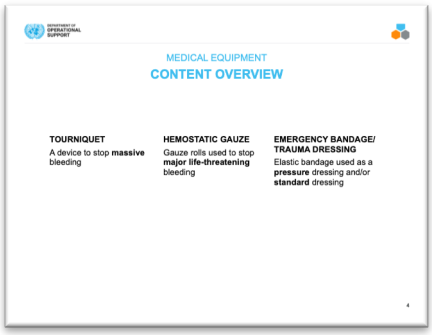
One piece of critically important equipment is the Joint First Aid Kit (BFAK).

Every piece of equipment chosen for the BFAK is evidence-based (lessons learned from the recent overseas contingency operations in Afghanistan and Iraq) and serves a distinct purpose for the individual Service member; knowing how to properly use what is in the BFAK can save a life. Remember, when treating a casualty (UN Trauma pack), use the items that are in the casualty's BFAK first. The Service member's BFAK should be reserved for self-aid whenever possible.

Every item in your BFAK supports provision of TFMA per the current guidelines. This lesson provides an opportunity to get a hands-on introduction to the kit and its contents. The equipment discussed supports the provision of TFMA per the current guidelines and enables the first responder/FMA to address issues identified in CUF, TFC, and TACEVAC Care (MARCH PAWS).

Trainer Note: While items are being explained, students should be given the opportunity to open wrappers and prepare their equipment for upcoming lessons.

SLIDE 5 – CONTENT OVERVIEW (M-MASSIVE HEMORRHAGE AND C-CIRCULATION)

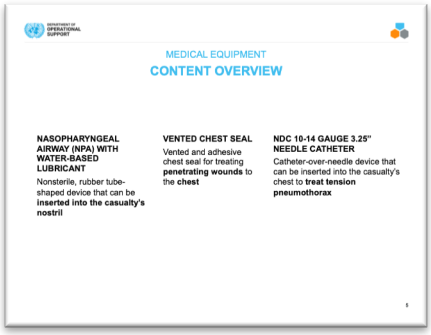


Tourniquet – The UN-recommended tourniquet is used to control massive or severe hemorrhage (bleeding) of an extremity (arms and legs). This is the most important lifesaving item in the BFAK and should be kept easily accessible and ready for use.

Hemostatic Dressing – The UN-recommended type of dressing, called a hemostatic (helps with blood-clotting) dressing, contains a chemical that bonds to another chemical in blood and causes clots to form at the source of bleeding. Use of a hemostatic dressing is called for when severe bleeding is observed from a wound that is in a junctional or other area where a tourniquet cannot be used (groin, neck, underarm wounds) or when a wound is not severe enough to warrant a tourniquet.
Remember, hemostatic dressings cannot be used inside the abdomen or chest (use an emergency bandage or other trauma dressing for these areas).

Emergency Bandage/Trauma Dressing – This elastic bandage can be used as a standard dressing for most wounds and can be used for wounds not bleeding enough for a tourniquet. This dressing can also be used alone or along with other forms of hemorrhage control (hemostatic dressing, etc.) to enhance effectiveness in controlling bleeding by providing pressure to the wound.

SLIDE 6 – CONTENT OVERVIEW (A-AIRWAY AND R-RESPIRATION)

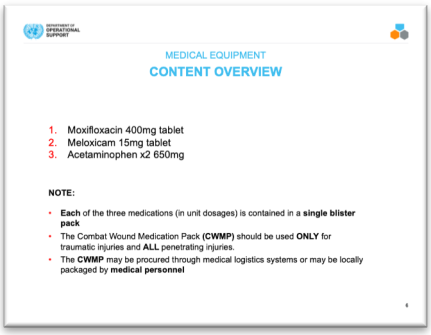


Nasopharyngeal Airway (NPA) with Lubricant – This is a nonsterile, rubber tube-shaped device that is inserted into the casualty's nostril. It acts as a wedge to keep the airway open by keeping the tongue from falling back into the space behind the mouth leading to the windpipe. Only a 32 French NPA is found within standard-issue BFAKs, sizing the NPA before insertion is not necessary. The lubricant is a water-based substance that assists in device insertion into the nose.

Chest Seal – This vented (preferred) self-adhering chest seal is used for treating sucking chest wound/open pneumothorax.

Catheter-over-needle Device – This 10- to 14-gauge 3." catheter-over-needle device is used to treat tension pneumothorax.

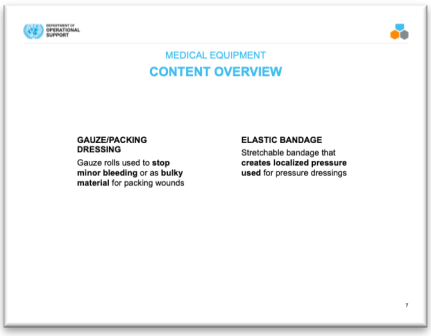
SLIDE 7 – CONTENT OVERVIEW (P-PAIN AND A-ANALGESIA)



Combat Wound Medication Pack (CWMP) – The CWMP is a prepackaged medication packet with drugs and dosages specifically chosen for use in combat casualty care. The CWMP contains drugs for mild to moderate pain (meloxicam and acetaminophen) and an antibiotic specific for penetrating wounds (moxifloxacin).

The CWMP should be used only for traumatic injuries and is not for routine use. It may be procured through medical logistics systems as a prepackaged blister pack or may be locally packaged by medical personnel.

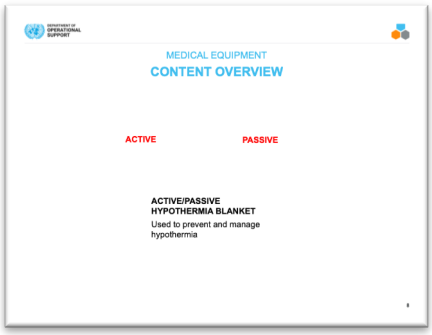
SLIDE 8 – CONTENT OVERVIEW (W-WOUNDS)



Compressed Gauze/Gauze Rolls – Gauze rolls are used to stop minor bleeding, cover wounds/burns, pack wounds, act as bulky material for pressure dressings, or pad pressure points in splinting.

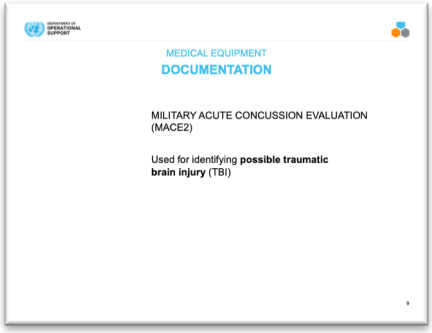
Elastic Bandage – Elastic bandages are used to hold dressings or splints in place or can be applied more tightly to apply localized pressure on a wound.

SLIDE 9 – CONTENT OVERVIEW (H-HYPOTHERMIA)



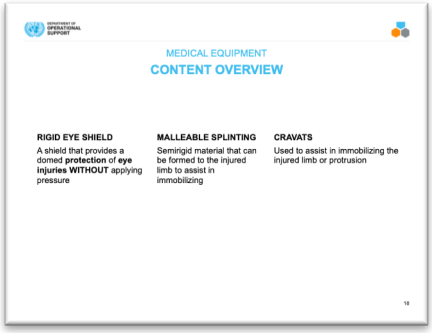
Hypothermia Prevention Kits/Blankets – Hypothermia prevention kits (active) and blankets (passive) used for preventing/treating hypothermia.

SLIDE 10 – CONTENT OVERVIEW (H-HEAD INJURY/DOCUMENTATION)



MACE Card (MACE2)

SLIDE 11 – CONTENT OVERVIEW (W-WOUNDS)

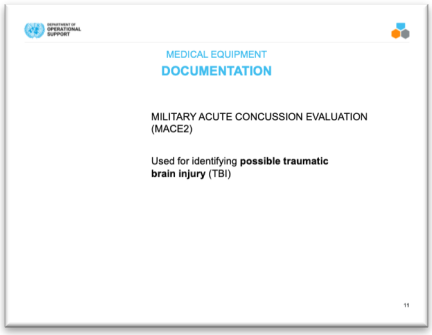


Rigid Eye Shield – This plastic or metallic eye shield provides a domed protection of eye injuries without applying pressure. It may be self-adhering or require tape.

Malleable Splint – Read slide.

Cravat – The cravat can be used to secure a splint or to create a sling/swath.

SLIDE 12 – DOCUMENTATION/MEDEVAC



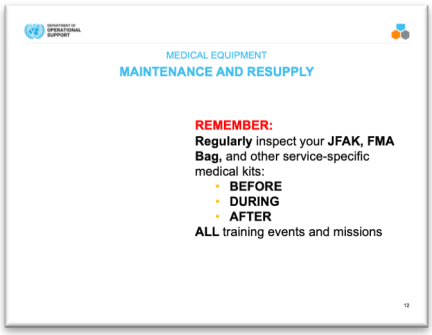
Casualty Card – This is the UN-approved for official casualty care documentation (of all assessment and treatment outlined by the TFMA guidelines) to be completed on every casualty before handoff to another provider and/or evacuation to a medical treatment facility.

NOTE: This documentation should remain with the casualty throughout the prehospital evacuation system and become part of the casualty's medical record upon reaching a medical treatment facility. The data from the Casualty Card will also be Noted on the casualties medical record.

NOTE: Many *commercially available* casualty cards **do not replicate all information** requirements of the Casualty Card. While the Casualty Card may be reproduced locally, it should be on waterproof paper or laminated with a means of attaching it to the casualty. It is best to have an indelible/permanent marker available for writing on the Casualty Card.

TAVEVAC Request Form/Template – This form is used in many units as a template to assist in preparing and sending a 4-line TACEVAC request.

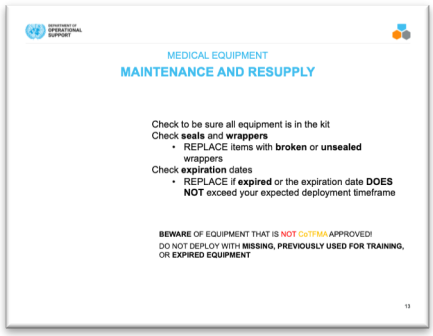
SLIDE 13 – MAINTENANCE AND RESUPPLY



Pre-combat inspections (PCIs) or readiness checks are critical for every piece of equipment a Service member carries and/or uses.

For the BFAK, FMA Bag, or unit/service-specific first aid kit, your life or your buddy's life may depend on the readiness and serviceability of the contents. It is critical that you frequently inspect equipment before, during, and after all training events and combat missions. Resupply when needed!

SLIDE 14 – MAINTENANCE AND RESUPPLY (CONT.)



Inventory – Make sure all required/applicable equipment is in the kit.

Seals and wrappers – Items with broken or unsealed wrappers should be replaced. If an item was vacuum sealed tightly when issued and is no longer sealed upon inspection, it should be replaced.

Check expiration dates – Medications and many medical-grade materials such as hemostatic dressings have an expiration date and lot number. Check all medications and medical-grade items for expiration date and replace if expired or the expiration date does not exceed your expected deployment timeframe.

Generally, items such as tourniquets do not have an expiration date, but check to ensure the devices are approved by the UN, are serviceable, and reflect the current generation (have not been replaced with a newer model, etc.).

BEWARE OF UNAPPROVED EQUIPMENT! Only a few items within the BFAK require specific recommendation from the UN. UN recommendations are based on scientific studies, evidence-based medicine, field-use testing, and lessons learned from the battlefield. Always check to ensure your kits are stocked only with UN-recommended/approved items and beware of unapproved equipment.

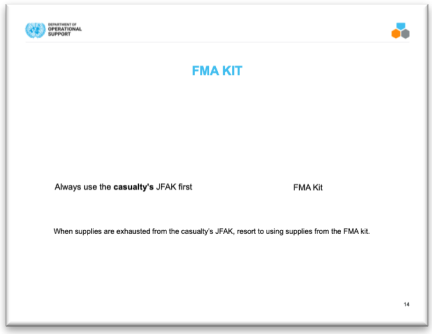
BEWARE OF FAKES! There are *fraudulent manufacturers* around the world that produce fake, misleading, or substandard pieces of medical equipment, especially those used in the BFAK (tourniquets and hemostatic dressings).

Check unit-specific evacuation equipment. Litters should be inspected for proper functioning and serviceability; litter straps should be checked for locking functions and placement; special evacuation equipment should be checked in accordance with manufacturers' or unit guidelines/standards.

SLIDE 15 – FMA KIT

Available medical equipment includes the FMA kit and the BFAK. ***Always access the BFAK from the casualty first.***

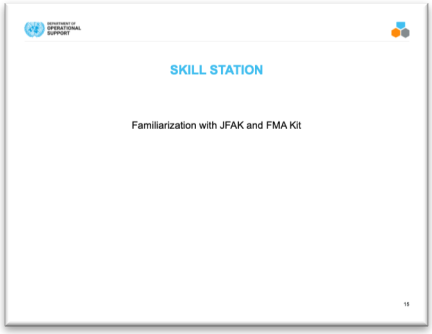
When supplies are exhausted from the casualty's BFAK, resort to using supplies from the FMA kit.



SLIDE 16 – SKILL STATION

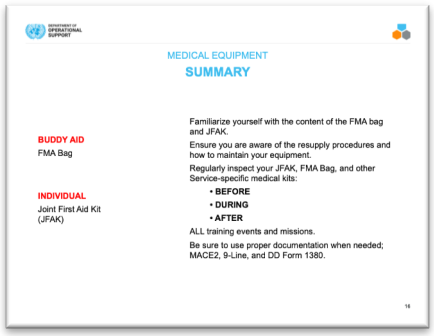
At this time, we will break into skill stations to practice the following skills:

- Familiarization with BFAK & FMA Kit



SLIDE 17 – Summary

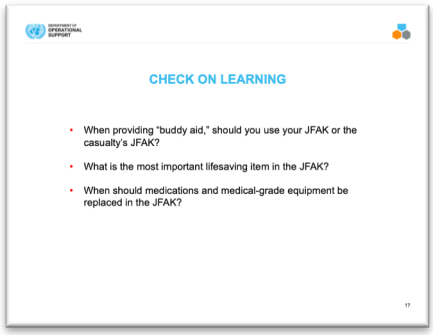
In this module, we discussed medical equipment that Field Medical Assistants use to provide aid and save lives on the battlefield. We described the use of the first aid kit in accordance with Service policy, identified the contents of the Joint First Aid Kit and other Service specific first aid kits, described general maintenance and resupply procedures for trauma materials in the first aid kits, identified the contents of a Field Medical Assistant kit, and described how to use the components of a Field Medical Assistant kit in accordance with Service policy.



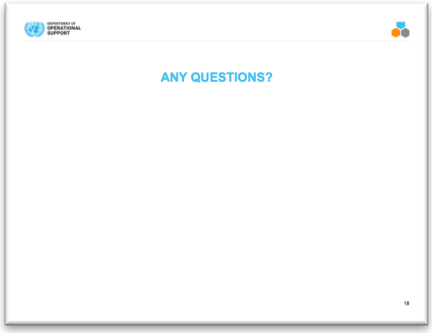
SLIDE 18 – CHECK ON LEARNING

Trainer. *Ask questions of the learners, referring to key concepts from the module.*

Now for a check on learning.



1. When providing "UN Trauma pack," should you use your BFAK or the casualty's BFAK?
   - The casualty's BFAK
2. What is the most important life-saving item in the BFAK?
   - Tourniquet
3. When should medications and medical-grade equipment be replaced in the BFAK?
   - All medications and medical-grade items should be replaced if expired or the expiration date is before your expected deployment timeframe.

- Items such as tourniquets do not have an expiration date, but the device may have been replaced by a new generation of the device with improvements. You should seek to replace with newer-generation items, if possible.

SLIDE 19 – QUESTIONS