

# AMAS 07.03

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## Medical Support and Casualty Evacuation

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## Medical Support and Casualty Evacuation

### 1. Introduction

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.

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.

Medical support shall be appropriate to the threat.

### 2. Scope

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.

### 3. Medical Checks for Prospective Employees

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

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 shall ensure that the prospective employee has no illnesses, infections or allergies that would affect their ability to carryout their intended duties.

All records of medical checks of prospective employees should be available with mine action organizations. An example of a Duty Fitness Medical Examination is attached at Annex A to this AMAS.

For demining personnel, the pre-employment medical check shall ensure that the prospective employee has:

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

### 4. Medical Support for Demining Staff

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.

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.

Organisations shall state the level of medical support to be provided for their teams. The following shall be considered:

- a) One trained team paramedic with all his equipment shall be sited within 5 minutes traveling time of each demining team. Every team paramedic shall have immediate access to a dedicated ambulance and driver. A list of Medical Supplies to be carried by paramedics during demining operations is at Annex B to this AMAS.
- b) Sufficient medical supplies 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.
- c) Availability of Field Medical Officer (FMO) within 30 minutes travelling time of any demining team.
- d) Availability of CASEVAC vehicle on site for casualty evacuation. The CASEVAC vehicle should be a cross country capable vehicle equipped with basic medical equipment.
- e) Cover the cost of surgical care and treatment, including prosthetic limbs if required, for victims of demining accidents.

## **5. Staff Insurance Cover**

All staff employed by mine action organizations in Afghanistan shall be provided with sufficient and adequate insurance coverage at no cost to the individuals. This should also cover short term workers and contractors involved in supporting demining operations. At minimum, insurance cover shall exist for all employees against death, disablement and injuries of work related accidents. The coverage shall include:

- a) Coverage for trauma orientated injuries and death;
- b) The minimal amount of compensation for total permanent disablement and death should be USD \$25,000;
- c) The partial permanent disablements shall be compensated according to the percentage of impairment and disability; and
- d) Temporary complete and partial impairment and disability should be compensated on weekly indemnity basis.

## **6. Levels of Emergency Medical Support**

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.

Casualty shall be stabilized and prioritized at L1 and should be evaluated, re-stabilized and re-prioritized in L2

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.

## **7. Medical Staff**

### **7.1 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.

### **7.2 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.

### **7.3 Field Medical Officer (FMO)**

- a) The FMO shall be a qualified Medical Doctor (MD) or Medical Bachelor and Bachelor 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;
  - i. The establishment of the FMU as soon as possible if it requires relocating.

- ii. Visiting operational sites and advising on the establishment and equipping of the First Aid Point and detailing any special responsibilities to the paramedics.
- iii. Ensuring that the FMU ambulance is correctly equipped and maintained.
- iv. Ensuring that all FMU medical equipment is maintained.
- v. The FMO is responsible for advising on the health, hygiene and sanitation of the organizations field camp including confirming:
  - vi. The quality of the water source.
  - vii. The camp is not sited near fly and mosquito breeding areas.
  - viii. The sighting of latrines.
- c) The FMO shall maintain the stock register of drugs, equipment and the drugs expense account;
- d) The FMO shall ensure that a detailed statement of injuries is submitted to the MACCA Operations Department for any demining accidents.
- e) Each ten demining team should be supported by a medical doctor

#### **7.4 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.

### **8. Medical Staff Recruitment**

In order to improve the medical services within mine action program of 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.

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

## 9. Medical Training Courses

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.

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 Personnel

## 10. Basic First Aid Training for Field Personnel

Basic First Aid Training is a requirement for all field personnel. Each mine action organization medical officer shall 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.

## 11. Casualty and Medical Evacuation

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 shall 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.

## 12. Priority Evaluation for Casualty Evacuation

The following priorities shall 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 requires to be moved to an external medical facility (that is not part of the mine action program) for treatment.

d) Priority Four:

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.

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

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

When the casualty is re-prioritized by the FMO when being treated at an FMU.

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

### **13. Procedure in the Event of an Accident**

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 than 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.

#### **14. Actions by Team Leaders Following an Accident**

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) The injury/treatment record should be completed prior to evacuate the casualty see Annex E
- h) Collect the injured person's personal belongings and equipment and secure them.

#### **15. Disposal of Medical Waste**

All demining organisations are obligated legally to dispose of medical waste in such a manner that it does not cause pollution or present a threat to the local community. Medical waste shall be disposed of in a medical incinerator or if this is not possible, the waste burnt and then buried

#### **16. Health and Hygiene**

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

Responsibilities:

- a) Supervisors are responsible for the health and hygiene practices of all personnel. They are shall 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 FORMAT

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.*

<b>Name:</b>	<b>F/Name:</b>
<b>Age:</b>	Sex: F <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> Date of last physical exam:
<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input checked="" 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 checked="" type="checkbox"/> Tetanus	<input checked="" type="checkbox"/> Pneumonia
	<input checked="" type="checkbox"/> Hepatitis	<input checked="" type="checkbox"/> Chickenpox
	<input checked="" type="checkbox"/> Influenza	<input type="checkbox"/> MMR

List any medical problems that other doctors have diagnosed

Surgeries:		
<b>Year:</b>	<b>Reason:</b>	<b>Hospital:</b>

<b>Other hospitalizations</b>		
<b>Year:</b>	<b>Reason:</b>	<b>Hospital:</b>

	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Please turn to next page

Do you have any allergies to medications?	
<b>Name of the Drug?</b>	<b>Reaction You Had?</b>

REVIEW OF SYSTEMS:

**ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.**

<i>General Appearance</i>	Weight Loss	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Weight Gain	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fatigue	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Fever	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Night Sweet	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No					
<i>Skin</i>	Rashes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pruritus	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Impetigo	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Head</b>	Trauma	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dizziness	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Syncope	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Eye</b>	Vision	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Excessive Tearing	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Cataract	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>Ear</b>	Hearing Changes	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Tinnitus	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Pain(h)	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	Discharge	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Vertigo	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
<b>Nose</b>	Sinus Problem	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Epistaxis	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Polyps	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	Sense of Smell	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No										
<b>Throat</b>	Bleeding Gum	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Lesion On Tonsils	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Mucosa Lesion	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Respiratory System</b>	Chest Pain ®	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Dyspnoea	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Dry Cough	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	Hemoptysis	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Sneezing	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Productive cough	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>CVS</b>	Chest Pain	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Orthopnea	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Exertional Dyspnoea	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	PND	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Claudication	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Peripheral Oedema	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>GIS</b>	Dysphagia	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Nausea	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Vomiting	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	Diarrhoea	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Constipation	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Melina	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Jaundice	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Food	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Hematemises	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

						Intolerance									
<b>Genitourinary System</b>	Frequency	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Urgency	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Dysuria	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	Heamaturia	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Poly urea	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Discharge	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	Impotence	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No										
<b>Endocrine System</b>	Poly depsia	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Polyphagia	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Temperature Intolerance	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	Changes In Hair Or Skin Texture	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No										
<b>Musculoskeletal</b>	Arthralgia	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Trauma	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Joint Swelling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Limitation In Range or Motion	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Back pain	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No					
<b>Peripheral Vascular</b>	Varicose Veins	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Intermittent Claudication	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Thrombophlebitis History	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>Hematology</b>	Anemia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Bleeding Tendency	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Easy Bruising	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Nervous</b>	Syncope	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Seizures	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	M Weakness	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	M co-ordination	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Memory	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sleep Pattern	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Emotional Disturbances	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No										
<b>Psychiatric</b>															
<b>PHYSICAL EXAMINATIONS</b>															
All questions contained in this questionnaire are optional and will be kept strictly confidential.															
<b>General Appearance</b>	Mood					Unusual Position									
<b>Vital Signs</b>	Bp					PR					T				
<b>Skin</b>															
<b>Node</b>	Location					Size					Tenderness				
	Motility														
<b>Head</b>															
<b>Eyes</b>	Conjunctiva					Enophthalmos					Pupil Size				

	Reactivity				Visual Activity	R	E			LE	
<b>Ears</b>	Test Hearing				Discharge(E)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Tympani Membrane	
<b>Neck</b>	Nodes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Masses	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Thyroid
	Bruit	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
<b>R S</b>	Inspection				Palpation					Precaution	
<b>C V S</b>	Inspection©				Palpation					Auscultation©	
<b>G I S</b>	Inspection				Palpation					precaution	
	Auscultation										
<b>U G S</b>	Inspection				Palpation					Precaution	

**Medical Examiner:**

**Date of Examination:**

**Address:**

**Signature:**

**Senior Medical Officers Comment:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Annex B

### List of Medical Supplies which should be carried by Paramedics during De-mining Operations

S/ N	Items	Qty	Remarks
<b>I. Oral Drugs</b>			
1	Tab. Paracetamol 500 Mg (Panadol)	10x2	
2	Tab. Dispirin 300mg	10x2	
3	ORS	5 Pak	
<b>II. Medicine</b>			
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	
<b>III. I.V Fluids</b>			
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	
<b>IV. Drugs for External Use (Solutions, Creams, Ointments)</b>			
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	



<b>V. Dressing, Suturing Material and Material for injection</b>			
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	
<b>VI. Surgical Instruments</b>			
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	
<b>VII. Others</b>			
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	Not mandatory in all sites
68	Cramer Wire (Splint) Small, Medium, Large	4	
69	Emergency Medical Kit box	1	
70	First Aid Box	1	
71	Folding Chair	1	Not mandatory in all sites
72	Folding Table	1	Not mandatory in all sites
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, not mandatory
82	Thermometer Sublingual	1	
83	Torch	1	
84	Umbrella	1	Not mandatory
85	Urine bag	1	
86	White Coat	1	Each medic
87	Ambulance Vehicle	1	

## Annex C

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

- 1) Ambulances 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) Infusion giving stand or hook,
  - b) B.P. apparatus and stethoscope,
  - c) Battery or foot operated sucker,
  - d) Emergency light, and
  - e) Instruments and dressings to cover any emergency.
- 4) Should be equipped with oxygen cylinder with regulator, tubing, mouth, and nosepiece,
- 5) 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*

**Annex E**

**INJURY AND TREATMENT RECORD**

**1) Casualty Description**

Name \_\_\_\_\_ ID No \_\_\_\_\_ Age \_\_\_\_\_ Blood group \_\_\_\_\_

**Injury occurred:**

Date: \_\_\_/\_\_\_/\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

**Severity of Injury:** MINOR SEVERE FATAL DEAD

**Cause of injury:** GSW MI SHELL BOMB BURNS OTHER

**2) Observation**

**Appearance:**

Temperature:	Normal	Cool	Hot
Skin:			
Color:	Normal	Pal	Cyanosed
Jaundice:			
Condition:	Normal	Dry	Moist

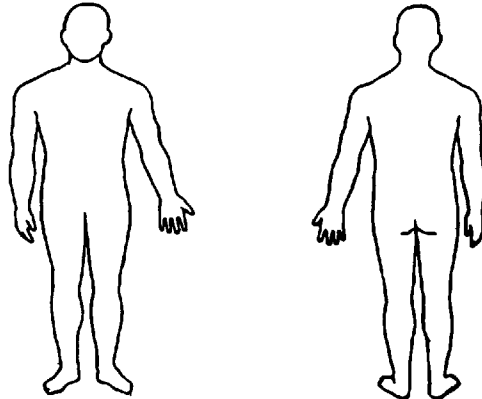
**Blood loss:** Slight Moderate Severe

<b>Glasgow Coma Score</b>		
<b>Eye Opening (E)</b>	<b>Verbal Response (V)</b>	<b>Motor Response (M)</b>
4=Spontaneous 3=To voice 2=To pain 1=None	5=Normal conversation 4=Disoriented conversation 3=Words, but not coherent 2=No words.....only sounds 1=None	6=Normal 5=Localizes to pain 4=Withdraws to pain 3=Decorticate posture 2=Decerebrate 1=None
<b>Total = E+V+M</b>		

**Pupil:** Reacting Not reacting Constricted Dilated

**Injury:**

Code	Meaning
A	Abrasions
AM	Amputation
B	Burn
D	Dislocation
F	Fracture
F	Fragment (foreign body)
H	Haemorrhage
IF	Internal Haemorrhage
L	Laceration
LO	Loss of Function



**3) Treatment**

**Medical Aid Commenced:** \_\_\_\_\_ (time)

**Initial vital signs at injury site:**

Time: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ Resp: \_\_\_\_\_

**Oxygen Given:** Yes No

**Haemorrhage Control:** Tourniquet Pressure Bandage Elevation Not Applicable

**Intravenous Infusion:** Yes No If Yes: Time commenced: \_\_\_\_\_ hours

Fluid Type: \_\_\_\_\_ Volume Infused: \_\_\_\_\_ ml

**Analgesic Given:** Yes No If Yes: Time given: \_\_\_\_\_ hours

Type: \_\_\_\_\_ Dose: \_\_\_\_\_ mg

**Fractures Splinted?** Yes [ ] No [ ] Not Applicable [ ]

**Wounds Irrigated and Dressed?** Yes [ ] No [ ] Not Applicable [ ]

**Medications Given:**

DATE/TIME	MEDICATION GIVEN	DOSE	ROUTE


**Other treatment or remarks:**

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Time casualty departed injury site: \_\_\_\_\_ hours.

Vital signs immediately prior to departure:

Time: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ Resp: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_