

AMAS 30

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Medical Support and Casualty Evacuation

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CONTENTS

AMENDMENT RECORD	4
30.1 INTRODUCTION	5
30.2 SCOPE	5
30.3 MEDICAL SUPPORT	5
30.4 MEDICAL CHECKS FOR PROSPECTIVE EMPLOYEES	5
30.5 MEDICAL SUPPORT FOR DEMINING STAFF	6
30.6 STAFF INSURANCE COVER	6
30.7 LEVELS OF EMERGENCY MEDICAL SUPPORT	7
30.8 MEDICAL STAFF	7
30.9 FIELD MEDICAL UNIT (FMU) PARAMEDIC	7
30.10 FIELD MEDICAL OFFICER (FMO)	7
30.11 SENIOR MEDICAL OFFICER (SMO)	8
30.12 MACCA MEDICAL ADVISOR	8
30.13 MEDICAL STAFF RECRUITMENT	8
30.14 MEDICAL TRAINING COURSES	9
30.15 ORIENTATION COURSE	9
30.16 REFRESHER COURSE	9
30.17 PARAMEDIC REVISION COURSE	10
30.18 BASIC FIRST AID TRAINING FOR FIELD PERSONNEL	10
30.19 CASUALTY AND MEDICAL EVACUATION	10
30.20 TERMINOLOGY	10
30.21 PRIORITY EVALUATION FOR CASUALTY EVACUATION	10
30.22 ON SITE REQUIREMENTS	11
30.24 PROCEDURE IN THE EVENT OF AN ACCIDENT	12
30.25 ACTION TO BE TAKEN BY TEAM LEADERS FOLLOWING AN ACCIDENT	13
30.26 HEALTH AND HYGIENE	13
<u>ANNEX A: DUTY FITNESS MEDICAL EXAMINATION PERFORMA</u>	14
<u>ANNEX B: LIST OF MEDICAL SUPPLIES TO BE CARRIED BY PARAMEDICS DURING DEMINING OPERATIONS</u>	ERROR! BOOKMARK NOT DEFINED.
<u>ANNEX C: CASUALTY EVACUATION VEHICLE</u>	22
<u>ANNEX D: EXAMPLE OF A DEMINING CASUALTY/DAMAGE REPORT</u>	23

Warning

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Medical Support and Casualty Evacuation

30.1 Introduction

30.1.1 Demining has inherent dangers however, by ensuring demining personnel are adequately prepared and supported and that safe work practices are applied, the level of risk can be minimised. Provision of good medical support to demining operations is one of the ways of ensuring that demining personnel are adequately prepared and supported.

30.1.2 Medical support is not just about support for the tasks themselves. Medical support also includes all of the preparatory and preliminary requirements to ensure that demining staff are fit to work and have confidence in their organizations to look after them in an emergency.

30.1.3 Medical support shall be appropriate to the threat.

30.2 Scope

30.2.1 Demining is a hazardous activity, which has the potential to cause life-threatening injuries. Further, field conditions and the areas in which operations occur can pose additional hazards to the health and safety of personnel. Consequently, this standard describes preventative actions as well as emergency and evacuation procedures. To assist the planning and delivery of medical services, Annexes to this standard have been provided to detail equipment schedules, emergency procedures, reports and other specialized data.

30.3 Medical Support

30.3.1 Personnel employed on demining operations must be fit for the work they undertake. Also, they must not have existing medical conditions that may affect their work or the support provided to or by them in an emergency.

30.3.2 All personnel recruited for mine action in Afghanistan shall be medically checked by a qualified doctor approved by the MACCA Medical Advisor prior to employment. The medical check is to ensure that the prospective employee has no illnesses, infections or allergies that would affect their ability to carryout their intended duties.

30.4 Medical Checks for Prospective Employees

30.4.1 All records of medical checks of prospective employees are to be made available for viewing by the MACCA Medical Advisor. An example of a Duty Fitness Medical Examination Performa is attached at Annex A to this chapter.

30.4.2 For demining personnel, the pre-employment medical check is to also ensure that the prospective employee has:

- a) Good eyesight, and
- b) Good hearing in both ears.

30.5 Medical Support for Demining Staff

30.5.1 All demining staff shall receive medical support as follows;

- a) Routine Medical Support: Demining organisations shall make provisions for routine medical support for their staff both in the field and at base locations. Routine medical support includes the provision of treatment for illness, diseases and injuries. If this is not offered then staff should be paid a Monthly Medical Allowance.
- b) Emergency Medical Support: The emergency medical support system is structured to provide timely and effective medical support at the field site.

30.5.2 Appropriate medical support and a workable casualty evacuation procedure is one of the principles of clearance. No clearance operations will commence without an acceptable medical support and casualty evacuation plan that everyone involved fully understands and has practised.

30.5.3 The method of evacuation in the event of an accident shall always be specified and understood by all personnel on site. The primary method of evacuation in Afghanistan is by road to the nearest hospital. Prior to entering the hazardous area all persons shall have their blood group recorded at the control point.

30.5.4 Organisations will have to state clearly the level of medical support to be provided for their teams. As a guideline:

- a) It is expected that one trained team paramedic with all his equipment will be sited within 5 minutes traveling time of each demining team. Every team paramedic must have immediate access to a dedicated ambulance and driver,
- b) Medical supplies must be sufficient to stabilise large-scale shrapnel injury or traumatic amputation within 15 minutes and to provide surgery in a properly equipped hospital within 1 to 5 hours. A list of Medical Supplies to be carried by paramedics during demining operations is at Annex B to this chapter
- c) Organisations are responsible for ensuring that a qualified Field Medical Officer (FMO) is available within 30 minutes travelling time of any demining team.
- d) Organisations are responsible for ensuring a CASEVAC vehicle is always available on site for casualty evacuation. The CASEVAC vehicle should be a cross country capable vehicle equipped with basic medical equipment such as an oxygen support system, stretcher etc. A list of equipment to be carried is attached at Annex C to this chapter.
- e) If the team paramedic and or the vehicle are removed or unavailable at the clearance site then all operations shall cease immediately until both have been restored.

30.6 Staff Insurance Cover

All national staff employed by mine action organizations in Afghanistan shall be provided with insurance coverage at no cost to the individual. The coverage should include;

- a) Coverage for trauma orientated injuries and death.
- b) The minimal amount of compensation for total permanent disablement and death shall be USD \$20,000.
- c) The partial permanent disablements should be compensated according to the percentage of impairment and disability.

- d) Temporary complete and partial impairment and disability should be compensated on weekly indemnity basis.

30.7 Levels of Emergency Medical Support

30.6.1 The emergency medical support is based on four levels as described below:

Level 1: medical support is based on medical support at the accident site. This shall include one or possibly two team paramedics providing treatment at a First Aid point with access to a CASEVAC vehicle.

Level 2: medical support includes treatment at a basic emergency aid center capable of stabilizing the patient prior to evacuation. This will normally be performed at the site office by the Field Medical Unit (FMU) or at a local hospital. The Level 2 facility should ideally be located no more than 30 minutes from the accident site when travelling by road.

Level 3: medical support will normally be treatment at a hospital that is capable of providing major surgery or specialized treatment. Such facilities shall be within five hours of the clearance site when travelling by road.

Level 4: medical support includes post-operative injury care and medical welfare such as extended medical support in a hospital or at a rehabilitation facility.

30.8 Medical Staff

30.8.1 Team Paramedic

- a) A team paramedic shall be allocated to each demining team.
- b) The team paramedic shall be qualified on a 2 year course at the School of Nursing and have a further two years of work experience in a surgical hospital or equivalent.
- c) The team paramedic is responsible for the establishment of a First Aid point at the clearance site before daily operations start and shall only close after operations have ceased for the day.

30.9 Field Medical Unit (FMU) Paramedic

- a) The FMU paramedic shall have qualified on a 2 year course at the School of Nursing and have a further two years of work experience in a surgical hospital or equivalent.
- b) FMU paramedic is responsible for monitoring and maintaining all medical equipment and supplies including keeping an accurate register of all medicines administered and patient details.

30.10 Field Medical Officer (FMO)

- a) The FMO shall be a qualified Medical Doctor (MD) or Medicine Batchelor and Batchelor of Surgery (MBBS) from a medical university recognized by the Afghanistan medical council.
- b) The FMO shall be an advisor to the demining organizations on all medical matters including;

- (1) The establishment of the FMU as soon as possible if it requires relocating.
- (2) Visiting operational sites and advising on the establishment and equipping of the First Aid Point and detailing any special responsibilities to the paramedics.
- (3) Ensuring that the FMU ambulance is correctly equipped and maintained.
- (4) Ensuring that all FMU medical equipment is maintained.
- (5) The FMO is responsible for advising on the health, hygiene and sanitation of the organizations field camp including confirming:
 - (6) The quality of the water source.
 - (7) The camp is not sited near fly and mosquito breeding areas.
 - (8) The sighting of latrines.
- c) Shall maintain the stock register of drugs, equipment and the drugs expense account;
- d) Shall ensure that a detailed statement of injuries is submitted to the MACCA Operations Department for any demining accidents.

30.11 Senior Medical Officer (SMO)

- a) The SMO holds a qualification of MD or MBBS from a medical university approved by the Afghanistan medical council.
- b) The SMO is the medical advisor on matters of health to the Director or Program Manager of mine action organisations working in Afghanistan.
- c) Details of the SMO Terms of Reference (TOR) should be provided in an organizations SOP's when submitted for accreditation.

30.12 MACCA Medical Advisor

- a) MACCA Medical Advisor holds a qualification of MD or MBBS from a recognised medical university,
- b) Five years experience in medical management as well as surgery,
- c) Shall be the advisor to the Mine Action Program for Afghanistan (MAPA) on all medical matters effecting mine action in Afghanistan.

30.13 Medical Staff Recruitment

30.13.1 In order to improve the medical services within mine action program for Afghanistan and avoid jeopardy to life of those who need medical services, it is mandatory that all mine action organizations shall only recruit qualified medical personnel.

30.13.2 The recruitment of medical personnel for MACCA Implementing Partners (IP) should be conducted through a Medical Selection Board whose members will consist of:

- a) MACCA Medical Adviser.
- b) SMO of IP conducting recruiting.
- c) A SMO of any of IPs sister NGOs

30.14 Medical Training Courses

30.14.1 It is essential that all medical staff maintain their qualifications and skill level through refresher training. All organisations shall plan to conduct refresher training annually for their medical staff.

30.14.2 The following are examples of medical training that should occur:

- a) Orientation Course
- b) Refresher Course
- c) Paramedic Revision Course
- d) Basic First Aid Training for Field Personal

30.15 Orientation Course

30.15.1 It is essential for any new appointed paramedic to participate in an orientation course before being deployed to the field in order to be familiar with all aspects of medical chapter of AMAS. The Orientation Course shall be conducted by all organisations.

The trainee must be knowledgeable on the following subjects:

- a) Introduction to mine action and the specific NGOs structure,
- b) Paramedic job description,
- c) Medical Support Systems,
- d) Procedures for administrating First Aid,
- e) Medical evacuation procedures,
- f) Introduction to the Standard Medicine and Medical Equipment for use in Mine Action,
- g) General health and hygiene considerations in mine action,
- h) Mine Risk Education, and
- i) Use of HF/VHF radio communication systems used by the organisation.

30.16 Refresher Course

30.16.1 The Refresher Course allows team paramedics to maintain their skill level and qualifications and be brought up to date with any new medical techniques and procedures through regular training.

30.16.2 The medical topics to be covered on the Refresher Course will be selected during the Medical TWG meetings conducted by MACCA Medical Advisor.

30.16.3 A Refresher Course shall be conducted by demining organisations a minimum of once every year.

30.17 Paramedic Revision Course

30.17.1 The Paramedic Revision Course should enhance the skills already gained by the team paramedic when they underwent their formal training at the Nursing School and gained during OJT at a hospital. The training should be specific to dealing with the treatment of casualties as the result of mine and UXO accidents and the associated actions to be followed specific to an organisations SOP's

30.18 Basic First Aid Training for Field Personnel

30.18.1 Basic First Aid Training is a requirement for all field personnel. Each NGO medical officer will prepare the training package and submit it for approval to the MACCA medical advisor.

The trainee should be able to:

- a) Immediately assess a patient - ABC's (Airway, Breathing, and Circulation),
- b) Perform Cardiopulmonary Resuscitation (CPR),
- c) Manage bleeding,
- d) Apply splints to fractures, and
- e) Casualty carrying techniques.

30.19 Casualty and Medical Evacuation

30.20.1 Casualty and medical evacuation applies to all types of accidents and incidents involving serious injury or illness, affecting mine action personnel not just as the result of a mine accident. In all cases, planning and implementation must be undertaken in a way that ensures the patient receives the most appropriate level of medical care in the shortest possible time. In Afghanistan the primary means of evacuation is by road however evacuation by air should also be considered.

30.20 Terminology

30.20. 1 CASEVAC: the evacuation of casualty from the scene of an accident to the nearest appropriate medical facility (First Aid Tent) so that they can be stabilised and then be transported to the next level medical facilities (FMU) for further medical treatment.

30.20. 2 MEDEVAC: the evacuation of patient from the second level medical facility (FMU) to the next higher level of medical facility for further treatment.

30.21 Priority Evaluation for Casualty Evacuation

30.21.1 The following priorities are to be used to describe the casualty's condition so that the need for casualty evacuation and the method of evacuation can be evaluated:

a) Priority One:

If the casualty may lose a limb/ eyesight or die if hospital treatment is not received within 6 hours, or

If road evacuation is likely to worsen the casualty's condition to such an extent that it may result in the casualty's death.

b) Priority Two:

If the casualty is seriously ill or injured and may die if hospital treatment is not received within 6 to 12 hours, or

If the casualty may lose their eyesight if hospital treatment is not received within 6 to 12 hours.

c) Priority Three:

If the casualty is ill or injured but the condition is not life threatening and the casualty is to be moved to an external medical facility (that is not part of the mine action program) for treatment.

d) Priority Four:

(1) If the casualty is ill or injured but the condition is not life threatening and the casualty can be treated on site by a team paramedic or at an FMU.

(2) In most situations, casualties are given a priority assessment on the following two occasions:

- i. Initial prioritization occurs at the incident scene when the team paramedic performing the treatment makes an assessment and assigns a priority to the casualty, and
- ii. When the casualty is re-prioritized by the FMO when being treated at an FMU.

30.21.2 In situations where FMU support is not available the paramedic performing the treatment should prioritise the casualty for evacuation.

30.22 On Site Requirements

30.23 The following on site requirements shall be in place at all clearance sites to ensure casualty evacuation is performed effectively:

a) Medical Post shall be,

- (1) Established under shade to protect medical supplies from direct sunlight.
- (2) Equipped with appropriate first aid/medical supplies and equipment including bed, folding table and chair.
- (3) Suitable to stabilize and treat a casualty.

- (4) Within safe and easy access to the clearance site and able to be reached by the ambulance.
- b) A team paramedic shall be located at the site at all times during demining operations (maximum 5 minutes away).
- c) Communications between the clearance site and an organisations HQ shall be maintained at all times.
- d) A designated evacuation vehicle or an ambulance shall be on site at all times during operations. The driver shall also be available at all times and the vehicle should be parked so that the casualty can be loaded and leave the site without having to manoeuvre.
- e) A well planned evacuation route from the minefield to the nearest surgical facility (or helicopter-landing site if applicable) should be practiced to judge the time and distance.
- f) GPS Coordinates to the location of the helicopter landing site shall be informed to the AMAC prior to the commencement of the first work at the site.
- g) All demining teams should have written guide lines at the clearance site for the conduct of a casualty evacuation rehearsal.
- h) All demining teams' personnel shall practice the casualty evacuation procedure monthly and this practice shall be recorded.

30.24 Procedure in the Event of an Accident

30.23.1 The following procedure should occur in the event of an accident:

- a) Stop all work and inform the supervisor and team paramedic that an accident has occurred.
- b) The team leader shall organise other team members to clear around the casualty, if he is lying in an unclear area, and move the casualty to a safe area.
- c) The team leader or supervisor shall immediately inform the organisation headquarters and the AMAC that there has been an accident.
- d) The team paramedic shall administer first aid and arrange evacuation by stretcher from the safe lane to first aid post and then to the evacuation vehicle or ambulance.
- e) Transport the casualty to the next level medical facility (FMU or hospital) or to a helicopter landing site (if a helicopter is available) with the team paramedic continuing to monitor and treat the patient.
- f) Transfer the patient to the hospital under the supervision of the team medic or the FMO/ Doctor.

Note: If communications are lost with the HQ then the patient should be evacuated by road to the nearest hospital.

- g) The demining organisations HQ shall deliver the written casualty report to MACCA within 24 hours of the accident occurring. This should be following up initial report passed verbally via phone, HF or VHF radio immediately after accident. An example of a Demining Casualty/Damage Report is attached at Annex D to this chapter.

30.25 Action to be Taken by Team Leaders Following an Accident

30.24.1 The following actions should be taken by team leaders following an accident:

- a) Account for all personnel and make sure no one else has been injured.
- b) Close off the lane or area of the accident where the deminer was working.
- c) Account for all equipment and stores belonging to the injured deminer, but do not move any equipment directly involved in the accident until after the investigation team gives its permission. Post sentries to guard equipment if necessary.
- d) All work should cease for the day and the team should return to its camp location.
- e) Gather all personal who witnessed the accident or worked in the immediate area and assist them to compile written statements on what they saw.
- f) Offer support to those personnel who may be suffering from shock as a result of the accident.
- g) Collect the injured person's personal belongings and equipment and secure them.

30.26 Health and Hygiene

30.26. 1 MAPA Medical personnel are trained in field health and hygiene; therefore their advice should be sought with regard to health and hygiene issues.

30.26. 2 Responsibilities

- a) Supervisors are responsible for the health and hygiene practices of all personnel. They are to seek advice from medical officers regarding health and hygiene Planning, implementation and monitoring
- b) Team leaders are responsible for the hygiene practice of team members and should regularly monitor the health of team members. Team leaders should seek health and hygiene advice from team paramedic.
- c) All personnel are responsible for their own health and hygiene and should remain vigilant to ensure the risk of illness and diseases is minimized and contained and treatment is timely and appropriate for the circumstances.
- d) NGOs Senior Medical Officers are responsible for providing advice on health and hygiene for all personnel.
- e) MACCA Medical Advisor shall issue medical directives periodically on health, hygiene and prevention of diseases.

Annex A

DUTY FITNESS MEDICAL EXAMINATION PERFORMA

NGO NAME
Medical Section

Original Date:
Dates Revised:

DUTY FITNESS MEDICAL EXAMINATION PERFORMA

*All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.*

Name:		F/Name:	
Age:	Sex:	F <input type="checkbox"/> M <input type="checkbox"/>	Date of last physical exam:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

PERSONAL HEALTH HISTORY

Childhood illness:		<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Chickenpox <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Polio	
Immunizations and dates:	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia	
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox	
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR	
List any medical problems that other doctors have diagnosed			

Surgeries:			
Year:	Reason:	Hospital	
Other hospitalizations			
Year:	Reason:	Hospital:	
Have you ever had a blood transfusion?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please turn to next page

Do you have any allergies to medications?	
Name of the Drug?	Reaction You Had?

REVIEW OF SYSTEMS:

All questions contained in this questionnaire are optional and will be kept strictly confidential.

General Appearance	Weight Loss	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Weight Gain	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fatigue	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Fever	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Night Sweet	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Skin	Rashes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pruritus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Impetigo	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Head	Trauma	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dizziness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Syncope	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eye	Vision	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Excessive Tearing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Cataract	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ear	Hearing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Tinnitus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pain(h)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

	Changes														
	Discharge	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Vertigo	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Nose	Sinus Problem	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Epistaxis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Polyps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Sense of Smell	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										
Throat	Bleeding Gum	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Lesion On Tonsils	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Mucosa Lesion	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Respiratory System	Chest Pain ®	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dyspnoea	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dry Cough	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Hemoptysis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sneezing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Productive cough	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
CVS	Chest Pain	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Orthopnea	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Exertional Dyspnoea	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	PND	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Claudication	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Peripheral Oedema	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
GIS	Dysphagia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nausea	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Vomiting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Diarrhoea	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Constipation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Melina	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Jaundice	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Food Intolerance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Hematemises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Genitourinary System	Frequency	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Urgency	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dysuria	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Heamaturia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Poly urea	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Discharge	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Impotence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										
Endocrine System	Poly depsia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Polyphagia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Temperature Intolerance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Changes In Hair Or Skin Texture	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										
Musculoskeletal	Arthralgia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Trauma	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Joint Swelling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Limitation In Range or Motion	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Back pain	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Peripheral Vascular	Varicose Veins	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Intermittent Claudication	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Thrombophlebitis History	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hematology	Anemia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Bleeding Tendency	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Easy Bruising	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Nervous	Syncope	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Seizures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	M Weakness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	M co-	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Memory	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sleep Pattern	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

	ordination																		
	Emotional Disturbances	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No														
Psychiatric																			
PHYSICAL EXAMINATIONS																			
All questions contained in this questionnaire are optional and will be kept strictly confidential.																			
General Appearance	Mood					Unusual Position													
Vital Signs	Bp					PR													T
Skin																			
Node	Location					Size													Tenderness
	Motility																		
Head																			
Eyes	Conjunctiva					Enophthalmos													Pupil Size
	Reactivity					Visual Activity			R	E									LE
Ears	Test Hearing					Discharge(E)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No									Tympani Membrane
Neck	Nodes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Masses	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No									Thyroid
	Bruit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No														
R S	Inspection					Palpation													Precaution
C V S	Inspection©					Palpation													Auscultation©
G I S	Inspection					Palpation													precaution
	Auscultation																		
U G S	Inspection					Palpation													Precaution

Annex B

List of Medical Supplies to be carried by Paramedics during De-mining Operations

S/ N	Items	Qty	Remarks
I. Oral Drugs			
1	Tab. Paracetamol 500 Mg (Panadol)	10x2	
2	Tab. Dispirin 300mg	10x2	
3	ORS	5 Pak	
II. Medicine			
4	Inj. Adrinalin 1:1000	2 Amp	
5	Inj. Avil	2 Amp	
6	Inj. Rozaday 1g	2 Vial	
7	in Dexamethason	5 Amp	
8	Inj. Dicloran	3 Amp	
9	Inj. Hydrocortisone 100mg (Sulo-Cortef)	2 Amp	
10	Inj. Hyoscine (No-Spa)	2 Amp	
11	Inj. Metachloperamide (Maxolon)	2 Amp	
12	Inj. Pentazocine 30mg (Sosegan)	2 Amp	
13	Water for Injection	5 Amp	
14	Xylocain With Adrenalin 2% 50ml	1 Vial	
III. I.V Fluids			
15	Dextrose 25% 10ml	10	
16	Dextrose 5%	1	
17	Mix (Dextrose 5%+ NaCl 0.9%) 1000 ml	1	
18	Normal Saline (NaCl 0.9%) 1000 ml	1	
19	Ringer Lactate 1000ml	1	
IV. Drugs for External Use (Solutions, Creams, Ointments)			
20	Alcohol Spirit 450ml	1 Bottle	
21	Dettol soap	1	
22	Polyfax skin Ointment 20gm	1 Tube	
23	Genticyn Eye/Ear drop	2	
24	Hydrogen Peroxide 450ml	1 Bottle	
25	Lignocain gel	1 Tube	

26	Polyfax Eye Ointment	1 Tube	
27	Pyodine 450ml	1 Bottle	
V. Dressing, Suturing Material and Material for injection			
28	Adhesive plaster	2 R	
29	Chromic Catgut No-0 W/ needle	2	
30	Chromic Catgut No-2/0 W/ needle	2	
31	Cotton wool 100mg	1	
32	Crepe bandage (5cm, 10cm, 15cm)	9	
33	Disp Plastic gloves	1 Pak	
34	Disp syringe 20cc	1	
35	Disp syringe 10cc	3	
36	Disp syringe 3cc	3	
37	Disp syringe 5cc	3	
38	Gauze bandage (5cm, 10cm, 15cm)	12	
39	IV cannula N0 18	2	
40	IV cannula N0 20	2	
41	Silk No 1/0 with cutting needle	2	
42	Sterile gauze 10 x 10 cm	10x 20 Pieces	
43	Sofra-tulle	1 box	
44	Surgical gloves (7.5 & 8)	2 pair	
45	Tourniquet for IV Injection	1	
46	Tourniquet for stop bleeding	1	
47	Triangular bandage	4	
48	Uni-plaster	20 Strips	
VI. Surgical Instruments			
49	Artery forceps	4	
50	Bowl	1	
51	Dissecting forceps w/tooth	1	
52	Dissecting forceps without/tooth	1	
53	Tissue scissors	1	
54	Dressing scissors	1	
55	Kidney tray S/L	2	
56	Knife handle No-4	1	
57	Kocher forceps	2	

58	Needle holder	1	
59	Sterilizer, Small size non electric	1	
60	Surgical blade No-20	6	
61	Syringe Box (Steal) Medium Size	1	
VII. Others			
62	Airway 03-04-05	3	
63	B. P. Apparatus	1	
64	Bed Folding	1	Per team
65	Bed Sheet	1	Per team
66	Blanket	1	Per team
67	Cap	1	
68	Cramer Wire (Splint) Small, Medium, Large	4	
69	Emergency Medical Kit box	1	
70	First Aid Box	1	
71	Folding Chair	1	
72	Folding Table	1	
73	Foley catheter 16	1	
74	Fresh Boiled Water	5 Lt	Per team
75	Iv Stand	1	
76	Macintosh Sheet	1	
77	Medical Mask	1	
78	Pillow	1	Per team
79	Stethoscope	1	
80	Stretcher Folding	1	
81	Tent	1	Per team
82	Thermometer Sublingual	1	
83	Torch	1	
84	Umbrella	1	
85	Urine bag	1	
86	White Coat	1	Each medic
87	Ambulance Vehicle	1	

Annex C

CASUALTY EVACUATION VEHICLE

CASUALTY EVACUATION VEHICLE (AMBULANCE VEHICLES) WITH 2 WAY RADIO COMMUNICATION SYSTEM.

1. Characteristics - shall have good suspension, be cross-country capable and may be air conditioned.
2. Shall have at least one stretcher, pillow and two blankets
3. Shall be properly equipped with the following:
 - a. Oxygen cylinder with regulator, tubing, mouth, and nosepiece,
 - b. Infusion giving stand or hook,
 - c. B.P. apparatus and stethoscope,
 - d. Battery or foot operated sucker,
 - e. Emergency light, and
 - f. Instruments and dressings to cover any emergency.
4. First Aid box containing cardiac and breathing revival drugs:
 - a. Anti cholinergic and antispasmodic drugs,
 - b. Antipyretic, analgesic and anti-allergic drugs, and
 - c. Anti-diabetic emergency drugs.

Annex D

Example of a Demining Casualty/Damage Report

(Note - This is an example report when both casualties and equipment damage occurs)

From:

To:

Date & Time:

Subject: **DEMINE CASUALTY/DAMAGE REPORT**

1. Agency, Site Office/Project Number, Team Number.
2. Location (Province, District, Village).
3. Date and Time of incident.
4. Name and father's name of injured people and positions (deminer, surveyor, driver etc).
5. Description of injuries.
6. Treatments given.
7. Current condition of casualties.
8. Casualty priorities.
9. Evacuation Routes and Destinations.
10. Equipment/facilities damaged.
11. How incident occurred.
12. Any other information including;
 - a. Did the incident occur in a cleared, safe or contaminated area?
 - b. Device Type (if known)?
 - c. A list of the owners of the equipment/property/facilities that were damaged?
 - d. Other information?

Note: *In case of non demining casualty change the subject*