

BUDDY FIRST AID KIT (BFAK) AND FIELD MEDIC ASSISTANCE KIT (FMAK)

Sub-Working Group on Medical

LIST OF ISSUE PAPERS

Secretariat issue paper #34: Revise the contents and packaging of the Buddy First Aid Kit (BFAK) and requirement of the Field Medical Assistant Kit (FMAK)

FOCAL POINTS

Secretariat

SUMMARY OF PROPOSAL

This proposal covers two changes:

Part 1: Adjustments to the required content and packaging of the BFAK to improve usability in operational conditions. (Chapter 3, annex C, appendix 1 page 88 and appendix 1.1 page 89)

Part 2: Revisions to guidance on the utilization and deployment of the FMAK (Chapter 3, annex C, para (c) page 85)

Part 1: BFAK:

The COE manual states that one complete kit must be carried by each contingent member. Provision of buddy first aid by troop/police is mandatory since 1 July 2022. The content of the BFAK was revised in 2023 to reduce the number of items from 16 to 12.

While compliance with BFAK requirements has improved significantly across troop/police contributors, a critical issue remains usability in operational conditions. Many current BFAKs are too large and bulky to be worn comfortably or effectively by soldiers already burdened with combat gear - such as personal weapons, flak jackets, ammunition pouches, communication equipment, essential supplies such as water, rations, and mission-specific tools. As a result, in the best cases, BFAKs are often carried in backpacks rather than worn on the body, which severely limits their accessibility at the point of injury - the exact moment they are most needed. In some cases, they are even left behind entirely in camps or vehicles, as soldiers prioritize space and mobility for other essential equipment.

To address these issues, the SWG proposes:

- **Introducing specifications for maximum / dimensions and weight and secure attachment mechanisms** (e.g., MOLLE-compatible pouches) to ensure BFAKs can be reliably worn on combat vests or belts without interfering with mobility or access to other gear.
- **Encouraging the use of compact, high-quality, and miniaturized components**, even if more costly, to enhance portability without compromising functionality.

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- **Adjusting the kit's contents** to only those items which can be effectively used with basic first aid training and essential for bleeding control and immediate point-of-injury care under combat conditions, where speed, simplicity, and accessibility are critical. Therefore, the secretariat suggests:

Removal:

- **Removal of CPR face barriers:** The removal of the CPR face barrier (mask) is supported by both operational practicality and evolving medical guidelines for point-of-injury care in combat settings. While the item was introduced into the BFAK in the 2023 COE working group standard during the COVID-19 pandemic, primarily as a protective barrier for the responder during mouth-to-mouth resuscitation, its inclusion is no longer aligned with current operational realities. In tactical environments, especially under fire or in austere settings, CPR is not a priority intervention and is rarely performed due to the extremely low probability of success without advanced life support. Furthermore, most CPR masks are relatively bulky, especially when considered in the context of a downsized, wearable kit.
- **Removal of Field Dressing (Small) and Sterile Gauze Pads:** The current composition of the BFAK includes multiple wound care materials - specifically small field dressings, sterile gauze pads, S-rolled gauze, and hemostatic dressings. However, this results in a level of functional overlap that is inconsistent with the requirements of a compact, mission-ready first aid solution. The S-rolled gauze and hemostatic dressing are both optimized for effective wound packing, particularly in controlling junctional and deep bleeding - core priorities in battlefield trauma. The small field dressing and sterile gauze pads provide inferior hemostatic capability, are less versatile. Their role in basic bleeding control is effectively covered by the pressure dressing, hemostatic gauze, and S-rolled/compressed gauze, which together offer a more practical and effective solution for immediate point-of-injury care.

All these items can be found and are better suited in FMAKs carried by designated first responders with higher medical training, rather than in BFAKs intended for use by all soldiers with basic first aid skills. Their removal allows for a more compact, usable kit, without compromising the core lifesaving functionality.

Addition:

- **Rescue trauma shears:** In addition to the core bleeding and airway control items, the inclusion of rescue trauma shears is recommended. These shears are a critical enabler of effective first aid, allowing rapid removal of clothing and gear to expose wounds for treatment - especially in cases of severe bleeding where time is vital. Compact, lightweight trauma shears (with blunt tips for safety) would enhance the practical usability of the BFAK in real operational scenarios.

To facilitate the proposed update to the kit, the SWG recommends increasing the reimbursement rate for the BFAK from \$3.27 to \$3.30 per person per month. This slight adjustment accounts for an estimated change in composition after removing some items and adding others, and supports the procurement of appropriately sized, mission-appropriate items that ensure the kit remains functional and accessible in operational environments.

The direct financial impact of the \$.03 increase per person per month multiplied by approximately 70,000 contingent peacekeepers across all missions is approximately **\$25,200 USD** per year.

Part 2: FMAK:

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Significant progress has been made in the area of Casualty Evacuation (CASEVAC) in recent years, with various initiatives improving policies, SOPs, and training. However, operational gaps remain—particularly concerning the availability, content, and practicality of the Field Medical Assistant Kit (FMAK), as defined in the UN COE Manual.

The UN CASEVAC policy adopts a “10-1-2” metric:

- 10 minutes: Immediate life saving measures are applied by personnel trained in first aid. Bleeding and airway control for the most severely injured casualties is to be achieved within 10 minutes and a casualty alert message transmitted.
- 1 hour: Advanced resuscitation / treatment is commenced by emergency medical personnel within 1 hour of injury / illness onset.
- 2 hours: Where required damage control surgery (DCS) is commenced as soon as practicable, but no later than 2 hours after injury / illness onset.

The “10 minutes” is mainly a T/PCC responsibility as it covers the basic immediate first aid mainly in hemorrhage control provided to a casualty for himself or herself or by the nearest person on site, at the point of injury.

The 1 hour is a shared responsibility between the contingents and the field missions. In mission where activities (patrols, escort...) are taking place in remote location and far from any level 1 clinic, or where the time to reach the point of injury (POI) with evacuation assets [ambulance, helicopter with Aero Medical Team (AMET)] is consequent, Field Medic Assistants (FMA) from the contingent will have to treat a casualty at the POI for an extended period before emergency medicine trained personnel arrive. Consequently, their skills should extend beyond the initial care of the first 10 minutes and sometimes beyond the first hour of the 10-1-2 metric, and they must be equipped with the FMAK.

To ensure that contingent deployed in high-risk mission and / or have to carry out activities in remote location and far from a level 1 clinic are equipped with sufficient number of FMAK, the SWG proposes additional language to make clear that the number of kits to be deployed by each unit will be determined based on operational conditions, and sufficient kits must be deployed to ensure that every patrol/remote activity is equipped with a field medical assistant kit

There is no direct additional financial impact from this proposal, as the quantity of FMAK's deployed will continue to be based on operational requirements and within existing budgetary resources.

PROPOSED TEXT FOR 2026 COE MANUAL

To implement the Part 1 BFAK recommendation, the following changes are recommended:

Proposed text for Chapter 3, annex c, appendix 1.1, p. 89. Delete the superscript b and the corresponding note. (struck out text to be deleted, text in bold to be added)

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Appendix 1.1

Buddy first aid kit

Serial No.	Item	Quantity
1.	First aid pouch or box First aid pouch, internal usable volume of ~ 1.0-1.3L, content must fit without overstuffing allowing one-handed opening /closure, with secure attachment mechanisms (MOLLE-compatible, wearable on flak jacket, belt, or thigh rig.)	1
2.	Emergency pressure bandage - Bandage ^a , sterile, pressure, non-adherent, with integrated pressure bar, 10 cm / 4 inch	1
3.	Field dressing (small) ^a -	2
4.	Sterile gauze pads	10
5. 3.	S-rolled gauze (4.5 inches x 4.1 yards) ^a - Gauze ^a , S-rolled, sterile, vacuum packed, 12 cm x 3.8 m (4.5-inch x 4.1 yards)	1
6. 4.	Chest seal (set of 2 per pack) ^a	1
7. 5.	Medical adhesive tape (roll)	1
8.	Pocket mask or face barrier to cardiopulmonary resuscitation ^b -	4
9. 6.	2 Nitrile gloves, medium or large ^a	2
10. 7.	4 Z-fold haemostatic gauze dressing, vacuum sealed ^a	1
11. 8.	Combat arterial tourniquet ^a	1
12. 9.	Emergency hypothermia blanket (single use)	1
10.	Rescue trauma shears	1

Notes:

1. Replenishing used and expired items within first aid kits is the responsibility of the troop/police contributing country.
2. Items are reimbursed under self-sustainment on the basis of one kit per troop/police contingent member.

^a Minor size and brand variations are allowed as long as the item serves the intended function.

^b **Face barrier to cardiopulmonary resuscitation is considered as an alternate item to pocket mask.**

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Proposed text for Chapter 3, annex C, appendix 1, p. 88 (struck out text to be deleted, text in bold to be added):

Appendix 1

United Nations levels of medical support: buddy first aid requirements and standards

<i>Treatment capability</i>	<i>Treatment capacity</i>	<i>Staffing requirement</i>	<i>Equipment requirement</i>	<i>Infrastructure requirement</i>	<i>Reimbursement rate (per capita per month)</i>	<i>Remarks</i>
1. Cardiopulmonary resuscitation	2 casualties	Nil	Buddy first aid kit ^a	Nil	\$3.27 \$3.30	Troop/police contributor will prepare personnel by providing them with the required medical skills. The personnel will be trained to a sufficient level of proficiency as stipulated in the Medical Support Manual for United Nations Field Missions ^b .
2. 1. Bleeding control	1 casualty					
3. Fracture immobilization						
4. 2. Wound dressing and bandaging (including burns)						
5. 3. Casualty transport and evacuation						
6. 4. Communication and reporting						

^a See appendix 1.1 for a detailed list of items in the buddy first aid kit, which must be carried by each troop/police contingent member.

^b See Medical Support Manual for United Nations Field Missions, chap. 16.

To implement the Part 2 FMAK recommendation, the following changes are recommended:

Field medical assistant kit (FMAK).

Proposed text for Chapter 3, annex C, para (c) p. 85 (struck out text to be deleted, text in bold to be added)

(c) Field medical assistant kit: The field medical assistant kit is an advanced first responders' medical kit designed to provide a more sophisticated range of equipment and consumables and to deliver life-saving assistance to a casualty at the point of injury. The United Nations requirement for field medical assistance kits is set out in appendix 3 to the present annex. ~~One kit is recommended per company-sized unit, with exact requirements to be determined during negotiation of the memorandum of~~

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~~understanding, based on the operating conditions. The troop/police contributor will prepare a minimum of one trained person per company-sized unit (see above), providing that person with the required advanced medical skills and training to a sufficient level of proficiency in accordance with the United Nations Field Medic Course; The number of kits to be deployed by each unit will be determined during negotiation of the memorandum of understanding, based on operational conditions. Sufficient kits must be deployed to ensure that every patrol/remote activity is equipped with a field medical assistant kit. Troop/police contributors must assign an adequate number of trained personnel to these patrols/remote activity, in line with the requirements of the United Nations Field Medical Assistant Course.~~

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