

FIRST AID

in armed conflicts and other situations of violence



ICRC



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FIRST AID

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To all the men and women who come to the rescue of their fellow human beings, demonstrating every day, through their discreet and disinterested action and sometimes at the risk of their own lives, that caring and respect for others bring meaning to life and give us all reason for hope.



ICRC

FOREWORD

First Aid is not simply performing artificial respiration, bandaging a wound or taking an injured person to hospital. It is also taking someone's hand, reassuring the frightened, giving a bit of one's self. In armed conflicts and other situations of violence, First Aiders take the risk of suffering harm from such dangers as gunfire, collapsing buildings, burning cars, unstable rubble and tear gas. They step forward to help the wounded when the most natural reflex would be to run the other way. Ultimately, providing First Aid puts one's self on the line, for no one comes out of these close encounters with others, in times of crisis, unscathed. First Aiders have enriching experiences, it is true, but they must sometimes cope with despair, when – despite their best efforts, despite all their skill – the breath of life they have struggled to maintain slips away. Through their commitment, their selflessness and willingness to expose themselves to possible physical and psychological harm, First Aiders demonstrate their humanity in the fullest sense of the term, and we owe them an immense debt of gratitude – all the more so because they frequently perform their tasks away from the “limelight”, seeking not to be recognized but only to help others thereby giving added meaning to their lives.

Turning to the ideals of the International Red Cross and Red Crescent Movement, there is a particular meaning attached to providing First Aid in situations of violence. It is in keeping with the humanist vision of a world in which the dignity of an enemy deserves as much respect as that of a friend or indeed as one's own dignity. The gesture is disinterested. It carries no political meaning or message, although it may have a political impact when it symbolizes international solidarity. He or she who dresses the wounds of another, listens and offers renewed hope, is not defending a cause. First Aiders are impartial, neutral, independent and not prompted by desire for gain. Above all, they are humane, as was Henry Dunant, the Movement's very first First Aid worker, on the battlefield in Solferino in 1859. Let us recall the words he used to describe what he felt as he surveyed the scene: “The feeling one has of one's own utter inadequacy in such extraordinary and solemn circumstances is inexpressible.”

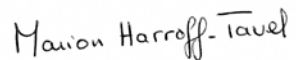
It would be a mistake to see in a First Aider nothing more than a local actor in the dramatic events unfolding around him, be it an armed conflict, a violent street demonstration or a natural disaster. The significance of what First Aiders do is universal: not only because they belong to a Movement that carries out relief work all over the world but also because every day their actions create bonds that triumph over differences, prejudice and intolerance. First Aiders do not live in a world where “civilizations clash” with one another, in a Manichean universe in which everyone must take sides. To be sure, First Aiders have their own ideas, political opinions,

secular or religious convictions, and identities, but they succeed in transcending them. And they build bridges. Such feats are not within everyone's reach.

First Aiders are there when you need them, and they steadfastly remain by your side. They do what they can to prevent emergencies through awareness-raising, training activities and vaccination campaigns. At the same time, they prepare themselves to swing into action in the event that an emergency does occur and to rally others to join with them. In crisis situations they interrupt their everyday lives and take selfless action without concern for the time or energy involved. Yet, they are well compensated for their personal sacrifices before, during and after a crisis by what they receive from the men, women and children in difficulty whose paths they cross and with whom they remain for as long as it takes to ease their pain and soothe them in their distress.

Because of all that they represent, all that they do and all that they are, the men and women who become First Aiders bring us comfort at a time when people fight in a bid to secure power or material goods, in the name of beliefs or ideologies, in pursuit of nationalist interests, and for so many other reasons. All these spirals of violence combine to leave us vulnerable, frightened, stunned and shocked. We find it hard to believe in mankind, to hope for a better world for our children, to look forward to the future that will be theirs. We almost feel guilty about leaving them such a legacy of danger and violence.

And then our paths cross those of a First Aider, on the battlefield, in a riot, in our street or simply on a television screen, and we are moved. We admire their resourcefulness and are impressed by their quickness and skill. We are filled with concern when we see their features drawn with fatigue, their spattered faces and their bruised hands. Hope returns. First Aiders leave their mark of humanity not only on the lives of the sick and wounded but also, in a certain way, on ours.

A handwritten signature in black ink, reading "Marion Harroff-Tavel". The signature is written in a cursive, slightly slanted style. Below the signature is a horizontal line.

Marion Harroff-Tavel

Political Adviser to the ICRC

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The Fundamental Principles of the International Red Cross
and Red Crescent Movement
Essentials of international humanitarian law
The distinctive emblems
Communication message and international alphabet
Medical card
Normal values of people at rest
Casualty registration list
Stress self-evaluation test
Hygiene and other preventive measures
How to produce drinkable water
How to prevent waterborne diseases
In case of diarrhoea

Introduction

I



The International Red Cross and Red Crescent Movement was created with the aim of helping people on the battlefield. This task requires:

- access to the victims on the battlefield (protection is accorded to wounded and sick soldiers and civilians by the Geneva Conventions and their Additional Protocols);
- easy identification of its staff, units, establishments and material by means of a distinctive emblem;
- life-saving skills.

Please note

As at 31 December 2005, there were 183 recognized National Red Cross and Red Crescent Societies, and 192 States party to the Geneva Conventions.

To whom is this manual addressed?

The primary audience of this manual is well-trained Red Cross and Red Crescent First Aiders working in armed conflicts and other situations of violence.

Military stretcher-bearers and medics in advanced First Aid posts, and military and civilian health professionals in field or district hospitals where the ability to provide patient care and perform surgery is limited or non-existent, will also find these basic guidelines useful.

Because everyone has the potential to protect and save lives, everyone is concerned by the scope of this manual.

What is the purpose of this manual?

Armed conflicts and other situations of violence are common in the modern world, and their characteristics are changing. First Aid remains one of the activities best suited to the nature and resources of a National Society. Saving lives and providing assistance for casualties remain shared concerns of all Red Cross and Red Crescent First Aiders.

Life-saving skills are provided by First Aid volunteers and the public, thanks to training programmes managed by the National Red Cross and Red Crescent Societies.

The International Committee of the Red Cross (ICRC) has developed expertise in pre-hospital and surgical treatment of the wounded in situations of armed conflict in many countries. The National Red Cross and Red Crescent Societies, their International Federation, and the ICRC together provide a unique pool of First Aiders and health professionals working all over the world in a community-based network. The First Aiders are active not only during disasters and in armed conflicts and other situations of violence but also in everyday tasks.

Early administration of suitable life-saving and stabilizing measures saves lives, prevents disability and alleviates suffering.

The experience of the ICRC and many others shows that prompt administration of life-saving and stabilizing measures can prevent death, many complications and much disability, and results in better and easier surgery. Experience has also shown that these measures – plus a simple oral antibiotic and painkiller – is all that is needed for over 50% of civilians wounded during fighting in a city and who are admitted to hospital. They require immediate emergency and supplementary stabilization care on the spot, not hospitalization.

Appropriate First Aid training and daily activities provide the basis for an effective and well-prepared response by communities and National Societies in the event of disaster or of armed conflict or other situations of violence. Involvement of the people and communities concerned in programme design and implementation ensures:

- responsiveness to needs,
- preparedness and the capacity to prevent or manage emergency situations (injuries, diseases), and
- respect for local cultural and religious beliefs and social characteristics.

Furthermore, First Aiders' presence on the ground and their daily work send a positive statement of the humanitarian spirit linking peoples and communities. By demonstrating that "people help other people", First Aiders set an example.

What is in this manual?

This manual will give you an understanding of your role as a First Aider and will guide your decision-making and actions during armed conflicts and in other situations of violence. It is not enough to be experienced in helping the sick and wounded; you must also understand the significance of the distinctive emblems, the Fundamental Principles of the International Red Cross and Red Crescent Movement, and your rights and duties as a First Aider in armed conflict as laid down in the Geneva Conventions and their Additional Protocols.

First Aid enhances the development and achievement of a sense of solidarity, generosity and altruism that exists in each of us and gives another dimension to citizenship and community spirit.

Armed conflicts and other situations of violence require other, but not fundamentally different, approaches. The great majority of procedures and techniques are similar to those that First Aiders commonly use every day to help protect and save lives.

Situation management:

- > survey the scene;
- > intervene safely and securely;
- > assess, decide and act.

Casualty management:

- > examine the casualty;
- > bring immediate life-threatening problems under control, then stabilize the casualty's condition while shielding him from exposure to the elements (extreme temperatures, sun, rain, wind, etc.);
- > help the casualty rest in the most comfortable position, rehydrate and provide psychological support;
- > monitor the casualty regularly until he receives advanced or specialized care, or until assistance is no longer needed.

Even in armed conflicts and other situations of violence, ordinary life goes on. There is no let-up in road traffic crashes or disease.

Most intervention procedures and techniques presented here are the ones used routinely by First Aiders worldwide during peacetime. They have to be adapted to the specific characteristics of armed conflicts and other situations of violence by:

- knowledge of and respect for the essentials of international humanitarian law, relevant to the tasks of First Aiders in armed conflict;
- close and constant attention to security issues and protection – both physical and mental – from the major hazards and risks involved;
- specific skills needed to deal with injuries caused by weapons;
- triage organized to set priorities for actions and resources in situations where there are mass casualties but limited means;
- a broad approach because of the disorganization and deficiencies of the health-care system, coupled with reduced availability of or access to water, food, shelter, etc.

In view of the huge range in working conditions, training, equipment, etc. among First Aiders around the world and the special local characteristics of armed conflicts and other situations of violence, this manual represents an attempt to cover the basics of the subject. It focuses on the essential things you need to know and be able to do in order to work as a First Aider in the safest way possible and as efficiently as possible in terms of achieving both humanitarian and technical results. For methodological reasons, some information in this manual is repeated.

The manual is based on knowledge and practices valid in the scientific and humanitarian communities at the time of publication (April 2006).

What is not in the manual?

This is NOT a manual of basic **life-saving and stabilizing techniques**. It is assumed that you are a trained First Aider, familiar with the basic intervention procedures and techniques that you use routinely

during peacetime. You must already understand and know how to perform them since this manual focuses only on specific features relating to armed conflicts and other situations of violence. Taking these features into account usually requires an adaptation of peacetime practices.

This manual does not cover in detail topics that are presented in **standard documents** available to you from your National Society, the International Federation of Red Cross and Red Crescent Societies, or the ICRC. You should refer to them for a full explanation of:

- international humanitarian law, including in particular the Geneva Conventions and their Additional Protocols;
- the use of the distinctive emblems;
- the International Red Cross and Red Crescent Movement, its history, its Fundamental Principles, organization, policies and activities.

Furthermore **the prevention and control of disease and other medically related issues** are not presented in this manual. For these, you should refer to information and guidelines issued by your National Society, your local health authorities or the World Health Organization.

In armed conflicts and other situations of violence First Aiders may be required to become involved in **other activities (logistics, administration, etc.)**, which are not explained in detail in this manual.

Non-conventional (nuclear, radiological, biological and chemical) weapons are not treated here. Coping with the consequences of any use of such weapons requires specific knowledge, practices, equipment and materials, and special training programmes and resources far outstripping the usual capacity of National Societies. These situations are dealt with in specialized documents published for the most part by national civil defence departments and the military. It is to these that you will have to refer.

What is included in this manual?

The contents are presented in three parts:

- a text composed of:
 - ten chapters on what to know and do before, during and after any intervention;
 - a section referred to as “Techniques” dedicated to necessary adaptations of life-saving and stabilizing measures you routinely administer;
 - annexes providing further information;
- cards referred to as “sheets” presenting essentials on important topics. They are in a pocket-sized format you can easily keep with you;
- a CD-ROM containing the electronic version of the manual and other reference documents listed on the disk.

How to use this manual?

The information contained in this manual supplements that provided in programmes to train First Aiders and to educate health professionals. Because this manual is not an end in itself, it should be accompanied by:

- consideration of the local characteristics of the communities concerned, and of armed conflicts and other situations of violence;
- awareness and training sessions for National Society staff and volunteers, and local communities where relevant;
- field tests and regular rehearsals in refresher exercises, if possible with all other parties concerned (local communities, army, civil defence, local non-governmental organizations, etc.).

All these efforts should:

- > ensure the involvement and participation of the people concerned;
- > go beyond simple translation(s) into local language(s);
- > create opportunities to develop or to strengthen the organizational and operational setup of a National Society as part of a national plan for conflict and disaster preparedness and response.

What next?

Field use of this manual will sustain an evolving process that will aim to enhance its quality and value in supporting First Aiders engaged at the front lines of armed conflicts and other situations of violence. Furthermore, every now and then a discovery, invention, or innovation comes along that has an impact on our lives, our work, etc. This manual will therefore be updated in the coming years. You are encouraged to send your comments and suggestions about this first edition to:

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Please note

This manual contains information and guidelines – especially regarding the safety and security of First Aiders and casualties – for work in the field. It cannot cover all situations; the advice given is of a general nature. The ICRC therefore declines all responsibility in the event that the manual's recommendations do not correspond to the best course of action in a given situation.

This manual is a gender-neutral publication: unless stated otherwise, masculine nouns and pronouns do not refer exclusively to men.

Any use of trade or brand names in this publication is for illustrative purposes only and does not imply endorsement by the ICRC.

Illustrations presented in the document:

- have indicative value, and
- aim to reflect the diversity of local contexts.

Those presenting techniques shall be interpreted according to local requirements if any.

Armed conflicts and other situations of violence

2



2.1 Types of situations

Two main kinds of situations are addressed in this manual:

- **situations of armed conflict**, which may be of an international or non-international character;
- **other situations of violence**: internal disturbances and tensions, such as riots, isolated and sporadic acts of violence and other acts of a similar nature; for example, widespread banditry and other crimes that may coincide and take advantage of any of the other kinds of situations.

[see Annex 1 – Glossary]

The contents of this manual apply to armed conflict *and* other situations of violence, unless stated otherwise. The manual does not give detailed practical instructions for performing duties in each kind of situation, since this depends largely on local circumstances and on your training and preparedness.

You should be prepared for the unexpected and the unpredictable.



Anthony Duncan/Daizel/CIC

2.2 Special characteristics



Boris Heger/CRC

The circumstances in which armed conflicts and other situations of violence occur have particular characteristics:

- specific rules and laws protecting individuals in situations of violence apply;
- major hazards and risks caused by weapons and by persons resorting to force or violence;
- consequences in humanitarian terms: disorganization of society in general and of the health-care system in particular, and reduced availability of basic public health requirements such as water, food, shelter, etc.

Relevant laws

International humanitarian law, which is only applicable **in armed conflicts**, protects:

- those who are not involved in hostilities (civilians) or combatants no longer taking part in hostilities (wounded or sick soldiers or prisoners of war);
- those who take care of the wounded and sick as long as they are involved in their humanitarian tasks. This “protection” applies to both military and civilian medical personnel, which includes First Aiders, as well as to medical units, transport, equipment and supplies.

[see Sheet – Essentials of international humanitarian law]



Reuters - Daniel Aguilar, courtesy www.alertnet.org

In other situations of violence, the lives, health and dignity of individuals are protected mainly by:

- national law;
- international human rights law;
- international refugee law.



Major hazards and risks: weapons can harm anyone

By definition, weapons are meant to kill or injure. Sometimes, they do so without distinction (for example because they miss their target, explode before intended or ricochet, or because they are used indiscriminately, or because – as in the case of mines – they are incapable of selecting their targets).

Explosive weapons left on the field (e.g. unexploded bombs and grenades, or landmines) – known as “explosive remnants of war” – remain dangerous long after the cessation of hostilities.

In armed conflicts and other situations of violence, people go on fighting and causing damage after the initial damage is done. Recent armed conflicts demonstrate that many combatants are increasingly unwilling to acknowledge and obey the rules of classical warfare. As a consequence, security conditions worsen – with practical implications for First Aiders.

[see Annex on CD-ROM – Major weapons-related threats; Annex 2 – Mechanisms of injury]

In addition to causing physical injury, armed conflicts and other situations of violence create confusion and high emotions through disruption and lack of respect for society's usual standards, rules and leaders.

Terrorist acts create hazards that are unpredictable, both in terms of the nature of the attack and the time and place where it may occur.

Consequences of humanitarian concern For the social fabric of the community

These situations often involve internal disorder, which engenders acts of criminal violence such as rape, looting or banditry.

Society may be torn apart by internal dissension involving the settling of scores and sabotage, without it being clear who the "enemy" is. New "borders" may be drawn within the country that staff and volunteers of the National Society will have to cross in order to perform their tasks in accordance with the principles of neutrality and impartiality.

For vulnerable people

People already vulnerable become more so, and their numbers increase. Vulnerability is aggravated by harassment, displacement, hunger, the separation of family members, the disappearance of loved ones, etc.



Marc Bleich/CRC

For public health

Basic public health requirements such as food and water, shelter, etc. are not available or access to them is very difficult.

The disorganization of the health ministry or destruction of health-care centres and hospitals jeopardizes the availability of medical care and other components of primary health care.

Poor security conditions limit access to health-care facilities and/or the movements of health-care workers.

[see Section 4.2.2 – Specific health problems]

Ursula Meissner/CRC



Your capacity to overcome difficulties and to care for people in armed conflicts and other situations of violence depends on being well trained and suitably prepared.

First Aider preparedness

3



A good preparedness programme allows you to respond “automatically”:

- limiting the effects of your emotional shock;
- contributing to your protection in armed conflicts and other situations of violence, regardless of fear and the hazardous environment, by preventing you from being injured or sick;
- enhancing your skills and strengthening your flexibility, despite the highly specific nature of the situations, casualties and tasks.

Do not forget to explain matters to your relatives and friends, so that they are comfortable with and supportive of your duties, rights and tasks in such exceptional and dangerous situations. This of course is similar to explanations you already give about your responsibilities and activities in peacetime.

In the midst of a violent situation you will work efficiently thanks to routines and automatic reflexes that you learn and practise in peacetime.

3.1 The humanitarian role of First Aiders

3.1.1 Know and respect the distinctive emblems and the basic rules protecting individuals

If you are a Red Cross or Red Crescent First Aider, it is not enough to be experienced in life-saving and health-protection measures; you must also help at all times to ensure that the whole population understands and supports the right of people to be protected and to receive care, and the need to respect the distinctive emblems so that humanitarian aid is delivered more efficiently, for the benefit of all.



Luc Chessex/ICRC



Till Mayer/International Federation



Red Cross of Monaco

In your village or city communities, at home and at work, you must:

- > understand and show respect for the Fundamental Principles of the International Red Cross and Red Crescent Movement, the distinctive emblems, and essentials of international humanitarian law;
- > report any misuse or usurpation of the distinctive emblems to your National Society, the ICRC, or the International Federation of Red Cross and Red Crescent Societies;
- > demonstrate explicitly through your actions the humanity, neutrality and impartiality of the International Red Cross and Red Crescent Movement.

[see Sheet – The Fundamental Principles of the International Red Cross and Red Crescent Movement]

Please note

In addition to the red cross and the red crescent emblems, the Geneva Conventions also recognize the red lion and sun on a white background as a distinctive emblem. The government of Iran, the only country to have used the red lion and sun emblem, advised the depositary in 1980 that it had adopted the red crescent in lieu and place of the former emblem.

On 8 December 2005, a Diplomatic Conference adopted Protocol III additional to the Geneva Conventions, which recognizes an additional distinctive emblem. The “third Protocol emblem”, also known as the red crystal, is composed of a red frame in the shape of a square on edge on a white background. According to Protocol III all four distinctive emblems enjoy equal status. The conditions for use of and respect for the third Protocol emblem are identical to those for the distinctive emblems established by the Geneva Conventions and, where applicable, the 1977 Additional Protocols.

The State has the primary responsibility to supervise the use of the distinctive emblem in its country and to take measures necessary for the prevention and repression, at all times, of any misuse.

National Societies may display one of the distinctive emblems as an indicative device on their First Aid facilities. It must be small in size to avoid any confusion with the emblem used as a protective device. Nevertheless, National Societies are strongly encouraged to display on First Aid facilities an alternative sign, such as a white cross on a green background (in use in European Union countries and in some other countries), to prevent the distinctive emblems from becoming too closely identified with medical services in general. When the alternative First Aid sign is displayed together with one of the distinctive emblems, prominence should be given to



[see Sheet – Essentials of international humanitarian law; Sheet – The distinctive emblems]

Your behaviour and actions set an example, and play an important role in safeguarding the ability of rules protecting individuals and the distinctive emblems to provide protection. That may save your life and the lives of others.

the former in order to uphold the special protective meaning of the distinctive emblem. In armed conflict situations, National Society First Aid facilities may display a distinctive emblem of large dimensions as a protective device provided that the National Society is duly recognized and authorized by the government to assist the armed forces' medical services, and provided also that the facilities are employed exclusively for the same purposes as the official military medical services and are subject to military laws and regulations.

3.1.2 Strengthen your moral standing and the image of the Red Cross and the Red Crescent

In armed conflict and other situations of violence:

- international humanitarian law and other basic rules protecting individuals represent an overall protective system, and
- generally speaking, people respect those who are trying to help them and others.

Nonetheless, you must earn the respect of your interlocutors at all times through your attitude and actions.

Most importantly, the perception by the population of the National Society, its leaders, staff and volunteers – including you, at all levels and at all times, can be a key factor contributing to greater protection. The proper perception is achieved when people become used to seeing the National Society assisting everyone in all circumstances without discrimination, and its leaders, staff and volunteers demonstrating moral integrity both on an everyday basis and in armed conflicts and other situations of violence.



Christopher Black/International Federation

You have a role to play as well, based on:

- your intimate knowledge of your country and its various local characteristics, which is helpful in understanding the needs and capacities of the community, in explaining issues correctly and in implementing aid programmes properly;
- your personal behaviour, especially when wearing a distinctive emblem, both in peacetime and during armed conflicts and other situations of violence;
- the first action you take at the very beginning of an armed conflict or other situation of violence, which will serve as an example and set the tone for contacts with the general public, people who resort to force or violence and the authorities, as the situation develops.

You are the image other people have of your National Society and the Red Cross or Red Crescent. You can easily understand that any “bad” behaviour on your part will negatively influence perceptions and thus undermine assistance programmes and your National Society and the other components of the International Red Cross and Red Crescent Movement. This influence can have short- and long-term effects and rapidly take on countrywide or even worldwide importance, especially where there is instant media coverage.

As a First Aider you must show respect for the Fundamental Principles of the International Red Cross and Red Crescent Movement in your daily work: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

[see Sheet – The Fundamental Principles of the International Red Cross and Red Crescent Movement]



Fiona Macdougall/CRC

As you work, you must be able to retain everyone's trust in both your humanitarian commitment and skills.

3.2 The duties and rights of First Aiders

The duties and rights of First Aiders have been defined to better enable you to perform the humanitarian task of helping casualties of armed conflicts and other situations of violence.

3.2.1 Duties of First Aiders

As a First Aider, you must:

- > help to protect and save lives, and help others to do so;
- > do no harm;
- > respect and preserve the dignity of casualties;
- > participate in the control of disease;
- > contribute to the health education of the general public and to other preventive programmes, thus preventing injuries and the spread of disease;
- > be sufficiently flexible and versatile to respond to numerous and diverse tasks (logistics, administration, etc.) beyond caring for casualties.

You must offer this assistance to people:

- solely on the basis of their needs;
- without discrimination founded on race, colour, sex, language, religion or belief, political or other opinion, national or social origin or status, wealth, birth or other status, or on any other similar criteria;
- in accordance with the rules and procedures of your National Society and in line with relevant international law, in particular international humanitarian law.

You may not refrain from providing services required by medical ethics.

Red Cross and Red Crescent staff and volunteers are not allowed to receive, accept or request money or gifts as a fee or compensation from casualties or their families, friends or colleagues.

During an armed conflict, the duties incumbent on you are directly linked to the rights of persons protected under international humanitarian law and placed in your care.

3.2.2 Rights of First Aiders

During an armed conflict, as long as you are involved in your humanitarian work caring for the wounded and sick, you benefit from the same legal protection under international humanitarian law as the wounded and sick themselves. You have the right:

- to be respected;
- not to be attacked;
- to have access to the places where your services are needed, within certain limits (due for example, to ongoing fighting, minefields, etc.);
- to be allowed to care for the sick and wounded, be they civilians or military personnel and to remove them from the field and take them to a place where they can be treated;
- to provide assistance in accordance with your training and the means available;
- not to be compelled to provide services that are contrary to medical ethics;
- not to be prevented from performing services required by these medical ethics;
- to be repatriated if you have been captured and your care is not indispensable to other prisoners.

3.3 Specific training programmes

You are a Red Cross or Red Crescent First Aider. You know how to take care of wounded people, not just wounds.

Training and refresher programmes are important not only for your technical skills, but also to help you to develop and strengthen key personal capabilities. It is valuable to share information and lessons learned in training and refresher sessions with others, especially those from other branches of your National Society from other parts of the country.

3.3.1 Technical skills

Your training should be **practical and action-oriented**. It is important:

- > to know and understand what the Fundamental Principles of the International Red Cross and Red Crescent Movement mean in practice;
- > to know and understand your duties and rights as a First Aider as laid down in international humanitarian law, should you be confronted with an armed conflict situation;
- > to adopt safe behaviour when faced with the hazards of an armed conflict or another situation of violence and encourage others to do likewise;
- > to adopt safe procedures – for example by wearing appropriate protective gear such as gloves – and encourage others to do likewise;
- > to know how to perform basic procedures that can save life and limb – how to transport a casualty in a safe and comfortable position with an improvised stretcher, etc.;
- > to adapt procedures and techniques to the specific needs of the treatment of wounds caused by weapons;
- > to improvise with whatever materials are available – a tree branch, bamboo strips or carton for a splint; banana leaves for burns; pieces of cloth for bandages; a door or a blanket and sticks for a stretcher, etc.;

- > to do simulations in real-life conditions (teamwork, with natural obstacles, in the presence of bystanders, together with public services and other organizations, using telecommunications, etc.).

[see Chapter 9 – Other tasks of First Aiders]

You should be aware of other humanitarian tasks beyond caring for casualties, such as administration, logistics, etc.

Your ultimate goal is to protect and save lives in a safe, effective and dignified way, not to learn detailed techniques out of context.

Christopher Black/International Federation



3.3.2 Personal capabilities

Anticipating and facing danger

Beyond technical matters, some personal qualities may have to be strengthened, especially with regard to danger and risk management. You should be able to evaluate them yourself.

Train yourself always:

- > to quickly assess a situation in the heat of action and evaluate the danger. For example, you can ask yourself about what and where the dangers are, when watching a war movie or a TV report;
- > to think ahead about where you could take cover or go to if you were under threat or otherwise endangered. With practice, it is perfectly possible to find answers. Try it on your next trip (e.g. walking to the market, driving to the health-care centre, etc.). Without becoming paranoid, just quietly ask



William Torres/CRC

yourself: “What if I were fired on now? What would my immediate reaction be?” Look around: “Well, that would be the safest place and so that’s where I would go to.” Repeat this kind of exercise a few times on every trip until it becomes routine.

The environment of an armed conflict or another situation of violence is dangerous. It creates confusion and high emotions. Society’s peacetime rules are often not respected.

Always protect yourself first; maintain self-control; observe the situation before taking action; proceed only if it really seems safe and secure to do so.

You must:

- > learn to stay calm, maintain self-control, and help others to keep calm as well;
- > learn to observe – look and listen – before taking action;
- > understand what is happening, where the dangers lie, and what can safely and reasonably be done to bring assistance to the casualties;
- > follow local security procedures;
- > participate in any organized drill (reaching a shelter, reacting to a rifle shot, taking cover, etc).

Know your limits.
A crucial personal capability is to know when not to take action – or when to stop.

You should not feel ashamed to refuse to put yourself in an unsafe situation. On the contrary, such a refusal will do you credit. Recognizing that you do not – or do not yet – have the required capabilities is wise and courageous, and always a good thing. Because of a lack of experience, some people do not know in advance how they will behave when faced with a risky situation; they find out when it occurs. Here again, the main thing they need to know is when *not* to proceed.

[see Chapter 2 – Armed conflicts and other situations of violence; Section 3.6 – Coping with stress]

Personal resistance

There are several kinds of experiences that can disorient even a stable personality. You should be acquainted with some of the symptoms of diminishing resistance in order to avoid breaking down yourself and to be able to recognize them in colleagues.



ICRC

Despite difficult conditions, remember how rewarding it is to see people recover a smile.

Personal and professional ethics

As a member of the International Red Cross and Red Crescent Movement, you are bound by its Fundamental Principles. Maintaining personal neutrality and impartiality in a context where your friends or family may be affected or you yourself harmed by the situation is challenging, and sometimes perhaps even impossible. National Society staff and volunteers are not infrequently overcome by personal emotions that may prevent them from performing their duties in accordance with the Fundamental Principles of neutrality and impartiality. Solid training in the applicability of the Fundamental Principles and in the mission of the National Society is essential to maintaining your commitment to carrying out your work in a neutral and impartial manner.

[see Annex on CD-ROM – Medical personnel, units, equipment and transport]

The most important ethical guidelines for a provider of care are:

- > to act conscientiously, and to treat casualties with dignity;
- > to treat the health of casualties as a principal concern;
- > to protect the confidentiality of any information shared by injured persons;
- > to abstain from any discrimination when assisting casualties;
- > to have absolute respect for the victim's life, integrity and dignity, i.e. do no harm.

[see Annex on CD-ROM – Medical personnel, units, equipment and transport]

During armed conflict you are, as a First Aider, part of the “medical personnel” described in international humanitarian law and are thus bound by it, and by medical ethics.

You may face personal and professional ethical dilemmas – problems of conscience – because of unsafe conditions or when faced with large numbers of casualties. Some decisions may have to be taken that are contrary to your personal convictions or usual practice, such as those relating to the process of triage.

[see Chapter 7 – Situation of mass casualties: triage]

- > Understand that situations of mass casualties impose choices (e.g. not to start treating some very seriously injured persons; or even to put an end to care). You cannot save all lives or do everything for everyone, but only what is best for the greatest number – that is already a major achievement.
- > Learn to make choices and take decisions by setting priorities for your actions and for the resources used: “What is most urgent? What can I realistically achieve with the time and resources available to me?”, etc.

A situation where the number and/or health problems of casualties exceed your “usual” capacities could also occur in your everyday work (a road traffic crash involving a jam-packed passenger bus, the collapse of a building with numerous occupants inside, etc.): triage skills are helpful in peacetime as well.

You must learn to set and accept priorities.

Communication skills

Strengthen the communication skills you use in establishing good relationships with people. This will be beneficial to you, your team members, the casualties you treat, and others with whom you will be in contact, including angry or frightened persons resorting to force or violence, excited crowds, etc.

Good communication skills and quiet self-control will help you to reach agreements and obtain support for and commitment to your actions. They will also help you in your emergency preparedness efforts and in mobilizing the response capacity of communities.



Didier Bregard/CRC

[see Section 4.3.2 – Communication, reporting and documentation]

Be respectful in order to adapt your behaviour and decisions to different interlocutors and changing circumstances.

Communication is about looking, listening, touching, and talking, while adopting an ethical approach and fully respecting local rules, customs and beliefs:

- > in your community or another familiar environment, you should know the local situation, the traditional network of solidarity and how the community functions;
- > in places and with people you are not familiar with, your relationships may be limited by local rules, for example those forbidding physical and/or verbal contact between men and women who are not related. A solution may exist within the bounds of these local rules (e.g. you may be able to guide an “authorized” or “accepted” person in using a technique). In all cases, common sense should prevail.

In addition to exchanging information, those involved in dialogue learn about each other.

Team membership

Teamwork is of great value and importance in armed conflicts and other situations of violence – perhaps even more so than in routine situations. Everyone dedicated to helping people in need is also part of “your team”. You all share the same difficult conditions, but also a similar dedication and the satisfaction of duty accomplished.

Train yourself during interventions:

- > to respect and explicitly refer to the Fundamental Principles of the International Red Cross and Red Crescent Movement and to encourage others to do so;
- > to remain solely within the framework of your humanitarian mission;
- > to encourage safe and secure behaviour and practices among team members;
- > to promote and participate in security-information sharing sessions with your team (briefings, discussions, incident reporting, etc.);



Red Crescent Society of Kyrgyzstan

- > to warn your colleagues if you are aware that a situation is dangerous, using simple words or even a previously established code (an emergency radio frequency is commonly used in such situations);
- > to respect colleagues and support them when needed;
- > to share your feelings with people you feel comfortable with;
- > to relax after the mission.



Red Cross of Monaco

3.4 Equipment of First Aiders

You must have the necessary personal and professional equipment to perform your tasks properly. Whatever items you bring, they should not be issued by the police or military or even be “police”- or “military-looking”. This is simply common sense.

Your clothing

- > Wear clothing appropriate for the work and climate.
- > Keep your clothing clean and professional-looking.
- > Be respectful of culture, traditions, taboos and dress codes.
- > Work clothes should be heavy-duty and simple: be sensible and do not show off.
- > Bring waterproof clothing.

Your shoes and accessories

- > Have strong trainers or light walking boots or safety boots.
- > Choose a modest plastic watch.
- > Bring a pocket knife or equivalent, but remember that such items are not allowed in commercial aircraft cabins.
- > Take writing materials (notebook and pencils).
- > Avoid carrying jewellery or large sums of money.
- > Avoid anything that could be associated with espionage (e.g. binoculars, cameras, or video or audio recording equipment, etc.).

[see Section 5.1 – Safety and security]

Personal passive-protection gear such as safety helmets or flak jackets may be necessary in some circumstances, such as search and rescue work in collapsed buildings or where there is falling debris, or for security reasons.

For your rest and relaxation

- > Take whatever relaxes you (e.g. books, a short-wave radio).
- > Bring contact details of your relatives and friends.

Your personal items

- > Always take your personal identification and National Society membership card with you.
- > You might have to stay a few days, so bring with you:
 - personal hygiene items and medication;
 - a change of clothing and laundry soap;
 - water and food (non-perishable, ready-to-use, requiring no refrigeration, and little or no water to prepare);
 - a torch, preferably hand-cranked (if not, with extra batteries) and a spare bulb.
- > Individual accommodation (e.g. a sleeping bag, a mosquito net).

Some items not mentioned above may be required in certain locations.

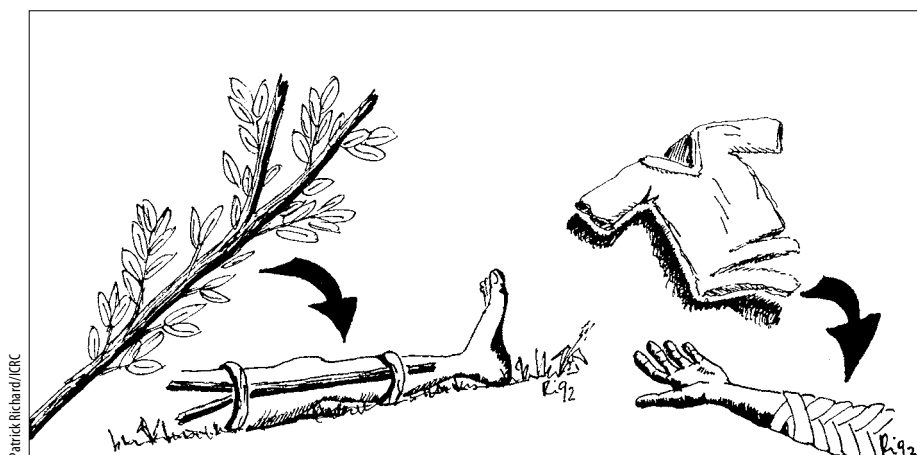
First Aid kit/bag

- > Keep the contents clean and in good order.
- > Replenish it after use.
- > In addition to using the contents of the kit/bag, be prepared to improvise with other materials.

[see Annex 3 – First Aid kit/bag]

Always remember that a distinctive emblem is displayed on the kit/bag:

- > do not use it for purposes other than First Aid;
- > do not leave it unattended for it might get stolen and misused.



Dissemination materials

- > If available, bring with you a brochure describing the Fundamental Principles and the mission and activities of the International Red Cross and Red Crescent Movement. In situations of armed conflict, add a brochure explaining the basic rules of international humanitarian law. An attractive, easy-to-read brochure, like a comic book, is preferable – especially where called for by the literacy level of your interlocutors. The text should be in a local language: it may be helpful in explaining your activity in the field to various interlocutors.



Gunter Primaputama/ICRC

3.5 Preparatory plans

3.5.1 As a rule

You should:

- > know the emergency preparedness and response plan of your National Society, the supervision you will have in carrying out the plan, and the tasks you will be expected to perform;
- > be aware of emergency evacuation plans;
- > be familiar with the geography of your living and working area: you should know the location of health-care centres and hospitals (address and contact names) to facilitate requests for help and evacuation of casualties;
- > know how to react and what to do in case you are sick or injured.

You should be prepared during peacetime for your tasks and activities in the event of armed conflicts or other situations of violence, or in the event of disasters.

3.5.2 During the mobilization phase

At home

- > When contacted by your National Society, and if the security situation allows, go to the meeting point designated in the emergency response plan, at the stated time.
- > Take with you your identity card and National Society membership card.
- > Take your equipment and personal items, and wear your shirt or vest displaying one of the distinctive emblems, if you have one.
- > Remind your close relatives about basic safety and security rules, and life-saving measures.

The emergency response plan may include provisions for when contact is lost with your National Society. You will then go directly to the meeting point, if the security situation allows.



At the meeting point

- > Follow the orders of the person in charge.
- > Join a team: never work alone unless it has been explicitly decided that you should do so.
- > If you do not yet have one, get a shirt or vest with one of the distinctive emblems on it.
- > Self-assess your ability to face danger and threatening situations (involving hazards, dead bodies, etc.). If you have any doubt, you should decline to go to the field for the time being.
- > Wait until you have been given instructions before taking any action, and then always do so in a calm and orderly manner.

Please note

When used as a protective device, the distinctive emblem must be displayed prominently and be of large dimensions (for example, one large emblem worn on the chest and another on the back). In armed conflict, according to international humanitarian law, armed forces medical personnel and National Society staff and volunteers employed on the same duties are entitled to wear white armbands bearing the distinctive emblem, provided that the National Society is duly recognized and authorized by the government to assist the armed forces' medical services and that the National Society members are subject to military laws and regulations. The armbands must be issued and authenticated by an official military authority.



3.5.3 On site

- > When authorized to do so, always wear a clearly visible and large distinctive emblem.
- > Bring your Red Cross or Red Crescent membership card and all documents required and/or issued by the authorities (identity card, passes, etc.).
- > Explain the reasons for your presence and, if possible or necessary, the Fundamental Principles of the International Red Cross and Red Crescent Movement.

- > Never accept armed persons with you in a vehicle or offer them shelter. Never store or transport arms or ammunition. [see Section 5.1.2 – Security assessment of the scene]
- > Never allow yourself to be used for intelligence purposes: be careful not to be mistaken for a spy.
- > Think ahead about where you could take cover if you were under threat or endangered (e.g. fired on), whether in a vehicle or building or on foot.

Thierry Gassmann / ICRC



3.6 Coping with stress

If you feel overstressed, the best thing you can do is to stop working and ask for help and guidance.

Stress is a natural reaction to a challenge. Cumulative stress is discernible mainly through changes in behaviour that can be observed by you or members of your team, such as:

- doing something pointless;
- acting out of character;
- behaving in an unusual fashion.

There is a great deal you can do to help yourself to cope with stress.

In terms of preparedness

- > Be in good physical and mental condition.
- > Adopt a healthy lifestyle (healthy eating, drinking and sleeping habits, etc.) and proper hygiene.
- > Manage your work time; give yourself regular breaks from work and time for relaxation.
- > Learn to give yourself a “psychological” break and to pause prior to any engagement (a crucial breathing space).
- > Build a strong psychological capacity to face difficult situations (major human violence and suffering; political and physical threats; lack of respect for the distinctive emblems; criticism against the International Red Cross and the Red Crescent Movement; tensions within the National Society; etc.).
- > Be prepared to ask for, or to accept, changes in your work assignment.

[see Section 3.3.2 – Personal capabilities]

Before taking action

- > Recognize and accept the situation: "It is normal and OK to feel like this."
- > Think of all your experience and how well prepared you are: "I am well prepared. I can manage this."
- > Imagine how the situation is likely to be: several casualties, hazardous environment, screaming and shouting, etc: "I will stay calm and start by observing the scene, assessing security and collecting information."

Tell yourself again and again: "I am calm, I can handle the situation".

While taking action

- > Show yourself to be calm and confident.
- > Overcome your impulses (e.g. to run to casualties in the field prior to any situation assessment) and strange feelings (fatalism, premonition of death, euphoria, invulnerability, etc.).
- > Keep open communication lines with your team leader so as to be able to express your feelings at any time (including your concerns about other members of the team).

Take care of yourself, even if you must do so at the expense of your emergency tasks. You are important, and you should realize that a tired First Aider is inefficient, even dangerous.



Urula Meisner / ICRC

Allocate time for relaxation in order to “recharge your batteries”.

You should know yourself, recognize your limits and communicate freely with others.

[see Sheet – Stress self-evaluation test]

After taking action

- > Talk with someone you feel at ease with about your doubts, fears, frustrations, nightmares, etc.
- > Maintain a healthy lifestyle and personal hygiene.
- > Make sure you are comfortable enough and have adequate privacy.
- > Do things you enjoy (in moderation).

If you feel exhausted

- > Ask your team leader to halt or change your assignment, or accept a change when offered.
- > Ask for psychological support if needed.

In armed conflicts and other situations of violence, you will face ordinary everyday settings and health problems as well as new ones relating specifically to the situation.

You will be able to handle these problems properly only if care is provided in an organized way and resources managed correctly, in response to needs and according to the context.

Caring for casualties

4



4.1 Goals and responsibilities

In general, your activities are subject to national laws, especially those related to the obligations of persons engaged in health care and aid activities. You must respect the decisions of the authorities.

In armed conflicts and other situations of violence, as a First Aider, you must:

- > always use the distinctive emblems in an appropriate manner, and respect the Fundamental Principles of the International Red Cross and Red Crescent Movement;
- > always make sure your actions take place in safe and secure conditions;
- > do no harm;
- > provide the best possible assistance for the greatest number of people;
- > preserve life by providing support for the casualty's vital functions;
- > limit the effects of the injury(ies) to the casualty so as to prevent the worsening of his condition and complications;
- > alleviate the suffering of the casualty, and also provide psychological support;
- > monitor and regularly record the casualty's vital signs and the effectiveness of measures taken;
- > help transport the casualty, if needed;
- > hand over the casualty to the next link in the casualty-care chain and pass on the relevant information;
- > take care of yourself.

During armed conflicts you should be familiar with and strictly obey international humanitarian law.

Please note

There is an annex presenting the key points of the mission of a First Aid team leader.



Ana Rosa Boyán/ Bolivian Red Cross

Daily practice, preparedness, and a systematic operational approach will make you confident and efficient in performing your work.

[see Annex 4 – Leading a First Aid team]

4.2 Context

4.2.1 Threats



Reuters-George Esiri, courtesy www.aljazeera.org

Your common sense, dedication and skills are your best guides on humanitarian missions to help casualties of armed conflicts and other situations of violence.

An armed conflict or any other situation of violence is dangerous; it is not a game. Paying attention to your own safety is essential to the safety of any casualties in your care. If you are wounded or dead you cannot help others.

Regardless of whether you are experienced or not, you will be affected in one way or another by emotional shock and psychological pressure, because:

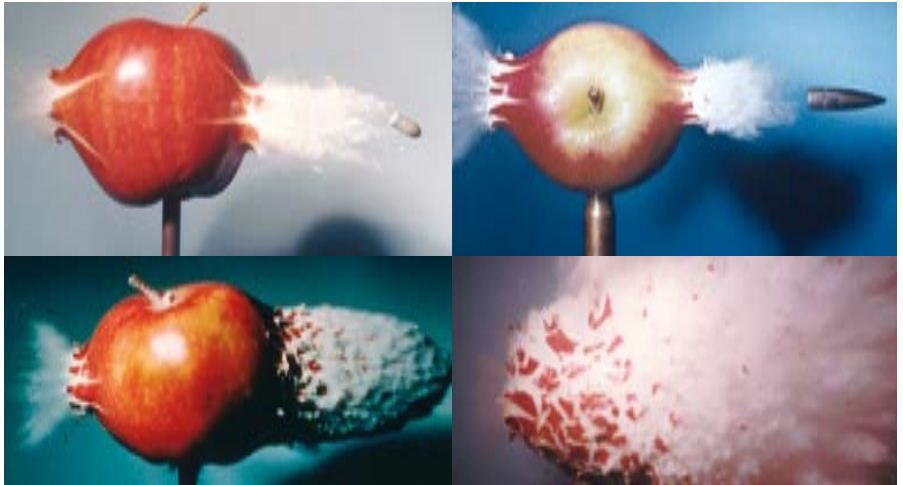
- you yourself run the risk of being injured;
- your relatives, friends or colleagues might be directly affected (by being injured or sick, losing contact, having personal goods stolen, etc.);
- your work space may be limited by an excited and angry crowd of bystanders and the casualty's friends and relatives, who threaten you. They may prevent the proper care and evacuation of a casualty;
- the scenes you see and the screams you hear are terrible – as were those on the battlefield of Solferino in 1859 that inspired Henry Dunant to contribute to the foundation of international humanitarian law and the International Red Cross and Red Crescent Movement;
- the work is harder than what you may have encountered in connection with your usual duties during peacetime: wounds are severe, casualties are numerous, sorting priorities need to be implemented for casualty care, you work long hours without adequate rest or enough water or food, etc.

Most of the time, the general public and people who resort to force or violence respect First Aiders and other medical personnel in the field, admiring their courage in working in such hazardous situations and recognizing that they are a great help to others.

4.2.2 Specific health problems

In armed conflicts and other situations of violence you will encounter specific penetrating and blast injuries as well as burns and blunt traumas.

[see Annex 2 – Mechanisms of injury]



Harold & Esther Edgerton Foundation, 2006, courtesy of Palm Press, Inc.

Deterioration in the health system and in living conditions is conducive to “silent” emergencies (diarrhoea, malnutrition, etc.), which can result in epidemics.

You will also encounter all the usual peacetime trauma caused by road traffic crashes and falls; household, work and hunting accidents; fires and disasters.

4.3 Main operational principles for providing care

Providing care and managing the capacity to do so during armed conflicts and other situations of violence involves four main operational principles, the aim of which is to provide the best possible care with the least possible delay. You should:

- > take action in safe and secure conditions through appropriate behaviour and the use of protective gear (e.g. gloves);
- > work within a chain of casualty care which properly organizes and distributes expertise and resources in the field;
- > set priorities for taking action and use available human and other resources during the process of triage;
- > share information and learning through proper communication.

You should use common sense, develop automatic reflexes and adopt a humanitarian approach in order to be safe, and work safely and efficiently.

All of this must be accomplished while ensuring a safe and timely passage to the next level of care.

The fulfilment of these principles is illustrated in the everyday routine management of emergency situations.

4.3.1 The chain of casualty care

[see Annex 5 – The chain of casualty care; Annex 6 – First Aid post]

The casualty-care chain is the path followed by a wounded person from the point of injury all the way to specialized care, as his condition dictates. This manual focuses only on the pre-hospital phase. Under optimal conditions this chain should include the following links:

1. on the spot;
2. collection point;
3. intermediate stage;
4. surgical hospital;
5. specialized centre (including rehabilitation).

Depending on needs and your capabilities, you may be involved in each link in the casualty-care chain.



Thierry Gassmann/CRC



Roland Bigler/CRC



Jean-Jacques Kurz/ICRC

Sometimes casualties bypass one of the stages. Under less than optimal conditions not all the links are functional.

A transport system (e.g. ambulances) is used for evacuation between links, and is thus part of the casualty-care chain.

[see Annex on CD-ROM – Medical personnel, units, equipment and transport]

A coordination system from a dispatch or command centre to First Aid team leaders in the field must exist or be established.

Personnel involved in the casualty-care chain during armed conflicts are specifically protected by international humanitarian law. Everything possible must be done to spare them the dangers of combat as they carry out their humanitarian work.



Robert Semeniuk/ICRC

4.3.2 Communication, reporting and documentation

You have to:

- > communicate with a variety of people;
- > report on your activities;
- > document the status of the casualty in your care and any change in his condition, and the efficiency of the measures taken.

In places and with people you are not familiar with, be aware of and respect local rules, customs and beliefs.

[see Section 3.3.2 – Personal capabilities: Communication skills]



Luc Chessex/CRC

Communication with your main interlocutors

Each of the various people with whom you are in contact requires specific information that you have to communicate, and each is also a source of information. Be careful not to be mistaken for a spy.

Remember that you are taking care of "a wounded person, not just a wound".

[see Section 6.3.3 – The dying and the dead]

Communicate with the casualty: you should provide psychological support for the casualty through your attitude, words and actions. Talk to the casualty, introduce yourself, reassure him and tell him what your abilities are and what you are going to do.

Please note

Communication with the dying is presented in a separate section.

Communicate with bystanders and the casualty's relatives and friends: reassure them through your calm and self-control. Good contact with them will also give you precious information about the security situation and sometimes about the casualty (identity, health background, etc.). You may need to enlist their help to move or care for casualties.

Communicate with your colleagues: above all share security-related information. Share your feelings about yourself and others with people you feel comfortable with.



[see Section 5.1 – Safety and security]

Communicate with local authorities and forces involved in the fighting: if you come into contact with them, explain your aims, the relevant basic rules protecting individuals in situations of violence, and humanitarian principles. Whenever possible, collect information that is important for your safety and that of your colleagues – remember to be careful not to be mistaken for a spy.

Communicate with the media: if you are approached by the media or they start to film you, ask them to stop and direct them to your team leader or other on-site persons designated to deal with journalists.

[see Section 10.1 – Management of yourself]

Communicate with yourself: do not forget to be humane and humanitarian with yourself.

Communication is an essential part of your work.

[see Section 5.5 – Alert]

As a rule:

- > send as much information as possible in a timely manner (what you are doing and have already done, what happened and is happening in your area) to your team leader or the dispatch or command centre; you should also receive accurate security-related information as often as possible;
- > in your communications:
 - be factual (not subjective);
 - be brief;
 - go straight to the point, giving clear and concise information;
 - limit conversations to the minimum needed to exchange essential information;
 - never give out names of casualties or police/military information.

[see Sheet – Communication message and international alphabet]

For radio communications, everyone should use a common language.

[see Sheet – Communication message and international alphabet]

Depending on the means available and instructions received:

- > try to have several means of communication (VHF and HF radio, mobile telephone, messengers, etc.);
- > test your communication channels;
- > inform your team leader (or the dispatch or command centre, depending on the local procedures) of all your movements (departure and return) and of any changes in itinerary.

[see Annex 7 – New technologies]

Incident reporting

In case of an incident:

- > convey information quickly to your team leader or the dispatch or command centre;
- > provide descriptive information – but not extensive details – about:
 - what happened (type of incident, any injuries, etc.);
 - your future intentions and needs or requests;
- > wait for instructions.

Remember that any transmitted or shared information can be intercepted and have political, strategic or security implications. Any information that *can* be misunderstood *will* be misunderstood.

[see Section 5.5 – Alert]

Documentation

As soon as possible, you should complete a “medical card” for each casualty that includes at least:

- the place, date and time;
- personal details;
- initial assessment of vital signs (consciousness, pulse and respiration), injuries and other major health problems;
- actions taken;
- health status just before end of care (e.g. before evacuation).

You must report any incident that affects safety or security.

[see Sheet – Medical card; Sheet – Normal values of people at rest; Sheet – Casualty registration list]

You must document the status and any change in the condition of the casualty, what you have done, and the handover you have made.

4.4 Your approach on the spot

You are prepared and equipped, and have two main successive phases to manage:

- > situation management;
- > casualty management.

[see Section 10.1 – Management of yourself]

Finally, you must think about managing yourself.

CHECKLIST

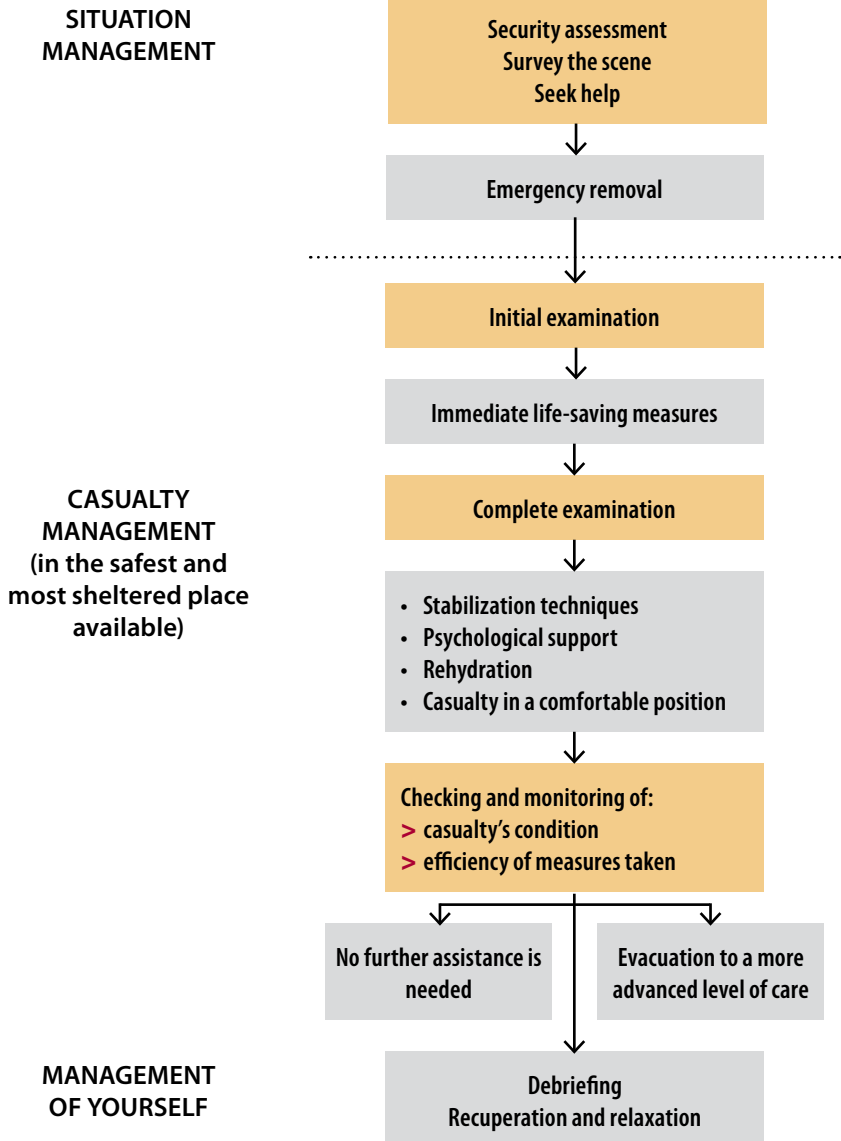
APPROACH ON THE SPOT

1. Control yourself: think before you act.
2. Protect yourself and others:
 - act in accordance with the basic rules protecting individuals in situations of violence;
 - use the distinctive emblem in an appropriate manner;
 - respect security rules.
3. Offer help according to your professional ability.
4. Be humane: treat wounded people, not just wounds.
5. Use common sense and be professional: use proven procedures and techniques.
6. Manage resources properly: promote teamwork and focus on priorities.
7. Communicate: share and learn.
8. Relax: recharge your batteries.

Your usual First Aid practices have to be adapted and supplemented to take into account the special needs you will face in armed conflicts and other situations of violence, starting with those relating to security and protection.

FIRST AIDER APPROACH TO A SITUATION THAT DOES NOT INVOLVE MASS CASUALTIES

Alert should be issued as soon as possible, but only when manageable, and according to circumstances. Is there a standard alert procedure? Has sufficient information been gathered? What are the available means of communication?



Situation management

5



Before springing into action you must think in terms of safety and security; you must quickly and accurately assess the nature and scope of the situation you are faced with.

SITUATION MANAGEMENT

CHECKLIST

1. Assess any hazardous conditions quickly:
think scene security.
2. Assess the casualty situation:
think one casualty or mass casualties.
3. Decide:
to behave safely and to be equipped with the
required protective equipment.
4. Act on security:
protect yourself and the casualty(ies).
5. Act on support:
issue alert and seek help if necessary.

[see Section 5.5 – Alert]



Anthony Duncan/Dalziel/CDC

SITUATION MANAGEMENT	Assess	Decide	Act
	1. Threat to your security?	Management of your security (protection)	Take cover quickly Protect yourself continuously
	2.Threat to the security of casualty(ies)?	Management of the security of casualty(ies)	Identify sheltered position and safe access Perform emergency removal(s) Stay in a safe place, if possible sheltered from violence and the elements (extreme temperatures, sun, rain, wind, etc)
	3. One casualty? Mass casualties?	Prepare priorities for casualty care: sift and sort (triage)	In a sheltered position: Care for casualties requiring immediate life-saving assistance Tell walking casualties to go to the collection point or to help if capable of doing so Continue caring for other casualties in accordance with the priorities for care
	4. Personnel sufficient?	Seek help, if needed	Mobilize bystanders, if possible
	5. Alert?	Issue alert*	Inform team leader or dispatch or command centre Seek further help, if needed

* An alert should be issued as soon as possible, but only when manageable, and according to circumstances. Is there a standard alert procedure? Has sufficient information been gathered? What are the available means of communication?

The “Assess > Decide > Act” table provides useful guidance on managing the situation, as does the use of your senses (looking, listening, touching) and talking.

5.1 Safety and security

Normally your mission in the field – from deployment to return – has been authorized through negotiations with the competent State authorities and other interlocutors in the field. Access to casualties, the delivery of humanitarian aid, and security are supposed to be guaranteed, but you should remain on your guard.

An armed conflict or any other situation of violence is not a game. You can be injured or killed, or compromise the safety of casualties and other persons. The dangers can be plainly visible or underlying and inherent. Accurate assessment and prediction of security conditions is very difficult and requires constant and attentive monitoring by all, starting with you.

The best indication of safety and security is to be able to move freely within areas of the country thrown into armed conflict or any other situation of violence.



Teun Anthony Voeten/CRC

[see Section 5.1.2 – Security assessment of the scene]

Remember always to think about your safety first and foremost.



A. Pérez/CRC

[see Sheet – Hygiene and other preventive measures; Sheet – How to produce drinkable water; Sheet – How to prevent waterborne diseases; Sheet – In case of diarrhoea]

Health-related issues and guidelines are presented on separate “sheets”.

Please note

In extreme situations, when the security of the International Red Cross and Red Crescent Movement’s staff and volunteers is endangered and the protective value of the distinctive emblems is no longer respected, the question of armed protection may arise. The use of armed escorts can create dangers for Movement staff and volunteers by making them a target, and can have long-term consequences by casting doubt on the Movement’s neutrality and independence. Precise guidelines and strict local security procedures must therefore be followed if armed escorts are used.

Your personal protection is a matter of :

- security, which has to do with the rules and measures taken to protect people, as far as possible, from the hazards of armed conflict and other situations of violence;
- safety, which has to do with your own person and the measures you take to protect yourself from danger, injury and disease.

You may also become a danger to yourself if you do not take proper care of yourself.

5.1.1 Your personal safety

[see Section 3.3.2 – Personal capabilities]

Your safety depends to a large extent on your personal behaviour and your assessment of actual and potential dangers. However, in certain circumstances (e.g. in minefields, burning buildings, etc.) and in accordance with local security procedures, protection or rescue by the military, police, fire brigade, etc. may have to be requested.

Others will judge your behaviour by the attitude you bring to the field and your respect for some basic security rules. They will then, more than ever, trust you and rely on you.

Attitude

- > Security first: your safety, the casualty's safety, and bystanders' safety.
- > Behave and act in an orderly and calm manner: "more haste, less speed."
- > Maintain a polite and respectful attitude whenever you enter into dialogue with people resorting to force or violence. Some may be out of control (e.g. drunk or under the effect of drugs). In such cases, try to avoid problems and be accommodating – possibly by making a humorous remark or by offering a cigarette – and leave tactfully.
- > Take time to listen, and explain what you are doing.
- > Be disciplined, obey rules and follow the orders of your team leader.
- > Be an exemplary team worker, and foster good team spirit.
- > Never push someone into accepting a greater risk than he is comfortable with.
- > Be respectful of local culture, traditions, taboos, and dress codes. Be sensible in terms of the clothing you wear, etc. and do not show off. Be tactful about personal matters (e.g. sex-related issues).

The golden rule of a First Aider in an armed conflict or any other situation of violence is to "make safe": always protect yourself first, maintain self-control, observe before taking any action and proceed only if it really seems safe to do so.

In a hazardous situation, remember that the best option is often to stop what you are doing.



Rules

- > Be aware of and act in accordance with the basic rules protecting individuals in situations of violence, and the Fundamental Principles of the International Red Cross and Red Crescent Movement.
- > Comply strictly with military security directives. Never disobey the authorities in charge of the area where you have to work.
- > Stop at checkpoints and comply with curfews, ceasefires and truces, and other similar rules (not to go to such-and-such a place, to return by such-and-such a time, etc.).
- > Night missions are allowed unless specifically forbidden by the authorities in charge, or your team leader or the dispatch/command centre.
- > Never accept armed persons with you in a vehicle or offer them shelter. Never store or transport arms or ammunition.
- > Never resist an attempt to rob you.
- > Never collect or remove weapons (especially grenades or handguns) from a casualty by yourself. This must be handled by people who know what they are doing. In armed conflict, according to international humanitarian law, small arms and ammunition taken from the wounded and sick found in a medical unit or establishment do not deprive the unit or establishment of its protection.
- > Never touch suspicious or unknown objects or dead bodies without receiving the go-ahead from mine-clearance operators.
- > Familiarize yourself with official warnings (e.g. air-raid sirens), if any.

Lack of respect for humanitarian law and principles and for protection measures puts you in danger, poses a threat to your colleagues and compromises the entire mission.

Furthermore, you must:

- > familiarize yourself with evacuation plans for emergency situations and know how to behave in such cases:
 - if you are injured or sick;
 - in the event of police or military operations.

In hazardous situations

You may find yourself in one or more of the following situations:

- interrogated by police or others;
- under shelling or gunfire;
- in the vicinity of an explosion;
- in a minefield (landmines, improvised explosive devices, booby-traps, etc.);
- in a burning or collapsing building;
- surrounded by a crowd of bystanders.

You will find detailed information in the relevant Annex.

[see Annex 8 – Safe behaviour in dangerous situations]

If you are anxious about security conditions or actually fired upon:

- stop what you are doing immediately;
- take cover quickly and do not move until the danger passes.

When security conditions appear to be under control:

- look around carefully;
- ask for information;
- re-assess the risk; and
- proceed, but only if it really seems safe to do so.

Be careful after a bombing (of whatever kind): a second bomb may be set to explode after people arrive at the scene of the first one. So wait before approaching the area and prevent other people from doing so.

Your on-site safety and security depend on your behaviour and on your relations with the persons resorting to force or violence and the population.

[see Section 3.4 – Equipment of First Aiders]

Please note

In addition to your clothing, personal passive-protection gear may be necessary in some contexts.

If you come to count on passive-protection equipment to do your job, then you should probably not be doing it.

This includes items such as:

- a flak jacket;
- a ballistic (bullet-proof) jacket; and
- a safety helmet, which must always be worn together with a protective jacket covering the chest, back and neck.

Instructions for use are given with the equipment. Generally speaking, if you have personal passive-protection gear:

- > have it with you just in case you find yourself in a particularly dangerous situation;
 - > be aware that it always increases the risk of you being mistaken for a soldier, policeman, a member of an armed group, etc.
-
- Do not feel you are immune and fully protected.
 - Do not use it when it is not needed.

5.1.2 Security assessment of the scene

The basic part of your security assessment of the scene is to:

- > assess hazards,
- > check safe paths, and
- > find safe shelters you can use in case of danger.

You must adapt and complete the following recommendations in the local situation you are confronted with.

Before and during any activity in the field, you must assess existing and potential hazards.

Hazards specific to armed conflicts or other situations of violence

Such hazards have warning signs. You must learn to pay attention to and assess what you hear and what you see.

Prior to arrival on the spot

- > Get as much information as you can about:
 - the geography of the area where the violence occurs;
 - routes of communication and transportation;
 - whereabouts of available medical structures;
 - where the safe and dangerous areas are (see below).
- > Seek information from:
 - your team leader or other colleagues;
 - the dispatch or command centre;
 - people you meet on the way or in the vicinity of the fighting (taxi or lorry drivers, local residents, staff of local non-governmental organizations, United Nations personnel, military or police personnel, etc.).



Thoroughly question anyone who may be able to help. You are seeking vital information on security conditions to allow you to intervene safely, but be careful not to be mistaken for a spy.

> Security information you must seek:

- what is the situation like?
- which are the safe areas and the dangerous areas?
- has fighting broken out, or is it likely to do so?
- how likely are aerial bombardments, ambushes, sniper-fire?
- are objects being thrown from buildings, are people throwing stones, etc?
- are there minefields in the area?
- will commanders or other leaders guarantee your safety and access to the casualties?

On the spot

You must look and listen for the “sights and sounds of combat”.

- > Look for persons resorting to force or violence, or preparing to do so (taking an aggressive posture, ready to open fire, etc.).
- > Look for smoke or tear gas.
- > Look for unexploded bombs, suspicious or unknown objects: do not touch them!
- > Listen for screams, shots, explosions, etc.

What to do, and not to do: basic recommendations.

- > Avoid areas of violence: do not enter them to assist people in need until the situation becomes calmer.
- > Use only paths or roads that you are familiar with or that have been recently used by others.
- > Quickly determine where it would be possible to take shelter nearby, if necessary.
- > Quickly determine the best and safest path to reach casualties, and then take them to shelter.
- > Maintain contact with your team leader (who is in contact with the command or dispatch centre of the casualty-care chain) to obtain further information.

Security conditions can change quickly. You must be prepared to adapt your actions and deployment in response to dangers that were not apparent earlier.

You should be prepared for the unexpected and the unpredictable.

Please note

Because of the limited scope of this manual, the dangers of non-conventional (nuclear, radioactive, biological and chemical) weapons are not treated here.

[see Section 2.2 – Special characteristics; Annex on CD-ROM – Major weapons-related threats]

Other possible hazards

You may encounter other hazards that exist during peacetime.

“Usual” hazards encountered in connection with natural disasters or emergencies:

- collapsed buildings and falling debris;
- burning or smoke-filled buildings;
- confined spaces;
- downed electrical wires;
- road traffic crashes and the further risk of secondary crashes;
- dangerous gases released from destroyed facilities.

Harsh environmental conditions:

- extreme temperatures;
- wind, rain, snow;
- uneven terrain, sand.

Remember that in addition to facing the risks and hazards posed by violence and weapons, you could also become the victim of a road traffic crash or a disease.

It is important that you look after your safety and health just as you would in ordinary circumstances.

Security and protection must be a permanent priority and a constant focus of attention for you, requiring a significant change in your normal behaviour and lifestyle.

[see Sheet – Hygiene and other preventive measures]

5.2 Casualty protection

A casualty is protected by:

- an emergency removal, when the casualty cannot do anything to protect himself such as seeking cover from shooting or bombing;
- a shelter offering some protection against further violence-related injury, but also against exposure to the elements (extreme temperatures, sun, rain, wind, etc.);
- your professionalism in protecting him from communicable disease.

International humanitarian law provides specific legal protection to the wounded and sick in armed conflict situations.

5.2.1 Emergency removal of a casualty

Techniques presented here are adapted from those you use every day. Detailed information is given to help you to adapt your approach to armed conflict or other situations of violence.

Taking the decision to proceed with an emergency removal means that you have:

- > resolved security issues;
- > identified safe routes to the casualty and to shelter;
- > prepared a shelter to protect yourself and the casualty from further violence and from the elements (extreme temperatures, sun, rain, wind, etc.).

If not evacuated from the scene wounded people are likely to be wounded again, and more likely than others to be killed. They often cannot take measures to protect themselves, such as taking cover from the fighting. While it is absolutely necessary to remove casualties from dangerous situations, doing so may also be dangerous for you. Removal should be performed skilfully in order to minimize risk to you and avoid aggravating the casualty's condition.



Colombian Red Cross Society

Removing a casualty from a minefield involves particular dangers: please refer to the relevant paragraph below ("If the casualty is in a minefield").

AIMS OF THE FIRST AIDER

While attending to your own security first, remove the casualty from danger.

On the spot, you must:

- > intervene only when security is adequate for the time it takes to complete the removal;
- > establish conditions for quick and safe removal of the casualty.

ASSESSMENT OF CASUALTY SAFETY

[see Section 5.1 – Safety and security]

At this stage, the overall security situation has been assessed and work can proceed.

Look

- > Ensure that the casualty is visible and can be moved.
- > Find shelter offering enough protection against the hazards of combat and the elements (extreme temperatures, sun, rain, wind, etc.).
- > Choose safest and shortest route to the casualty and to the shelter.
- > Find bystanders who can help.

Listen

- > Any remarks from bystanders or the casualty himself, if conscious (e.g. warnings about possible dangers).

Talk

- > Determine the degree of consciousness of the casualty.
- > Mobilize help.

Assume

- > The casualty is unable to do anything to protect himself, such as taking cover from shooting or bombing.



PREFERRED TECHNIQUES

- > Kneel at the casualty's head.
- > Grasp him firmly under the armpits or by clothing near the neck and shoulders.
- > Rise partially, supporting the casualty's head on one of your forearms. You may bring your elbows together and let the head rest on both your forearms.
- > Drag the casualty backwards as quickly as possible.

or

- > Pull his arms so that they are extended straight along the ground behind the head.
- > Grasp the wrists.
- > Drag the casualty with his arms elevated above the ground as quickly as possible.

For both techniques, use the route identified to reach the shelter.

If the casualty is lying face down: log roll

- > Kneel at the casualty's side.
- > Place the casualty's arms above his head.
- > Cross the ankle farthest from you over the ankle nearest you.
- > With one hand, grasp the shoulder farthest from you; place your other hand on the hip.
- > Roll the casualty gently towards you onto his back.
- > Continue emergency removal using one of the techniques described above.



If the casualty is in a minefield

The casualty is in a very dangerous place. You must be mindful of the specific problems relating to security and protection.

- > Do not rush to the wounded person. This is a minefield: you could become the next casualty.
- > Stop other people from approaching the casualty.
- > Get help from mine-clearance or military personnel.
- > If the casualty is next to a road or a safe path and within reach:
 - do not attempt to “prod” a path to the person unless you have been trained to do so;
 - first make sure that you have the necessary physical resources to remove the casualty (or can obtain them);
 - throw the casualty a rope or branch to latch on to; and
 - drag him out.
- Speed is a top priority, as is preventing further injury to the casualty.
- If possible, drag the casualty along the head-to-toe axis, avoiding any unnecessary movement in other directions.

ESSENTIALS

5.3 One casualty or many?

[see Section 5.4 – Seeking help;
Section 5.5 – Alert]

You must quickly determine if there is one casualty, several or many. If there are more casualties than you or your team can handle, seek help and issue an alert.

[see Chapter 7 – Situation of mass casualties: triage]

A mass casualty situation requires a first phase of sifting the casualties and then sorting them for priority of treatment according to the severity of their injuries.



Spanish Red Cross

5.4 Seeking help

You may decide to mobilize any available person (for example, bystanders or casualties slightly injured and able to walk) to assist you in:

- getting information about security conditions (take care that they are not mistaken for spies);
 - sending out the alert and calling in more advanced help;
 - finding other help;
 - building a safe shelter;
 - bringing materials with which to make improvised devices (e.g. tree branches for making splints);
 - offering some comfort (physical or psychological) to casualties;
 - preparing food;
- and
- quickly removing casualties from danger;
 - performing life-saving tasks (if those assisting you have the necessary training);
 - carrying a casualty on a stretcher.

You have to:

- > encourage bystanders to become involved;
- > make sure they have a proper concern for safety and security;
- > explain to them what you want and also perhaps how to do it, and make sure they understand and are willing to follow your instructions;
- > obtain their commitment.

Be aware that things do not happen as they do at the scene of a peacetime emergency (e.g. a road traffic crash). Some bystanders may carry weapons, some may not be willing to listen to “long” explanations about what you expect from them, some may abandon their “duty”, some may suddenly leave the scene, etc.



Marko Kotic / International Federation

**Be diplomatic and
always remain calm.**

5.5 Alert

Alerts should be sent out as soon as possible, but only when manageable, taking into account the circumstances: the procedure in place, assessment results and the communication means available.

Issuing a successful alert depends on:

- you, the sender (what information you give, to whom, and what response you expect or require);
- the communication system (what means are available – the more varied they are, the better – and how reliable and sustainable they are); and
- the receiver (how your message is understood, processed and followed up).

Communication should be two-way.

From you to your team leader

- > Unless you are very near your team leader, among the communication means available choose the one that guarantees the alert will be conveyed rapidly and reliably (e.g. by sending a messenger to the nearest radio communication station). If possible, use a communication system that permits dialogue.
- > After collecting the necessary information, you should include in your alert message the items listed in the checklist below.



The Republic of Korea National Red Cross

ALERT MESSAGE (be precise and brief)

First:

- your identity (e.g. a radio call sign);
- your location;
- security-related information (current and potential hazards, and security perspectives);
- your assessment of the situation.

Second:

- your assessment of the casualties (number, condition);
- your activities and results, and what you intend to do next;
- your requests for help (additional First Aiders, specialized care, supplementary material resources).

At the same time or later if the communication system permits:

- your evacuation needs;
- your requests for help organizing or carrying out evacuation;
- weather, access route and traffic conditions;
- other issues.

- > Stay in contact with your team leader and keep him updated, especially concerning developments in:
- security conditions (e.g. if there is a spread of the fighting) and their effect on you and others (e.g. if additional help or means for evacuation need to be sent);
 - the condition of the casualty(ies) that may result in the need to take new measures or to change the projected evacuation destination;
 - weather, access route and traffic conditions.

CHECKLIST



Thierry Gassmann/ICRC

[see Section 4.3.2 – Communication, reporting and documentation]

Remember that any transmitted or shared information can be intercepted and have political, strategic or security implications. Any information that *can be misunderstood will be misunderstood.*

From your team leader to you

You may receive:

- information about security matters in your area or of a general nature;
- advice on how to treat the casualty(ies) in your care;
- confirmation of:
 - additional help and resources on the way;
 - evacuation destinations.

In certain circumstances, you may be in direct contact with the dispatch or command centre of the casualty-care chain, or with evacuation vehicles. The above guidelines apply.

When security and communication links are good, you can devote more attention to the kind of care you should provide for the casualty.

Casualty management

6



At this stage, you are providing assistance in safe conditions for first-priority casualties. It is assumed that:

- security has been assessed and work can proceed;
- initial triage has taken place and priority categories for care have been established;
- safety measures have been taken.

[see Chapter 7 – Situation of mass casualties: triage]

CASUALTY MANAGEMENT

CHECKLIST

Always:

- > behave safely and be equipped with the required protective equipment;
 - > set priorities for actions to be taken.
1. Assess by means of an initial examination (the ABCDE* sequence):
think life-threatening conditions.
 2. Act to achieve emergency resuscitation (immediate care):
perform immediate life-saving measures.
 3. Assess by means of a complete examination (from head to toe):
think wounds, bone or joint traumas, burns, and harm caused by the elements (extreme temperatures, sun, rain, wind, etc.).
 4. Act to stabilize the casualty (supplementary care):
perform dressings, immobilizations, etc.
 5. Assess and act to evacuate the casualty:
determine the casualty's condition and prepare him for evacuation.

At the same time:

- > prevent cross-infection between yourself and the casualty;
- > provide psychological support;
- > protect the casualty against the elements;
- > rehydrate the casualty;
- > monitor the casualty's condition and the effectiveness of measures taken.

Safety and security must be a permanent priority and a constant focus of attention for you when managing a casualty.

* A= Airway – B= Breathing – C= Circulation – D= Disability – E= Extremities, Exposure.

CASUALTY MANAGEMENT	Assess	Decide	Act
Initial examination and immediate care	Is the casualty dead or alive? Is the casualty conscious or not? What is the mechanism of the injury: penetrating or blunt?	Continue casualty management Mobilize bystanders for help	Inform team leader about the dead Take care of the cervical spine according to the mechanism of injury Perform the ABCDE sequence
	Assessment of vital functions (the ABCDE sequence): A= Airway B= Breathing C= Circulation D= Disability E= Extremities, Exposure	Set priorities for action	Immediate life-saving measures: (A) restore the casualty's airway (B) provide respiratory support (C) control external haemorrhage (D) prevent further injury to the spine (E) dress major limb wounds; immobilize joint and bone trauma; keep the casualty warm
Complete examination and supplementary care	Visual examination, questioning and palpation from head to toe, front and back and sides	Check for other health problems Stabilize the casualty's condition Manage the casualty according to resources available	Complete immediate action taken and provide further care (for wounds, burns, bone trauma, etc.) Give psychological support Protect against the elements (extreme temperatures, sun, rain, wind, etc.) Rehydrate Give medication* Put the casualty in a comfortable position Monitor regularly the casualty's condition and the effectiveness of measures taken
Evacuation	Is evacuation necessary? What priority should be given to evacuating the casualty? What are the possibilities for evacuation?	Set priority categories for evacuations Hand over the casualty for further treatment or end treatment	Prepare for evacuation Select transport means Monitor until handover in the casualty-care chain or until no further treatment is required

* You may have to give an oral or injectable painkiller and/or antibiotic, according to local protocols, means, and training.

You should be:

- **able to assess** the casualty and act in accordance with your knowledge and skills;
- **methodical**, i.e. proceed step-by-step:
 - initial examination and immediate life-saving measures, then
 - complete examination and stabilization of the casualty;
- **systematic** (perform the same procedure for each casualty);
- **thorough** (examine the casualty's entire body);
- **quick** (to manage limited time and resources available).

Additional helpers – if available – may be useful, especially for certain parts of your work.

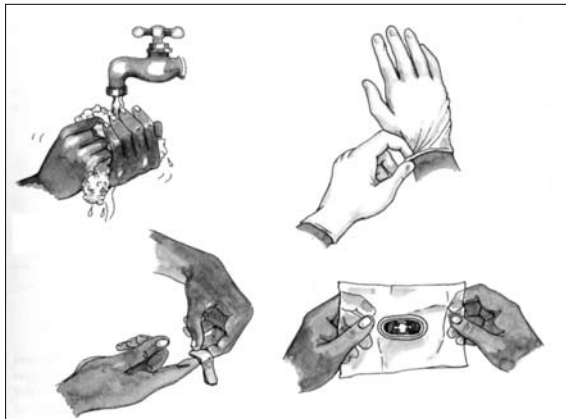
To examine and care for casualties you must take **precautions**, such as:

- > avoiding contracting or spreading a disease;
- > practising basic hygiene and taking protective measures just as you do in your everyday routine during peacetime.

The “Assess > Decide > Act” table provides useful guidance on managing the situation, as does the use of your senses (looking, listening, touching) and talking.

[see Section 5.4 – Seeking help]

[see Sheet – Hygiene and other preventive measures]



South African Red Cross Society

You must not use the hazards and difficulties inherent in a situation of violence as excuses for bypassing essential hygiene and protective measures.

EXAMINATION

A proper examination requires that the casualty be undressed. The extent to which a casualty is undressed in the field will depend on the particular circumstances. You should also bear in mind the need to:

- > show due regard for the casualty's privacy and modesty;
- > respect local religious and cultural factors;
- > minimize casualty movement;
- > avoid removing clothing stuck to a wound or a burn;
- > prevent the casualty from getting cold;
- > protect personal items belonging to the casualty;
- > avoid mixing the clothes of one casualty with those of another.

[see Section 6.2.4 – Back of the chest and abdomen injuries: assessment and management]

At some stage during the examination, you must turn the casualty to one side to look at the back.

6.1 Initial examination and immediate life-saving measures

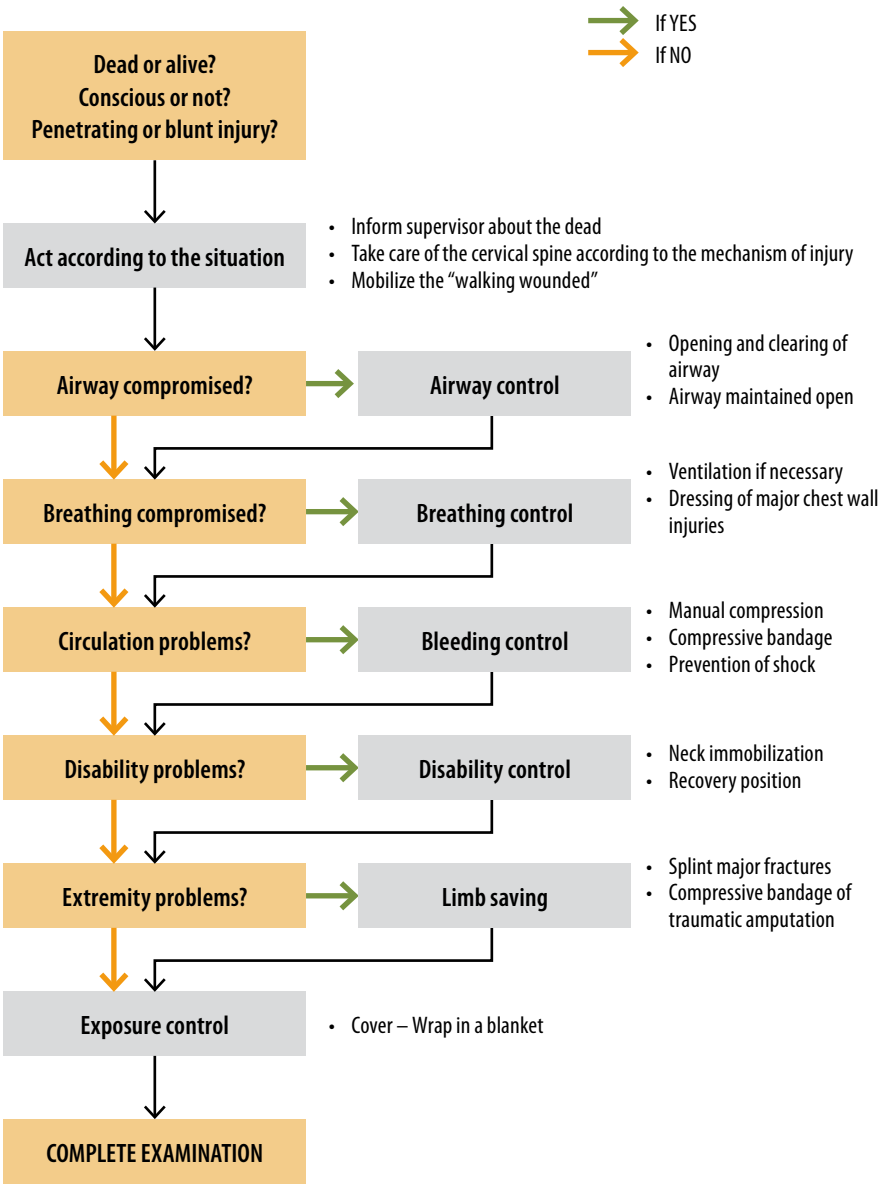
Techniques presented here are adapted from those you are used to using every day. Detailed information is given to help you to adapt your approach to armed conflict or other situations of violence.

Initial examination and immediate life-saving measures are performed at the same time. They take precedence over everything else except safety and security.



Teun Anthony Voeten/CRC

INITIAL EXAMINATION IN SITUATIONS NOT INVOLVING MASS CASUALTIES
in as safe and sheltered an area as available



You must perform a number of tasks QUICKLY and SYSTEMATICALLY. To do this you must learn to automatically ask yourself a series of questions.

Is the casualty dead or alive?

In a normal peacetime situation you, as a First Aider, should not make a diagnosis of death by yourself. In armed conflicts and potentially also in certain other situations of violence, however, casualties have often suffered mutilating injuries (decapitation, total body disruption, massive gaping wounds, etc.) making it obvious that they are dead. In case of doubt or according to local procedure, assume that the casualty is still alive and continue resuscitation measures until death is diagnosed by a qualified health professional, or until an ABCDE examination gives you the following results: no air intake (A = 0), no lung ventilation of his lungs (B = 0), no pulse (C = 0), pupils are dilated and do not react to light, no movement (D = 0) and the body feels cold (E = 0).

In the event of a death, please refer to separate section.

[see Section 6.3.3 – The dying and the dead]

Please note

In a situation where there are mass casualties, triage may involve a decision to not provide care or to put an end to care in certain cases, to one or more casualties.

[see Chapter 7 – Situation of mass casualties: triage]

Is the casualty conscious or not?

Most casualties in armed conflicts and other situations of violence are conscious, afraid, and in pain. They tell you how they were injured and complain about how much pain they feel. They are obviously conscious, and talking. Nonetheless, you must go through the ABCDE sequence quickly as you examine each casualty one after the other ("Airway? YES"; "Breathing? YES"; etc.).

Live, conscious casualties with minimal injuries can talk and move. These casualties are known as the “walking wounded”. They may be able to help themselves and you, so as to better care for their own injuries. They may be able to help you in your work, performing basic life-saving tasks you can teach them, handling administrative matters and giving a hand with logistics (carrying things, setting up tents, etc.).

What is the mechanism of injury: penetrating or blunt trauma?

In armed conflict or other situations of violence you must immediately determine whether the casualty has suffered blunt or penetrating trauma – a closed or open wound – above the collarbones (clavicles). You must quickly adapt your approach accordingly.

Mechanism	Action
Blunt trauma above the collarbones (clavicles) or causing unconsciousness	Immediate observation and care of the cervical spine. Please refer to Section 6.1.4
Penetrating wound to the head	No special care of the cervical spine required.
Penetrating wound to the neck	Any damage to the spinal cord has already been done. You cannot prevent what has already occurred. You should treat the spine with care, but the damage is irreversible.

Practical examples

- The victim of a road traffic crash with a fractured jaw and bleeding from the mouth that compromises the airway requires care of the cervical spine. The victim of a bullet wound to the jaw, which also compromises the airway, does not.
- The victim of a road traffic crash who is unconscious but without obvious injury requires care of the cervical spine. An unconscious casualty with a bullet wound to the head does not.

What life-threatening conditions does the casualty present, if any?

You must learn to use the ABCDE sequence of thinking, i.e. to examine airway, breathing, circulation, disability, extremities and exposure. When mastered, the ABCDE thinking will allow you to answer all the above questions in one integrated process. At each response, you may have to use a life-saving technique, before going on to the next question.

[see Table above – Initial examination in situations not involving mass casualties]

You must start by asking a series of questions.

- Is the casualty dead or alive?
- Is the casualty conscious or not?
- What is the mechanism of injury: penetrating or blunt trauma?

You must practise the ABCDE sequence (Airway, Breathing, Circulation, Disability and Extremities – Exposure), and recognize the importance of "looking, listening, talking and touching".



Nepal Red Cross Society

INITIAL EXAMINATION (all impeding clothing should be cut away)	
Airway	> Rapidly identify actually or potentially obstructed airway: • lack of consciousness or decreased level of consciousness; • injury to head, face, neck or upper chest (blunt, blast, wound, burn, bone trauma).
Breathing	> Detect breathing problems: • usual signs of respiratory distress; and/or • chest injuries (bruises, abrasions, wounds, penetrating injuries, flail chest, chest wall defect).
Circulation	> Check for visible haemorrhage: • from wounds; • blood impregnating casualty's clothing; • blood on your gloved hands when palpating. > Recognize shock (consequence of an internal non-visible haemorrhage).
Disability	> Establish lack of consciousness or determine level of decreased consciousness. > Suspect a spine injury, especially in case of: • unconsciousness or decreased consciousness after blunt injury to head, face, neck or upper chest; • deceleration injuries (e.g. in road traffic crashes) or high-speed impact. > Detect a spine injury by asking the casualty to move his limbs and toes, and to squeeze your fingers.
Extremities	> Identify major wounds, fractures and burns.
Exposure	> Remember that the casualty may be or become cold (all wounded persons lose body heat).



Catherine Peduzzi/CRC

- 6.1.1 **Airway:**
assessment and management [see Life-saving techniques]
- 6.1.2 **Breathing:**
assessment and management [see Life-saving techniques]
- 6.1.3 **Circulation:**
assessment and management
of visible haemorrhage [see Life-saving techniques]
- 6.1.4 **Disability:**
assessment and management [see Life-saving techniques]
- 6.1.5 **Exposure:**
assessment and management [see Life-saving techniques]



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6.2 Complete examination and stabilization measures

Techniques presented here are adapted from those you use every day. Detailed information is given to help you adapt your approach to armed conflict or other situations of violence.

As in the initial examination, in the complete examination you should follow a systematic sequence, ("head-to-toe", "front-and-back-and-sides"):

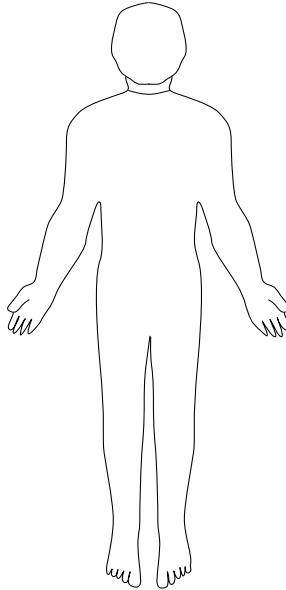
1. head, scalp, ears and face (including nose, mouth, jaw and eyes);
2. neck;
3. chest;
4. abdomen, the pelvis and perineum (the area between the anus and the genitals);
5. shoulders and arms;
6. legs;
7. back.



COMPLETE EXAMINATION

Palpate head-to-toe and front-back-and-sides

- 1 Head and scalp
Ears
Face (incl. nose, mouth,
jaw and eyes)
- 2 Neck
- 3 Chest
- 4 Abdomen, pelvis and
perineum
- 5 Shoulders, arms and
hands
- 6 Legs and feet
- 7 Back of chest, abdomen
and pelvis



Perform stabilization techniques where needed



Provide psychological support
Ensure rehydration
Put the casualty in a comfortable position



Check and monitor:
• casualty's condition
• efficiency of measures taken

Perform stabilization measures at the end of the complete examination.

Most of the complete examination is devoted to detailed palpation, which helps to detect injuries that may not be obvious.

Casualties of bombing, shelling or grenade explosions may be injured by small shrapnel causing many tiny wounds in the skin but much greater damage inside the body. A gunshot wound may also cause only a small entry in the skin. The complete examination must involve looking for these small wounds.

Remember that during the initial examination you assessed conditions that may deteriorate. They require your attention during the complete examination and stabilization of the casualty. A deteriorating condition may lead to a life-threatening situation. The assessment and management of such a condition are dealt with in a separate Section.

[see Section 6.1 – Initial examination and immediate life-saving measures]

Look

- > Look at all areas on all sides of the body.
In particular:
 - search for any abnormalities such as deformities and restricted movement;
 - use the opposite side as a mirror image for comparison.
- > Look at any reaction of the casualty during palpation.

Listen

- > Listen to the casualty's complaints of pain, limb numbness, cold, etc.

Talk

- > Get information from the casualty and/or relatives and bystanders about:
 - how and when the injury occurred;
 - the health background of the casualty.
- > Mobilize other nearby persons to help.

Touch (palpation)

- > See preparatory phase of palpation below.
- > Start from the head and go systematically down to the toes, front and back and sides.
- > Palpate all areas on both sides of the body.
- > Avoid undue manipulation or movement.
- > Localize precisely sites of skin wounds and any fractures, noting tenderness, deformity or open skin.
- > Localize any crepitus (see below).
- > Estimate casualty's body temperature.
- > Inspect your gloved hands for any blood.

A crepitus is the crackling sound and/or feeling that is often heard and/or felt when the ends of broken bones rub together, or when there are bubbles of air under the skin.

Preparatory phase of the palpation

- > In places and with people you are not familiar with, be aware of and respect local rules, customs and beliefs.
- > Protect your hands with gloves (or similar protection – e.g. a plastic bag).
- > Kneel at one side of the casualty.
- > Explain the examination to the casualty, and try to enlist his cooperation:
 - to not move during the palpation (unless asked to do so – e.g. to move fingers to allow assessment of distal neurological conditions);
 - to say when the palpation is painful.

[see Section 3.3.2 – Personal capabilities: Communication skills]



Somali Red Crescent Society

For the techniques presented below, the casualty is assumed to be:

- conscious;
- lying on his back.

If the casualty is in another position, you should be able to adapt the assessment and management techniques. Your ultimate goal is to protect and save lives in a safe, effective and dignified way, not to learn detailed techniques out of context.

[see Stabilization techniques]

**6.2.1 Head and neck injuries:
assessment and management**

[see Stabilization techniques]

**6.2.2 Chest injuries:
assessment and management**

[see Stabilization techniques]

**6.2.3 Abdominal injuries:
assessment and management**

[see Stabilization techniques]

**6.2.4 Back of the chest and
abdomen injuries:
assessment and management**

[see Stabilization techniques]

**6.2.5 Limb injuries:
assessment and management**

[see Stabilization techniques]

**6.2.6 Wounds:
assessment and management**

6.3 Special cases

In addition to the special cases presented below, ordinary health problems such as pneumonia, diarrhoea, etc. persist during armed conflicts and other situations of violence. Ordinary health problems may even increase – along with the risk of epidemics – because of population displacements, destroyed health care centres, a lack of community health-care workers, etc. You should be prepared to be involved in the management of these problems.

6.3.1 Anti-personnel mines and other explosive remnants

You should be supremely attentive to the needs of anyone wounded by an anti-personnel mine or any other explosive remnants, and make sure you consider security-related problems. The casualty lies in a very dangerous place: an area contaminated by explosives.

- > Do not enter these areas yourself.
- > Go and get help. Accessing and rescuing the casualty is a demining task.
- > In areas contaminated by explosives great care must be taken not to touch or disturb any suspect items.

[see Section 5.2.1 – Emergency removal of a casualty]



ICRC

People wounded by anti-personnel mines are invariably more severely injured than they appear to be.

[see Section 5.1 – Safety and security; Section 10.3 – Awareness of explosive remnants of war; Annex on CD-ROM– Major weapon-related threats; Annex 2 – Mechanisms of injury]

Victims of mines and other explosive remnants usually have multiple injuries:

- total or partial amputation of a limb, usually the leg;
- penetrating wounds of the other leg, genitals, and even the abdomen;
- heavy contamination of the wounds with metal or plastic fragments, stones, grass, pieces of footwear, etc.

A single blast may injure many people at the same time.

6.3.2 Tear gas

Tear gas (or lachrymatory agents) is the common name for substances which, in low concentrations, cause temporary incapacitation through painful irritation of the eyes and/or breathing system. Tear gas is usually used for riot control. It is shot off in grenades.

When shot into a closed space, the gas concentration can become very high, causing asphyxia and suffocation.

Exposure to tear gas causes:

- stinging and burning of eyes, nose, mouth and skin;
- excessive watering of the eyes, runny nose, increased salivation;
- sneezing, coughing and even difficulty in breathing;
- disorientation, confusion and sometimes panic.

Gagging and vomiting may also occur. People with respiratory, skin or eye problems, and very old or very young people, may be especially sensitive.

Effects usually occur within seconds after exposure begins and symptoms usually end within 10-60 minutes after exposure stops. For some people symptoms can take a few days to clear up completely. Effects on skin may take longer to improve.

If you see tear gas coming or get a warning:

- > try to move away or get upwind;
- > put on protective gear, if available, minimizing skin and face exposure by covering up as much as possible;
- > a gas mask, if properly fitted and sealed, provides the best respiratory protection;
- > alternatively, a bandanna soaked in water and tied tightly around the nose and mouth may prove adequate.

The following recommendations can help to limit consequences of contamination by tear gas:

- > stay calm, breathe slowly and remember it is only temporary;
- > blow your nose, rinse your mouth, cough and spit; try not to swallow;
- > do not rub your skin or eyes;
- > try not to touch your eyes or face, or other people, equipment, supplies, etc. to avoid further contamination.

If a casualty is seriously contaminated:

- > remove contaminated clothing with hands protected (e.g. use a plastic bag, disposable gloves, etc.);
- > wash the skin thoroughly with soap and clean water;
- > if possible, shower with cool water;
- > irrigate the eyes with clean water, from the inside corner of the eye towards the outside, with the casualty's head tilted back and slightly towards the side being rinsed;
- > advise less seriously affected casualties to apply these measures to themselves.

These measures will help casualties feel better faster, but they will still need time to recover.

Clothes contaminated by tear gas should be washed separately from the rest of the laundry.

If you are contaminated:

- > apply the same measures;
- > wait until you have fully recovered before going back to work.

6.3.3 The dying and the dead

The rescue and care of living casualties is the main priority and your principal task. Essential resources should not be diverted to managing the dead.

Take care that everything you do in these particular circumstances is in accordance with local customs, practices, and regulations.

Dying persons

A human presence means everything in such a situation.

Bringing comfort to the dying is a humane and humanitarian act. This is important for you also, in that it helps you to continue to care for others afterwards.

- > Seek help from your team leader, a health care professional, etc.
- > Respect the need for privacy and any rituals that apply.
- > Ask if there is anything you can do.
- > Listen and take any messages the dying person might have.
- > Give him anything that will bring comfort, including drinks, sweets, cigarettes, etc.
- > Talk to him, even if you think he does not hear you.
- > Ask if there are relatives or friends nearby and, if so, and he agrees, call for them and provide them with honest and, as far as possible, accurate information at all times.

In cases of severe injury or sickness, death can occur very suddenly and at any time.

Please note

The diagnosis or confirmation of death is the duty of qualified health professionals. As long as death is not confirmed or truly obvious, you should continue your assistance.

**Dead persons**

After death, a person retains the right to identity and to a dignified management of his body.

The following recommendations should guide all action when dealing with the dead and their bereaved families:

- the deceased and the bereaved should be respected at all times;
- a sympathetic and caring approach is owed to the bereaved relatives and friends;
- cultural and religious beliefs should be observed and respected;
- the family of the deceased has the right:
 - to receive accurate information at all times and at every stage (including an official recognition and a certification of death, and an investigation into the cause and manner of death when required);
 - to see the corpse;
 - to recover and mourn their dead and perform funerary rituals in accordance with their customs and needs.

After a person's death:

- > maintain the dignity of the corpse;
- > protect the body, including from unnecessary public viewing (i.e. cover the body completely and keep bystanders away);
- > avoid moving the body, if at all possible;
- > place all personal belongings of the dead person in a plastic bag clearly marked with his name and the date and place of death, and then hand them over to the appropriate authorities;
- > report the death or finding the body to your team leader or the authorities;
- > record all necessary information (e.g. time and place of death/finding; witnesses; personal details of the deceased; circumstances of death/finding, etc.), which will help the certification of death and the investigation when required.

[see Annex 9 – Collecting and burying the dead]

It is the duty and sole responsibility of the authorities to ensure proper and dignified management of human remains, to take steps to identify remains, and to return them to their relatives. The priority for the families is to find out what happened to their missing loved ones and to recover the remains as soon as possible.

Please note

In certain contexts and armed conflict situations, dead bodies may be booby-trapped (an explosive device under the body activated by any movement). Avoid touching or moving them without receiving the go-ahead from the mine-clearance operators.

6.3.4 Cardiac arrest

Cardiopulmonary resuscitation (CPR) is not covered in this manual. With very few exceptions – see below – such procedures are not recognized as essential on the spot for casualties of trauma related to armed conflicts and other situations of violence. Cardiac arrest in a trauma casualty is presumed to be due to massive bleeding until proved otherwise. CPR is useless if there is not enough blood remaining in the body to sustain circulation.

CPR should be performed in the following exceptional cases:

A doctor has determined that the cause of cardiac arrest is not bleeding, and given orders that CPR should be performed. A cardiac arrest can be provoked by dehydration, severe and extensive burns, allergic reactions, and shock due to paralysis following injury to the spinal cord.

If the situation requires CPR, while respecting local rules, customs and belief:

- > quickly explain to bystanders, friends and relatives of the casualty present what you are going to do and why (e.g. mouth-to-mouth resuscitation – to bring oxygen to the casualty's lungs, to keep him alive, etc.);
- > try to obtain support for your action.

[see Section 3.3.2 – Personal capabilities: Communication skills]

Caring for a single casualty represents an ideal case and may not always be possible in armed conflicts and other situations of violence, which can generate mass casualties. A mass-casualty scenario may challenge your ethics and requires understanding of and specific skills for setting priorities.

Situation of mass casualties: triage

7

A situation of mass casualties results in an imbalance between assistance needs and the help available. The number of casualties and the severity of their injuries exceed the human and material resources available in the casualty-care chain. The management of such a situation is based on common sense; there cannot be strict rules, only general guidelines.

A situation of mass casualties evolves constantly according to factors such as:

- the ratio between the number and quality of helpers and the number and severity of casualties;
- the flow between new casualties arriving on the site and those evacuated or not requiring further care.

There may be a significant number of helpers because of the mobilization of bystanders and persons who are only slightly injured. You can then have one helper staying with the most severely injured person while the process of triage continues.

Triage is a management process for sorting casualties into groups based on their need for priority treatment or evacuation. It precedes more advanced care.

You cannot do everything for everyone.
Your aim is to “do the best for the most” by relying on the principles of triage.



Spanish Red Cross

The ultimate objective of triage is to achieve optimal use of the available personnel and resources so as to benefit the greatest number of casualties who have the best chance of survival.

- As a consequence:
- choices are made to achieve the greatest good not for any particular individual but for the greatest number of people;
 - because of limited time and resources, some casualties do not even begin to receive treatment, or their treatment is interrupted, or their evacuation is never considered.
- Triage might be difficult to perform. The decisions involved are the most difficult in all health care.

[see Section 3.3.2 – Personal capabilities: Personal and professional ethics]

The process of triage
This prioritization process must be rapid. It is based on two successive sequences: sift and sort.

Sift	= selecting those most severely injured, and identifying and removing • the dead • the slightly injured • the uninjured
Sort	= categorizing the most severely injured casualties based on matching • the nature of the problem* with • treatment available in terms of personnel and supplies

* For life-threatening conditions: Airway problems are dealt with before Breathing problems, which, in turn, are dealt with before Circulation problems.

Please note
In certain circumstances triage takes the location of casualties into account. For example, if a casualty who might otherwise have been given first priority cannot be easily reached because of rough terrain, then the time and effort devoted to getting to him would be to the detriment of other casualties. Accordingly, a lower priority is assigned to such a casualty.

There are two successive triages:

1. for priority of treatment, and
2. for priority of evacuation.

PRIORITY CATEGORIES	For treatment (on the spot)	For evacuation
1 (urgent)	Life-threatening conditions treatable, at least for some time, by means of immediate, simple measures	Life-threatening conditions that are stabilized and will remain under control until transfer onwards to next level of care
2 (serious)	Major but not immediately life-threatening conditions where some delay is acceptable	Major but not immediately life-threatening conditions that will worsen over time
3 (wait)	Minor injuries requiring minimal surgical care Injuries for which an indefinite wait is possible, if not desirable	Stable injuries that can wait to be treated last
4 (not to be treated or moved)	Severe conditions that medical and/or surgical care cannot help or for whom there is little hope of recovery Dead or dying people	Severe conditions that medical and/or surgical care cannot help or for whom there is little hope of recovery Dead or dying people

If a casualty is in a life-threatening condition that cannot be stabilized or cannot be kept under control during evacuation, his priority category 1 for treatment becomes priority category 4 for evacuation.

The triage category assigned is written down on a card attached to a visible part of the casualty's body. Sometimes different coloured tags are used.

There may be disagreements within a team about the category to which a casualty belongs. These will be immediately resolved by the team leader or the person in charge of the site management. The categories assigned on the spot for treatment or evacuation may be different from those given in a surgical hospital.

You must not question the triage approach or decisions taken in connection with it during the triage process; this will only cause confusion.

You should perform immediate life-saving tasks at the same time as triage.

Do not administer less urgent, stabilizing measures until triage of all casualties is completed.



Triage is only a “snapshot” of the casualty’s condition at the time of assessment. His priority category may change as time goes by.

- > Do not try to predict how a casualty’s condition may worsen. Doing so would result in the casualty being assigned a higher priority than necessary.
- > Re-assess the situation regularly to adapt the level of priority.

Re-evaluation factors include:

- security conditions;
- the number of casualties and the severity of their injuries;
- changes in the casualties’ condition (e.g. a sudden deterioration from “serious” to “urgent”);
- your capacity in terms of personnel (physical and psychological condition and number of First Aiders), resources for treatment and transfer, etc.;
- capacity of medical facilities to accommodate evacuated casualties;
- your team leader’s decisions about personnel and resources.

An example of a situation of triage process

In a safe and sheltered place, if you face the task of caring for numerous casualties, you would take the following steps.

- > Politely but firmly make it clear that you are in charge.
- > Find helpers, especially those skilled in First Aid.
- > Make a quick tour of the place with them.
- > Triage the casualties for treatment, i.e. quickly sift and sort by:
 - assessing each casualty briefly (maximum 15-20 seconds) according to the ABCDE sequence;
 - assigning a temporary priority category to each one;
 - spending little time with those who can speak and/or move.
- > Instruct helpers to perform immediate life-saving tasks (priority category 1): if possible assign a helper to one or two casualties. These immediate life-saving tasks are:
 - to clear the airway and place in the lateral recovery position any casualty who is unconscious but breathing normally;
 - to stop external haemorrhaging with local manual pressure techniques and, if possible, with compressive dressings and bandages (which at this stage must be improvised).



Jessica Barry/ICRC

Take a short break.

- > Prepare to re-evaluate the priority category of each casualty.
- > Having identified and separated out those who require immediate life-saving treatment (priority category 1), complete your sifting by telling the walking wounded:
 - to go to the collection point;
 - to lend a hand, especially if skilled in First Aid.
- > Go to "casualty No. 1" of priority category 1.

In a situation of mass casualties, you have to participate in triage on the spot. You will therefore need to be trained in setting priorities and decision-making.

- > Proceed with a complete examination to confirm or modify the priority category for care.
 - > Provide care, stabilize the condition and protect against exposure to the elements (extreme temperatures, sun, rain, wind, etc.).
 - > Check to make sure measures taken are effective.
- Casualty No. 1 is now ready for evacuation.

- > Proceed with a complete examination of casualty No. 2 of priority category 1 (identified during your initial round) to confirm or modify priority category for care.

- > Treat casualty No. 2.

Then do the same for casualty No. 3, and so on.

- > When finished with casualties of priority category 1, proceed with those of priority category 2, etc.

The complete examination will finalize your sorting, by confirming or modifying the priority category for care of each casualty.

When all casualties have been treated:

- > re-assess the condition of each;
- > determine the effectiveness of the measures taken so far;
- > triage the casualties for evacuation: assign a priority category to each casualty.

[see Section 8.2 – Transportation]

When the decision is taken to proceed with an evacuation, organize it and prepare the casualties for evacuation.

Casualties you cared for on the spot will be evacuated along the casualty-care chain, in which there are also roles for you to play.

After providing care on the spot

8



8.1 At the collection point and in the next links in the casualty-care chain

You may be involved in further links in the casualty-care chain, where your attention to safety and security should be as it is on the spot.

In these further stages, you will:

- > be acting as an auxiliary to a health-care professional (a nurse, a general practitioner or a surgeon), and thus generally under his direct supervision;
- > assisting with medical care for the casualties (monitoring, specialized care, stretcher-bearing, etc.).

You may also be asked to take part in various activities, that are not care-related.

[see Section 4.3.1 – The chain of casualty care; Annex 5 – The chain of casualty care; Annex 6 – First Aid post]

[see Chapter 5 – Situation management; Chapter 6 – Casualty management]

[see Chapter 9 – Other tasks of First Aiders]



Boris Heger/CRC



Olivier Moeckli/CRC



Paul Grabhorn/CRC

8.2 Transportation

Moving wounded people during fighting is difficult, always takes longer than expected, adds to the trauma, and is often dangerous.

[see Chapter 7 – Situation of mass casualties: Triage]

Casualty transport may be subject to local regulations (e.g. restrictions on the participation of First Aiders). You should therefore find out whether you would incur any liability before engaging in this activity.

8.2.1 Prerequisites

Evacuations may be organized when:

- casualties are gathered in a First Aid post, a dispensary or any facility of the casualty-care chain;
- casualties have already been triaged: a priority category for evacuation has been assigned to each;
- means are available and reliable;
- routes and time-frames are known;
- personnel at destinations have been informed and are ready to receive the casualty(ies);
- security has been ensured.

Casualties found on the roadside should be taken on board only if there is adequate space and no other alternative. If possible inform your team leader or the dispatch or command centre of the casualty-care chain and ask for instructions. Occasionally “opportunistic casualties” i.e. people who, according to their triage priority, do not need to be evacuated at a given time, may be allowed on board an evacuation vehicle because space happens to be available.

Evacuation vehicles must be used exclusively for medical purposes, and their availability and hygiene should be respected. Other vehicles should preferably be used to transport the dead bodies if at all possible. In all cases priority should be given to the living casualties. Red Cross or Red Crescent vehicles should not be used for personal or individual needs.

Absolutely no weapons may be transported with the casualty, and no one accompanying the casualty may carry a weapon. Never collect or remove weapons (especially grenades and handguns) from a casualty yourself. They should only be handled by people who know what they are doing. In armed conflicts, according to international humanitarian law, small arms and ammunition taken from the wounded and sick found in a medical unit (e.g. an ambulance) do not deprive that unit of its protection.



Marc Bouvier/CRC

In armed conflict situations, the distinctive emblem is prominently displayed as a protective device on vehicles used for medical purposes (on flat surfaces so that it can be seen from as many directions and from as far away as possible), provided that all the necessary legal requirements have been met.

You should:

- > know proper lifting techniques (lift with your leg muscles while keeping your back straight);
- > be in good physical condition;
- > know the characteristics of the means of transport you will use;
- > report departures to supervisors in charge of managing evacuations. Provide the following information: departure time, number and condition of casualties, destination, estimated travel time and route, number of First Aiders aboard.

8.2.2 Means and techniques of transport

The means of transport should:

- permit emergency and stabilization measures to continue;
- be safe;
- not be too traumatic for the casualties;
- be able to accommodate casualties in different lying or sitting positions;
- be able to permit a First Aider or other provider of care to accompany casualties;
- provide adequate protection against the elements (extreme temperatures, sun, rain, wind, etc.).

Transport of:	Transported by:
Most casualties	Stretcher Manual-carrying techniques
Casualties with chest wounds who are conscious	Chair (or stretcher or something on which casualty can maintain sitting position)
Casualties over long distances	Ambulance or other ground vehicle Helicopter or other aircraft Boat or other vessel

Manual-carrying techniques are tiring for the bearers and involve the risk of increasing the severity of the casualty's injury. You should choose two-person techniques if possible.

To evacuate a casualty it is not necessary to drive as fast as possible and risk a road traffic crash. Moreover, hitting bumps and potholes at high speed will cause pain to the casualty, increase any bleeding, and displace traumatized limbs possibly causing more damage. Drive smoothly and safely.

Transport by air involves special considerations because of the effects of severe acceleration and deceleration, and the decrease of atmospheric pressure and of oxygen supply. These are beyond the scope of this manual.



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Mali Red Cross



Mali Red Cross



Mali Red Cross



Venezuelan Red Cross



Paul Grabhorn/CRC

Casualties are not the only victims of armed conflicts and other situations of violence. Providing care will therefore not be the only task you will be mobilized for. Because of your dedication and versatility you will also be called upon to help other kinds of victims.

Other tasks of First Aiders

9





Priska Spoerri/ICRC

In addition to the wounded and sick, there are other kinds of victims of armed conflicts and other situations of violence, including the following:

- people deprived of their freedom;
- refugees and other displaced persons;
- dispersed families;
- families without news of their relatives or whose relatives are missing;
- civilians who have lost everything;
- the disabled;
- orphans and widows;
- the dead.



Priska Speer/ICRC



Jean-Patrick Di Silvestro/CRC

[see Annex 9 – Collecting and burying the dead]

You may be required to contribute to tasks other than that of providing care. These tasks are not specified here, since they depend to a large extent on:

- local circumstances;
- the scope of the particular humanitarian mission and the means available for accomplishing it;
- your training and preparedness.

These other tasks may involve:

- administration (casualty registration, follow-up of evacuations, radio communications, etc.);
- logistics (physical protection of the health-care facility, stock management, equipment maintenance, etc.);
- support for communities (disease-prevention programmes, efforts to maintain and restore family links, distribution of relief items, etc.);
- collection and burial of the dead.

Some of these tasks require specific skills that you may have to learn on the spot if you do not have them already.



Thierry Gassmann/CRC

You can ask your team leader about changing your activity. Such a request may be granted if there are other needs and you have the skills required to meet them. You should also be prepared to accept changes in your work assignment that you have not requested. You may decline the changes if you do not feel comfortable with the proposed new assignment.

In armed conflicts and other situations of violence, you must be flexible and ready to adapt.



After working in an armed conflict or another situation of violence, you should think about yourself. The humanitarian task of helping people to help themselves continues after the “spotlights are switched off”. After your break, you may be called upon to step in again.

**After the
intervention**

10



10.1 Management of yourself

Once the intervention is over, take time to stop and think. You need time to reflect on what you have just experienced, you need time to unwind.

YOUR PERSONAL MANAGEMENT

CHECKLIST

1. Evaluate your performance: think about your achievements and feelings.
2. Evaluate your condition: think about whether you require support from someone else.
3. Decide: to recuperate i.e. to “recharge your batteries”.
4. Act: debrief with your team and team leader and draw conclusions from lessons learned.
5. Act: relax properly and prepare yourself for the next mission.

AFTER AN INTERVENTION	Evaluate	Decide	Act
	Your condition How are you?	Debrief Pause	Relax and refresh Discuss Draw and share lessons learned

At the end of the mission

- > Attend debriefing sessions: share security information, report on what you did, results and problems, and make suggestions.
- > Share your feelings and concerns with people you feel comfortable with.
- > Seek help for your own health concerns (a wound, a fever, etc.) if necessary, and/or ask for psychological support.
- > Relax.
- > Prepare yourself for the next mission.



Spanish Red Cross

10.1.1 Debriefing

A debriefing session is led by your team leader and/or the supervisor in charge of the location you were assigned to. An individual debriefing must remain confidential.

	Collective debriefing	Individual debriefing
Who calls for it?	The team leader and/or the person who was in charge of the site	You or your team leader
Who is it for?	All involved in the same mission	You alone
Who leads the session?	Team leader or the person who was in charge at the site	Your team leader
When is it held?	At the end of the mission (e.g. end of the day)	At any time (when needed)
How is it held?	In a group meeting In a relaxed atmosphere	In a face-to-face discussion In a relaxed atmosphere
What does it include?	Detailed account of the mission and follow-up Sharing of feelings, reactions, painful emotions, etc. and advice on how to cope with them	Any issue of importance to you A consideration of how experiences may be beneficial and/or affect you in the future
What should not be included?	Judgements of one's actions and words Settling of scores Collective counselling Therapy	Punishments Criticisms
What could be the result?	Reinforcement of the team and its management Further development of one's coping mechanisms	Adjustment of your work plan Change in your work assignment Advice and support for further personal development

10.1.2 Relaxation

It is crucial that you relax. You should NOT feel:

- under-appreciated or rejected (or suffer from any other negative feelings) if your team leader encourages you to take time off;
- ashamed of taking time off for yourself far away from the place where you have been working.

You know better than anyone what to do to help yourself.

10.2 Management of equipment and supplies

You should help take care of equipment and supplies, even if there is someone else in charge of that.

MANAGEMENT OF EQUIPMENT AND SUPPLIES

CHECKLIST

1. Evaluate their use: think about quantity and quality.
2. Decide: to maintain operational capacity.
3. Act: check and if necessary replace or replenish equipment and supplies.

AFTER AN INTERVENTION	Evaluate	Decide	Act
	Availability of personal and team equipment and supplies?	Carry out equipment maintenance Repack supplies	Clean and replace supplies where needed Prepare equipment for the next mission Return your shirt or vest displaying a distinctive emblem at the end of your duties if required

10.3 Awareness of explosive remnants of war

You may be confronted in peacetime with casualties of military-related explosions in areas affected by an armed conflict in the recent or remote past.

Explosive remnants of war include:

- unexploded ordnance (cluster bomblets, bombs, and shells that did not explode on landing);
- landmines or improvised explosive devices, which remain active after hostilities have ended.

All have the capacity to kill and injure. Even a small movement might be enough to set one off.

[see Annex on CD-ROM— Major weapon-related threats; Annex 2 – Mechanisms of injury]

You must follow the guidelines just as you would during a period of armed conflict.

[see Section 6.3.1 – Anti-personnel mines and other explosive remnants of war]

You must help to build the capacity of communities threatened by explosive remnants of war:

- to prevent incidents by raising awareness of the dangers;
- to react to any new casualties by taking measures to save lives and limbs.

This should be done by involving the community fully in the development and implementation of an action plan in close cooperation with health and other public authorities, the military, as well as with non-governmental organizations (e.g. those involved in mine-clearance operations) if present.



Paul Gabbhorn/CRC

Johan Sohlberg/ICRC



Awareness of explosive remnants of war

The ICRC, the United Nations and various non-governmental organizations have developed specific “mine action” programmes to deal with mine and explosive remnants of war contamination. In your country there will be either a United Nations or a government mine action authority from whom you can obtain more detailed information and support. At local level there may be a local branch or non-governmental programme that can provide support.

Eric Bouwett/ICRC



Your role in developing awareness of explosive remnants of war and in strengthening emergency preparedness and response capacity is of great importance to communities affected by armed conflict as they return to peace.

Emergency response

- There should be at least one First Aider equipped with a First Aid kit per family.
- Devise a system for alerting First Aiders and health-care professionals in the community in the event of a mine incident.
- Stockpile some community rescue materials (blankets and stretchers – improvised if necessary) and, if possible, a vehicle that can be used for evacuation.
- If possible, have some means of communicating with the nearest health-care centre.
- Once a year, organize a refresher session which includes a rehearsal exercise in the field.

Training and individual equipment of families should at least be sufficient to handle (1) airway and breathing management, (2) bleeding control, (3) wound and burn dressing, and (4) transportation.



Andrea Heath/KCRC

10.4 Contributions to the recovery of the population

10.4.1 Red Cross/Red Crescent presence

After an armed conflict or another situation of violence, National Society staff and volunteers remain present in the area. Having been active on the spot before the situation arose and as it unfolded, they represent a ray of hope for the recovery of the community. Their moral standing and dedication demonstrate that people can be a positive force and not only a destructive one.

[see Chapter 3 – First Aider preparedness]

The presence of the ICRC and, sometimes, of National Societies from abroad, is a sign of the international community's concern and solidarity, which is another reason for hope.

Some activities may continue unabated, such as the physical rehabilitation of disabled people, visits to detainees, and efforts to maintain and restore family links.

Recovery is also supported by specific programmes undertaken with the participation of the communities concerned, such as:

- First Aid training;
- water and sanitation programmes;
- livelihood support;
- emergency preparedness.

Play your part in the restoration of peace by helping affected people and communities to recover and become self-reliant.

The National Society reviews its plans to further strengthen its readiness to carry out its duties in the event of future armed conflicts or other situations of violence.

10.4.2 Promotion of humanitarian work

The main purpose of promoting humanitarian work is to ensure that all parties potentially involved in armed conflicts and other situations of violence (the public authorities, police and military forces, various political forces and armed groups, people resorting to force or violence, the general public, etc.) clearly understand and accept the neutrality, impartiality and independence of the National Society.

Promotion of humanitarian work should:

- be conducted on a regular basis and integrated in all programmes and services of the National Society. Efforts to raise awareness (including among National Society staff and volunteers) should be made on a regular basis;
- emphasize the significance of the distinctive emblems and the Fundamental Principles of the International Red Cross and Red Crescent Movement, highlighting the National Society's special role and the fact that it carries out its activities even where other agencies are not readily accepted;
- aim to reach the entire community, using local media (radio, newspapers, TV, mobile devices and Internet) as much as possible and also community leaders.

Special programmes exist for disseminating international humanitarian law.

All these activities help the community and everyone concerned to understand actions taken by a National Society during armed conflicts or in other situations of violence.



Thierry Gasmann/CRC

Your activities in the field are the best advocate of the basic rules protecting individuals in situations of violence, and humanitarian principles.

10.4.3 First Aid training

First Aid training is a primary “vehicle” for community awareness and education:

- reducing the vulnerability to hazards by developing risk awareness;
- aiming at more self-reliant emergency preparedness and response;
- disseminating health-education messages and rallying support for health-related campaigns (e.g. environmental sanitation, hygiene promotion, vaccination, etc.);
- promoting social tolerance and humanitarian understanding – and thus acceptance of differences among community members and between communities – by making it clear that everyone has the potential to help protect and save a life, which could be one’s own.



Carlos Rios/CRC

After such First Aid training has been provided, the community will be able not only to reduce the incidence of illness and injury, but also to assist itself to recover psychologically and to establish a “new norm” for the community in the wake of an armed conflict or any other situation of violence. First Aid training is sometimes the first request of a community after a crisis.



Loukas Petridis/CRC

Your role in helping communities to be safe, healthy and self-reliant – and your National Society to be strong, reliable and sustainable – should continue after the armed conflict or other situation of violence ends.

As a National Society First Aider you have to continue your efforts to help communities through:

- prevention programmes to promote:
 - use of clean water for drinking and preparing food;
 - individual and environmental hygiene and sanitation (waste disposal, latrines, etc.);
 - a safe and healthy lifestyle (good nutrition, breast-feeding, road safety, etc.);
 - vaccination campaigns;
 - etc.
- emergency preparedness and response programmes:
 - assessment and mapping of community vulnerability;
 - planning of local action;
 - surveillance of risks of epidemics;
 - etc.

You should participate in any refresher courses offered, and encourage others to do the same.





Loukas Petridis/IRC

As a First Aider of the International Red Cross and Red Crescent Movement, your behaviour and actions should contribute every day to maintaining a positive humanitarian climate and a strong community emergency-preparedness and response capacity. You should inspire people to be more tolerant, healthier, and safer.

Life-saving techniques



6.1.1 Airway: assessment and management

The airway comprises the mouth, nose and throat.

AIMS OF THE FIRST AIDER

On the spot, while protecting the cervical spine when necessary, you must:

- > identify airway obstruction;
- > clear the obstruction rapidly;
- > maintain the airway open;
- > identify the airway at risk and be prepared for immediate action;
- > assist the conscious casualty in self-management of the airway.

Airway control is the first life-saving technique you have to perform if required.

EXAMINATION

- If the casualty replies normally and coherently to questions, the airway is patent.
- A free airway makes no obvious sound and requires no obvious effort for air intake.
- Noisy breathing and efforts to take in air mean an obstructed airway.
- Total silence and total absence of effort indicate apnoea (breathing has stopped).

Look

- > Incident type, situation and possible mechanism of injury.
- > Signs of unconsciousness and respiratory distress.
- > Head, face and neck injuries.
- > Airway self-management of the conscious casualty (e.g. sitting with face down).

Listen

- > Abnormal sounds (repetitive coughs, snoring, gurgling, hoarseness) are associated with partial airway obstruction. That also means the casualty is breathing.
- > Casualty complains of difficult swallowing.

[see Section 6.1 – Initial examination and immediate life-saving measures]

[see Section 6.1 – Initial examination and immediate life-saving measures]

Talk

- > Any inappropriate or incomprehensible response suggests a threat to the airway due to deteriorating level of consciousness.
- > Absence of verbal or non-verbal response indicates unconsciousness.

Touch

- > Absence of reaction indicates unconsciousness.

Suspect

- > Cervical spine injury if:
 - blunt injury above the collar bone (clavicles) with or without loss of consciousness;
 - conscious casualty complains of neck pain or of having trouble feeling in one or both arms, or moving them;
 - penetrating neck wound.

The airway is at risk of late obstruction in the following situations

- Head injury: the casualty slowly loses consciousness after some time.
- Face injury: leads to later swelling (oedema) of the tongue and throat.
- Neck injury: leads to accumulation of blood in the neck that presses on the airway, blocking it from the outside.
- Burn or chemical injury of the face and airway, or inhalation of smoke fumes: oedema of the throat and windpipe (larynx and trachea) may not develop for some hours.

PREFERRED TECHNIQUES**If the casualty can talk or cough**

- > Do not worry, the airway is open.
- > Let him talk or cough.
- > Encourage coughing up the obstructing object.

If a conscious casualty prefers a certain position

- > Respect this airway self-management (e.g. the casualty prefers to be sitting).

If a conscious casualty has face and jaw injuries

- > Help the casualty to sit up and bend forward, so as to allow blood and saliva to exit.
- > If necessary, help to disimpact displaced bone by pulling it forward with your gloved fingers. Be aware that this is a painful manoeuvre.



British Red Cross

If a casualty has throat injury caused by a small piece of shrapnel

- > Secure the airway.
- > Position the casualty head down and in the lateral recovery position, to allow blood to exit.

If the casualty drifts in and out of consciousness, or is totally unconscious

1) Open the casualty's mouth

Jaw-thrust technique

- > Kneel above the casualty's head with your elbows resting on the ground.
- > Stabilize the casualty's neck in a neutral in-line position.
- > Grasp the angles of the casualty's lower jaw with the four fingers of each hand, the thumbs on the lower front teeth.
- > Lift with both hands, one on each side, moving the jaw up and forward.



Nepal Red Cross Society

The jaw-thrust is the safest first approach to opening the airway of a casualty who has a suspected neck injury because in most cases it can be accomplished without extending the neck.

Tongue-jaw lift technique

- > Open the mouth by pressing down on the tongue with your thumbs and lifting the lower jaw with your fingers.
- > If you are unable to open the mouth, push the teeth apart by pressing your thumb or the knuckle of the middle finger against the cheek between the upper and lower teeth – the cheek pad protects your fingers if the casualty bites down.

In both techniques, pull the tongue forward. If the lips close: retract the lower lip with your thumbs.

2) Look in the mouth

Remove any blood, vomit, debris (broken teeth, bone fragments) or foreign bodies from the mouth, without pushing them further into the airway.

Finger-sweep technique

- > While protecting your finger by pushing against the cheek pad with the thumb of the opposite hand (see above – Tongue-jaw lift technique).
- > Insert the index finger down along the inside of the cheek to the base of the tongue.
- > Use a hooking motion from the side of the mouth towards the centre to dislodge any foreign body or blood or vomit.
- > If blood or vomit are present, put a clean absorbent cloth around your fingers to wipe dry.



3) Position the unconscious casualty to maintain the airway open

If the unconscious casualty is lying on his back

- > Turn him over using the log-roll technique.
- > Stabilize him in the lateral recovery position.



British Red Cross

If the unconscious casualty is lying face down

- > Do not turn the casualty over onto his back.
- > Place the casualty in the lateral recovery position.
- > Check and secure the airway with the face down.
- > Clean the mouth if needed.



British Red Cross

If the unconscious casualty has face and jaw injuries

- > Open and clean the mouth.
- > Put the casualty head-down and face-down.
- > Cut a hole through the stretcher to allow the face to be free.



British Red Cross

EVACUATION

An unconscious casualty without a secured airway must not be transferred lying on his back.

A casualty with a compromised airway should be monitored during transport to ensure airway clearance.

Continue cervical spine immobilization as best you can, but airway control takes precedence.

ESSENTIALS

- Deterioration of the level of consciousness will compromise the airway.
- The state of the airway has a direct influence on breathing, either spontaneous or with assisted ventilation.
- Simple manual manoeuvres represent the main life-saving technique for controlling the airway on the spot.

**ADVANCED AIRWAY
MANAGEMENT**

- Mechanical suction (to remove blood, vomit, debris or foreign bodies). A foot or hand-operated or an electric pump provides enough vacuum pressure to clean the airway all the way down to the throat (pharynx).
- Simple airway devices keep the tongue from blocking the airway, but do not protect against vomiting and aspiration. They make suctioning easier, but may traumatize the mouth or nose:
 - oropharyngeal device (Guedel tube)
 - nasopharyngeal airway (when the above cannot be used);
 - laryngeal mask airway.
- Oesophageal-Tracheal- Combitube: this is a double lumen tube for emergency or difficult intubations. The tube can be inserted without the need to visualize the larynx. It usually enters the oesophagus, and a system of inflatable cuffs and side openings blocks the oesophagus and assures ventilation of the lungs. If it enters the trachea, then ventilation proceeds as with ordinary endotracheal intubation.
- Needle crico-thyroidotomy. A needle is placed through the skin and into the larynx, to allow for the free passage of air, at least as a temporary measure.
- Endotracheal intubation: a tube is placed through the mouth or the nose into the trachea. No paralysing drugs should be used if ventilation cannot be established.

These advanced techniques require special training and regular refresher courses. The presence of a health professional is needed during transport. These techniques result in a more patent airway than the basic ones, but the devices involved are also more fragile and easily displaced during travel, especially on bad roads over a long period of time.

- Surgical crico-thyroidotomy (a tube is placed into the larynx through a hole in the throat).
- Percutaneous tracheotomy.

DEFINITIVE SURGICAL AIRWAY

These are standard practice in hospitals providing definitive surgical care. If transport is hazardous and there are not enough staff available to accompany mass casualties during evacuation, a definitive surgical airway may be established early in the chain of care – in a field hospital – while definitive surgical treatment of the casualty will await arrival at a proper hospital.

Supplemental oxygen therapy

Warning

Oxygen cylinders must be ruled out in the event of any deployment to a dangerous area. They are the equivalent of a bomb if hit by a bullet or piece of shrapnel.

Depending on security conditions, the collection point or intermediate station may have oxygen available. An oxygen concentrator (requiring an electrical supply) is preferable to compressed cylinders, which are heavy and last only a short time at high flows, in addition to the danger that they represent.

6.1.2 Breathing: assessment and management

Breathing involves the chest and lungs. Some injuries compromise breathing in spite of an open airway. Compromised breathing usually results from injury to the chest, but injuries to the head and abdomen can also affect breathing.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > identify breathing problems, especially respiratory distress;
- > re-establish and maintain efficient spontaneous ventilation;
- > if the casualty is unable to breathe, assist the ventilation;
- > if you assist the casualty's ventilation, organize a system for regular relief of the First Aider performing this task;
- > monitor continuously the casualty's condition and the effectiveness of measures taken.

EXAMINATION

- Normal breathing makes no obvious sound and requires no obvious effort. It is a regular pattern of inspiration and expiration.
- There are general signs of respiratory distress, and others that are particular to certain injuries.

Look

- > Absence of movements of the chest wall.
- > Shallow, deep and/or uneven rise and fall of the chest. Abnormal movements of the chest: paradoxical breathing indicates stove-in chest (flail chest).
- > Signs of respiratory distress: agitation or anxiety, laboured breathing, too slow or too rapid breathing rate, nose and cheek "working" to breathe, blue colour of the lips and nail beds (cyanosis).

- > Irregular pattern of inspiration and expiration (in case of head injuries).

Listen

- > Casualty complains of difficulty in breathing.
- > Normal breathing is soundless. Loud breathing indicates an effort to breathe.
- > A sucking sound indicates a large chest wound.

Talk

- > If the patient can reply normally then there is no problem with the airway or breathing.

Touch

- > Feel chest movements by placing the hands flat on both sides of the chest; note uneven rise and fall of the chest.
- > Press on both sides: abnormal movement and "click" indicate broken ribs.

Suspect

- > Breathing can be compromised many hours after a blast injury, exposure to smoke or chemical inhalation because of production of fluid in the lungs (pulmonary oedema).

Please note

Chemical hazards are not addressed in this manual. They require special protective measures for breathing-assistance manoeuvres.

PREFERRED TECHNIQUES**If a casualty is not breathing**

- > Check C for circulation.
- > If there is no breathing and no pulse, and:
 - cause is non traumatic: do standard CPR for five minutes; or
 - cause is trauma with massive visible or hidden bleeding (in chest or abdomen):
 - most cases will show obvious signs of death: no use in doing CPR. Casualty is dead from shock: please refer to Section 6.1;
 - if death is not obvious: stop visible bleeding and perform standard CPR for 5 minutes.

Standard CPR using the mouth-to-mask technique is recommended: the mask protects against contamination, does not require supplemental oxygen and reduces gastric dilatation.

If a casualty is conscious and has breathing difficulties only

- > Help the casualty to sit in a comfortable position conducive to easy breathing.
- > Make sure that clothes do not restrict chest and abdominal movements.

If a chest segment is moving paradoxically when the casualty breathes (a flail chest)

- > Stabilize the injured segment by laying the casualty on the injured side.
- > Or, strap the chest by placing a large adhesive bandage over the injured ribs.
- > The bandage should cover the injured area well behind and in front, as well as the ribs above and below, to stabilize the segment.
- > The strapping should not be too tight, to avoid restricting the inspiration movement.

If there is a sucking chest wound

- > You must cut or remove the casualty's clothing to expose the wound.
- > Tape an occlusive dressing over the wound to close off the opening. The dressing should be:
 - large enough not to be sucked into the chest cavity;
 - with three sides sealed to the skin, the fourth being left open to allow air to escape.
- > If the breathing worsens after applying the dressing, quickly remove the dressing and then replace it properly.



British Red Cross

If an object is impaled in the chest

- > Do not remove it.
- > Apply a dressing around the object and use additional improvised bulky materials/dressings (use the cleanest materials available) to build up the area around it.
- > Apply a supporting bandage over the bulky materials to hold them in place.

EVACUATION POSITION

- > Place the casualty in the position most comfortable for breathing: sitting, semi-sitting, lying on the back or the side.
- > Casualty with assisted ventilation must be constantly monitored and accompanied by a trained person.



German Red Cross

- Breathing involves the chest and the lungs.
- Some injuries compromise breathing in spite of the airway being open.
- CPR is useless if breathing and pulse stop because of massive bleeding.
- Blast injury and inhalation of smoke or chemicals can create breathing problems hours after the injury.
- Casualty with assisted ventilation must be monitored and accompanied by a trained person.

ESSENTIALS

[see Chapter 7 – Situation of mass casualties: Triage]

- Assisted breathing on the spot should be performed for a limited period of time.
- Assisted breathing can be managed on the spot only if there are enough helpers and if advanced care is available nearby.
- If there are not enough helpers and/or advanced care is far away or unavailable proceed with triage, referring to Chapter 7.

ADVANCED MANAGEMENT TECHNIQUES

1. Manual assisted ventilation.
 - Bag-valve-mask (BVM).
The mask is held over the casualty's mouth while supporting the jaw with one hand, while the other hand squeezes the air bag.
 - Bag-endotracheal tube.
The presence of a health professional is needed during transport.
2. Pain control: oral analgesic, intercostal nerve block, tramadol injection. (Pethidine and morphine cause respiratory depression).
3. Antibiotic.
4. Tension pneumothorax: needle drainage with Heimlich valve (can be improvised using a finger from a surgical glove).

DEFINITIVE MANAGEMENT TECHNIQUES

- Mechanical assisted ventilation: automatic ventilator.
- Surgery:
 - chest tube drainage: haemothorax, tension pneumothorax;
 - debridement and closure of sucking chest wound with chest tube drainage.

Supplemental oxygen therapy

Warning

Oxygen cylinders must be ruled out in the event of any deployment to a dangerous area. They are the equivalent of a bomb if hit by a bullet or piece of shrapnel.

Depending on security conditions, the collection point or intermediate station may have oxygen available. An oxygen concentrator (requiring an electrical supply) is preferable to compressed cylinders, which are heavy and last only a short time at high flows, in addition to the danger that they represent.

6.1.3 Circulation: assessment and management of visible haemorrhage

Circulation involves the heart pumping blood, the vessels that carry blood in the body, and the amount of blood present in the body.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > protect yourself as much as you can from contact with blood – always use disposable gloves and absorbent material; latex has the potential to cause allergic reactions, so use vinyl gloves if available;
- > control visible bleeding;
- > explore the back and sides in cases of penetrating wounds;
- > prevent or minimize shock (collapse of the circulation and imminent danger of death);
- > monitor the casualty's condition and the effectiveness of measures taken.

EXAMINATION

Look

- > Blood on the clothes or on the ground.
- > Expose bleeding wounds by removing or cutting clothing.
- > Paleness of the internal surface of the lips and the fingernail beds.

Listen

- > Casualty complains of thirst, cold.

Talk

- > Casualty may be fully conscious or confused, aggressive or agitated, and then become unresponsive.

Touch

- > Pulse is rapid and weak.

Suspect

- > Shock (see below).
- > Hidden haemorrhage in the chest or abdomen if there are signs of shock without visible blood (both in cases of blunt and penetrating trauma).
- > Although external bleeding will be obvious, a bullet or fragment may cause a small entry wound, which then may be blocked by torn muscles. Blood accumulates inside and does not appear outside.

Suspicion of shock**Look**

- > Cold sweat on the forehead.

Listen

- > Casualty complains of thirst.

Talk

- > Casualty is worried or agitated, or slowly losing consciousness.

Touch

- > Cold extremities and rapid and weak pulse. Skin is cold, moist and clammy.

Suspect shock in cases of

- Haemorrhage – severe, visible and/or hidden.
- Dehydration (especially with large burns).
- Injury to the spinal cord.
- Allergic reaction (especially to penicillin).
- Severe infection (especially gangrene).

PREFERRED TECHNIQUES

Compression can be used if bleeding comes from a wound of the arms or legs (peripheral haemorrhage), but not if it occurs in connection with a wound in the chest or abdomen (internal haemorrhage). If conscious, the casualty may be able to help you by applying pressure or holding the dressing in place himself. Offer guidance to the casualty on what to do.

The techniques described in this section are applicable to bleeding from the limbs (visible peripheral haemorrhage).

Moderate bleeding

Mali Red Cross



Somali Red Crescent Society



German Red Cross



1)

- > Place a simple dressing on the wound.
- > Press directly over the wound with your fingers or palm.
- > Apply just enough pressure to stop the bleeding. Avoid putting so much pressure that you cause pain.
- > Hold the pressure for a few minutes to allow the blood to clot.

2)

- > If bleeding continues, raise and support the injured limb above the level of the heart. Keep the injured site raised, and the head low.

3)

- > If bleeding still continues, use indirect digital pressure:
 - firmly press on the nearest accessible arterial pressure point;
 - the bleeding slows down or stops.

4)

Then, apply a compressive bandage.

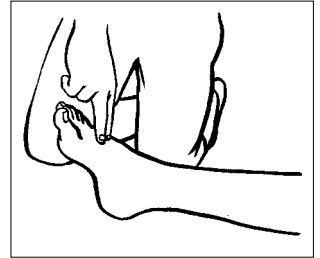
- > While maintaining the pressure point, apply a bulky dressing on the bleeding wound.
- > If you are alone, release the pressure point and hold the dressing in place with a firm elastic bandage applied in a figure-of-eight.
- > If you have a helper, maintain the pressure point and guide the helper in applying the compressive bandage.
- > If bleeding appears through the dressing, place another bandage firmly on top – “over-bandage” – using even more pressure.
- > DO NOT remove the original dressing. Blood may have already clotted in the wound under the dressing.
- > Check distal blood circulation.

Warning

Do not bandage too tightly and in a circle; doing so could have a tourniquet effect and thus stop circulation completely.

To check distal blood circulation, look for:

- pulse: if you know how, feel the distal pulse at the wrist or foot;
- capillary blood refill time:
 - briefly press the nail bed of a toe or finger of the injured limb with the bandage: it becomes white;
 - release the pressure; the normal pinkish colour should return in two seconds;
 - do the same on the opposite limb to compare with the normal.



Nepal Red Cross Society

If there is no pulse or the nail bed does not return to normal, then the application of the compressive bandage has acted as a tourniquet and stopped the circulation.

- > Loosen the bandage just enough to allow distal circulation, but not enough to allow bleeding to re-occur.

If blood spurts from the wound with each heartbeat (arterial haemorrhage)

- > Apply digital pressure on the nearest accessible arterial pressure point immediately.
- > Apply a bulky dressing on the bleeding wound.
- > Elevate the injured limb.
- > Apply a compressive bandage. Maintain pressure by means of a firm elastic bandage applied in a figure-of-eight.
- > Check distal blood circulation and make a note if present or not (if necessary, loosen the bandage to avoid a tourniquet effect, but also understand that the distal blood circulation may be absent because of the injury itself, if the major artery of the limb has been cut).



Mal Red Cross

If there is a large cavity in the limb that is bleeding

- > Apply digital pressure on the nearest accessible arterial pressure point.
- > Pack the wound with sterile gauze, if available, or clean compress or cloth.
- > Raise the limb.
- > Apply a compressive bandage.
- > Check distal blood circulation.

For casualties with a major wound of the limb

- > Compressive bandage should always be applied in order to maintain control of the bleeding during transport.

If there are fragments in the bleeding wound

- > Remove them if they are not embedded.
- > Take care not to harm yourself on sharp objects.

In case of a broken bone in the bleeding limb

- > Splint the injured limb before elevating it.



German Red Cross

If there is a traumatic amputation (the arm or leg has been blown off)

- > Place a compressive bandage over the stump, even if there is no bleeding yet.

If an object is impaled in the wound

- > Do not remove it.
- > Do not apply direct pressure.
- > Apply a dressing around the object and press down on either side of the wound.
- > Use additional dressings to build up the area around the object.
- > Apply a supporting bandage over the bulky dressings to hold them in place, again using the figure-of-eight technique.

In case of shock

- > Raise the legs above the level of the heart and keep the head down.
- > Keep the casualty warm; cover with a blanket.

Tourniquet

A tourniquet is useless to control bleeding if placed on the forearm or lower leg. It is dangerous – and strictly prohibited – to place it on the arm for a wound of the forearm or to place it on the thigh for a wound of the lower leg.

A tourniquet should be used only as a temporary measure (for a matter of minutes only) where there is an immediate danger to life:

- to control severe bleeding from a traumatic amputation **above** the knee or **above** the elbow;
- and only if digital pressure on the arterial pressure point has not controlled bleeding.

Once the compressive bandage has been put on the stump, **remove** the tourniquet.

This situation should never arise in practice, and you should be able to control bleeding from the stump with digital pressure and a compressive bandage alone.



German Red Cross

[See Life-saving technique 6.1.5
– Exposure: assessment and
management]

REST AND EVACUATION POSITION

When in a sheltered location or during transport:

- > elevate casualty's legs, putting them on a solid fixed object;
- > keep the head down;
- > cover the casualty with a blanket or something similar.

If the casualty wants to drink

- > You can give drinks if the casualty is conscious and not suffering from a head trauma.
- > Give sips of clean water or rehydration fluids (ORS), up to a maximum of about two litres.
- > Stop if the casualty's consciousness deteriorates or he feels like vomiting.

- Any visible bleeding from a wound must be stopped.
- Almost all visible haemorrhaging can be controlled on the spot.
- Penetrating wounds often have an entry and an exit. The back and sides should be explored.
- There is little you can do in the field about internal bleeding. Use common sense about setting priorities for evacuation.
- A great deal can be done for peripheral haemorrhage from a limb.
- A casualty is considered to be in shock because of haemorrhage, unless proven otherwise.
- Bleeding wounds are often complex. They are dirty or involve foreign bodies (missiles, etc.) or broken bones. The risk of infection is high.
- All bleeding casualties lose body heat. Low body temperature decreases the efficiency of the blood clotting system: keep the casualty warm.

ESSENTIALS

- Pneumatic anti-shock garment.
- Wide-bore intravenous lines. Attempts to obtain IV access must not delay casualty evacuation to definitive care, unless journey times are going to be long.
- Fluid resuscitation (to replace lost volume of blood).
- Analgesia: best given intravenous.
- Antibiotic: best given intravenous.
- Placement of a urinary catheter (to measure urinary output as an indicator of shock and the effectiveness of resuscitation).

ADVANCED MANAGEMENT TECHNIQUES

- Surgical control of injured blood vessels.
- Chest tube drainage for haemothorax.
- Laparotomy for intra-abdominal haemorrhage.

DEFINITIVE MANAGEMENT TECHNIQUES

Supplemental oxygen therapy

Warning

Oxygen cylinders must be ruled out in the event of any deployment to a dangerous area. They are the equivalent of a bomb if hit by a bullet or piece of shrapnel.

[see Life-saving technique 6.1.2
– Breathing: assessment and management]

Depending on security conditions, the collection point or intermediate station may have oxygen available. An oxygen concentrator (requiring an electrical supply) is preferable to compressed cylinders, which are heavy and last only a short time at high flows, in addition to the danger that they represent.

6.1.4 Disability: assessment and management

Disability represents injury to the brain and spinal cord: unconsciousness and paralysis.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > determine the consciousness level, to have a baseline in order to monitor any deterioration;
- > assume the worst and assist appropriately if you are in doubt about whether a casualty is truly unconscious;
- > anticipate airway obstruction;
- > note the mechanism of injury, and suspect a possible cervical spine injury where appropriate;
- > avoid undue manipulation or movement and stabilize casualty's head and neck if necessary;
- > suspect a possible cervical spine injury in the case of an unconscious casualty;
- > examine, and minimize shock in case of injury to the spinal cord.

You should remain vigilant and ready to act immediately if there is any doubt about the level of consciousness or injury of the spinal cord.

[See Section 6.1 – Initial examination and immediate life-saving measures]

EXAMINATION

If the casualty answers questions normally and coherently, his level of consciousness is normal.

Determine the mechanism of injury from the circumstances (e.g. road traffic crash, building collapse, bullet wound in the head, etc.). Is the injury blunt or penetrating? There is a danger to the cervical spine in the case of a blunt injury.

Examination of the level of consciousness

Look

> Casualty moving or lying still.

Listen

> Spontaneous speaking and meaningful dialogue.

Talk

> Ask what happened.

Touch

> Pinch neck muscles, earlobe or nipple.

> Rub the bone above the eye or the angle of the jaw.

> Casualty grasps your fingers.

Suspect

> The level of consciousness can deteriorate quickly in any casualty with head trauma.

Use the following scheme to assess the level of consciousness (AVPU):

Alert	The casualty is awake, lucid, speaks normally and is responsive to the environment (e.g. eyes open spontaneously as you approach).
Voice response	The casualty is able to respond in a meaningful way when spoken to.
Pain response	The casualty does not respond to questions but moves or cries out in response to a painful stimulus (pinch the neck muscles, earlobe or nipple; rub the bone above the eye, or the angle of the jaw, while holding the casualty's head).
Unresponsive	The casualty does not respond to any stimuli.

A casualty who is not fully conscious is in danger of vomiting and aspirating the vomitus into the lungs, or of having the tongue fall backwards and block the passage of air (airway obstruction).

Examination of the spinal cord

Look

- > Absence of movement in a limb (or limbs) compared with the opposite side.
- > Difficulty in breathing.

Listen

- > Casualty complains of difficulty in breathing.
- > Casualty complains of pain localized in the nape of the neck or the back and/or increased by movement.
- > Casualty complains of unusual sensations: pins-and-needles, electric jolts, pricking sensations, cold water or crawling under the skin.

Talk

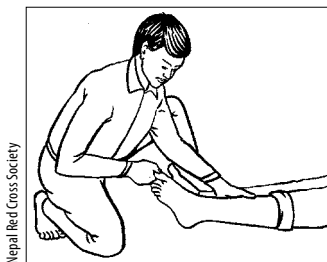
- > Ask what occurred.
- > Ask the casualty to move his toes and to grasp your fingers.

Touch

- > Pinch for pain.
- > Feel what the casualty does in response to being told the following:
 - "squeeze my fingers with your right hand" (put only two of your fingers – e.g. index and middle fingers – into his hand);
 - "squeeze my fingers with your left hand";
 - "move your toes up and down" (test both feet).

Suspect

- > Airway problems if casualty is unconscious.
- > Breathing difficulties or shock if there is an injury to the spinal cord.
- > In case of blunt injury: injury to cervical spine if injury is above the level of the collarbones, especially if patient is unconscious.



PREFERRED TECHNIQUES

If consciousness is deteriorating or is likely to do so

- > After cleaning the airway, put the casualty in the lateral recovery position while keeping his head, neck and back (including its pelvic part) aligned.

[see Life-saving technique 6.1.1 – Airway: assessment and management]

If the spinal cord of the neck is injured or threatened

- > Have simple material prepared: semi-rigid collar, rolled towel, sandbags, large stones.
- > Kneel behind the casualty's head.
- > Spread your hands to support the lower jaw with your fingers, and the sides of the head with your palms, thumbs behind the ears.
- > Gently lift the head into a neutral, eye-forward position, aligned with the body. Do not move the head or neck excessively.
- > While continuing to support the head manually, put a semi-rigid cervical collar around the neck or small sandbag (or rolled towel) on both sides of the head and fix the support and the head on a backboard or stretcher.



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If there is paralysis (a conscious casualty cannot move legs and/or arms)

- > You have already identified any problems of Breathing or Circulation (shock) and taken the appropriate measures.
- > Ensure in-line immobilization of the whole spine by any means available.
- > Take good care of paralysed limbs during transport.



Jessica Barry/ICRC

REST AND EVACUATION POSITION

Ensure in-line immobilization of the whole spine by any means available.

- > Find a backboard that will serve as a stretcher for transport.
- > Involve at least three or four helpers; you staying near the casualty's head and maintaining it while commanding the manoeuvre.
- > All helpers kneel on one side of the casualty and place hands on the far side of the casualty to grasp one the thorax, another the pelvis and the last the lower limbs.
- > At your command, all pull the casualty towards themselves, raising one side of the body 10 cm; slide the backboard under the casualty; lower the body onto the board.
- > Centre the casualty on the board.
- > Secure each major part of the casualty's body (thorax, pelvis and upper legs) to the board with bandages, straps or cords.

ESSENTIALS

1. Deterioration of the level of consciousness will compromise the airway. Loss of consciousness is first and foremost a problem of the airway.
2. The spine is a fragile and exposed part of the body.
3. Penetrating wounds in the chest and abdomen may cause injury to the spine.
4. Suspect injury to cervical spine if blunt trauma is above the level of the collarbones, especially if casualty is unconscious, please refer to Section 6.1.
5. In case of penetrating injury to the head: the cervical spine is not a problem.
6. In case of penetrating injury to the neck: injury to cervical spine will be immediately obvious and is definitive.
7. Paralysis and loss of feeling may mask intra-abdominal or lower-limb injuries.
8. Injuries of the spinal cord may have major consequences for movement and sensation of the limbs. Both Breathing and Circulation may be affected as well.

Assessment of unconsciousness:

- Glasgow coma scale.

ADVANCED DISABILITY ASSESSMENT AND MANAGEMENT

Management:

- airway control;
- semi-rigid cervical collar;
- special long backboard with straps;
- IV access;
- pain control (to alleviate suffering – avoid pethidine or morphine in cases of head injury);
- pain control (to alleviate suffering);
- antibiotic if there is an open wound.

Depending on the level and consequences of the paralysis:

- placement of a nasogastric tube (to remove gastric contents);
- placement of a urinary catheter (to exit urine).

- Surgical intervention for head injury if necessary.
- Cervical spine braces, halo devices and cervical spine traction.
- Surgical fixation of unstable injured parts of the spine.

DEFINITIVE MANAGEMENT TECHNIQUES

X-rays help identify spine injury position and stability.

6.1.5 Exposure: assessment and management

This section concerns exposure of the casualty's body to the elements (harsh weather conditions).

AIMS OF THE FIRST AIDER

All injured persons lose body heat, even in a tropical climate. Never leave or evacuate a casualty not protected against cold.

On the spot, you must:

- > uncover the casualty to the extent necessary to give him a proper examination and practise appropriate techniques;
- > cover or – better – wrap the casualty with warm dry sheets or blankets.

EXAMINATION

All clothing impeding the initial examination should have been cut away or removed. Any remaining clothing must be removed for the complete examination, but without attempting to tear off any clothing that is stuck to the wound.

PREFERRED TECHNIQUES

- > Move the casualty to shelter as soon as possible.
- > Prepare the ground (e.g. with several dry blankets to go under the casualty).
- > Remove any wet clothing.
- > Cover the casualty with a blanket or sheet as soon as possible.



British Red Cross

- Proper examination requires exposure of the body.
- Warming is an essential part of life support.
- A casualty loses heat easily and quickly, even in a tropical climate.
- Once the casualty becomes cold, re-warming becomes difficult, if not impossible.

ESSENTIALS

- Measurement of the casualty's temperature with a thermometer.
- Perfusion with warmed intravenous fluids.

ADVANCED EXPOSURE ASSESSMENT AND MANAGEMENT

Extremities: assessment and management

Life-saving techniques for the extremities involve managing visible haemorrhage, already dealt with in Section 6.1.3.

Other techniques are to be found in Section 6.2.5
– Limbs injuries: assessment and management.

Stabilization techniques



6.2.1 Head and neck injuries: assessment and management

The head comprises the skull and the face. The neck extends from the jaw and base of the skull to the top of the chest.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > avoid undue manipulation or movement that could cause additional injury to the spinal cord;
- > stabilize casualty's head, neck and spine;
- > anticipate the consequences of a deterioration in the level of consciousness.

Be attentive to a casualty with a head injury: his level of consciousness may deteriorate, resulting in obstruction of the airway.

EXAMINATION

Look

- > Assess the type of incident and possible mechanism of injury.
- > Convulsions or twitches.
- > Bleeding or other liquids flowing from the nose, mouth or ears.
- > Vomitus.
- > Broken, missing or displaced teeth.
- > Superficial or penetrating, small puncture or major wound (especially on the neck).
- > Impaled foreign body.
- > Normal or limited spontaneous limb movements.

Listen

- > Airway obstruction.
- > Casualty complains of headache; visual discomfort due to light, or other problems with his vision; feels like vomiting; pain in one or both ears; pain in the throat (e.g. when swallowing).

Talk

- > Evaluate consciousness level: how does the casualty respond? Slurred speech, confusion, loss of memory?
- > Ask what happened, when and how.

Touch

- > Bleeding; superficial or penetrating wound; swelling; impaled foreign body; breaks in continuity; deformations or abnormal movements.
- > Crepitus bubbles of air under the skin of the neck (advanced: surgical emphysema).
- > Weakness of the arm and leg on the opposite side to the injury.
- > Delay in onset or slowness of movement following a painful stimulus (in comparison with the other side).

Suspect

- > A cervical spine injury associated with a blunt trauma to the head.

Palpation of the head

- > With both hands gently palpate the scalp, the sides and back of the head, and the face. Remember lacerations of the scalp cannot be seen through the hair, they must be felt for.

Palpation of the cervical spine

- > Put one hand on the casualty's forehead to hold the head steady.
- > With the other hand, palpate from the top of the spine, gently pressing on each vertebra, one after the other (like fingers playing on piano keys).
- > Feel for the induration of bruising along the spine. This is more commonly felt than "steps" in the line of the spine.
- > In case of injury to the spine, be careful not to provoke further damage.
- > When finished, look at your palpating hand for any blood.

If the casualty is on his side

- > Palpate the spine as indicated above.

Please note

Be aware that the scalp and face usually bleed heavily because these areas are richly supplied with blood vessels. Be more attentive to scalp

wounds, since hair can mask the blood volume lost by trapping it. In fact, hair can mask a lot of things: an open or depressed skull fracture, a penetrating wound, etc.

PREFERRED TECHNIQUES

Rest and evacuation position

- > Position the conscious casualty with free breathing so that the head is higher than the body.

If there is bleeding of the scalp

- > Apply enough direct pressure to stop the bleeding: this should not be excessive; there might be a skull fracture associated with the wound.
- > Use a ring pad or dressing held in place with triangular bandages to maintain the pressure.



Loukas Perdis/CRC

If an injury exposes the brain, eye or other organ

- > Carefully cover the exposed part with a moistened dressing (use clean water or sterile normal saline if available).
- > Cover with a bandage.

If the casualty is bleeding heavily from the nose

- > Place the conscious casualty in a sitting position, leaning slightly forward, and pinch the bleeding nostril.

If there is an injury around the mouth; if the maxilla is injured

- > Check inside the mouth for bleeding, broken teeth and tongue injuries.
- > If you encounter any of the above problems, make sure the airway is open:
 - if the casualty is conscious: turn his head to the side or position him on the side so that blood can drain from the mouth;
 - if the casualty is unconscious: put him in the lateral recovery position.

If there is bleeding from a small neck wound

- > Apply direct pressure to the bleeding site using your gloved fingers and a clean dressing.
- > Secure the dressing in place with a roll of gauze, adding more dressing if needed.
- > Wrap a bandage over the dressing, around the neck and under the shoulder opposite the wound; avoid excess pressure on the airway.

If an object is impaled in the head, face or neck

- > Do not remove it.
- > Apply a dressing around the object and use additional improvised bulky materials/dressings to build up the area around the object.
- > Apply a supporting bandage over the bulky materials to hold them in place.



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ESSENTIALS

- The lack of any visible injury does not necessarily mean there is no injury.
- A head injury can bleed severely.
- A face injury may create airway obstruction.

- Antibiotic treatment (to prevent and treat infection in case of wounds or burns).
- Pain control (to alleviate suffering – avoid pethidine and morphine in cases of head injury).

These should be given only by injection if there is any doubt about the consciousness of the casualty.

ADVANCED MANAGEMENT TECHNIQUES

- X-rays help to diagnose the position of skull fractures and to detect foreign bodies.
- Surgery of depressed skull fractures.
- Craniotomy or burr hole (to debride injured brain tissue or evacuate intracranial haematoma and control injured blood vessels).

DEFINITIVE MANAGEMENT TECHNIQUES

6.2.2 Chest injuries: assessment and management

The chest extends from the base of the neck to the upper abdomen.

Bleeding in the chest cannot be controlled on the spot.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > help spontaneous breathing, whether the casualty is conscious or not;
- > recognize respiratory distress;
- > if you find a wound on the front of the casualty's chest, check for a corresponding entry or exit hole on the back or sides;
- > know the circumstances of the injury, and the possible later consequences that affect breathing;
- > minimize shock;
- > monitor the casualty's condition every 10 minutes;
- > organize urgent evacuation to hospital.

EXAMINATION

Remove the casualty's clothing to expose the chest, but without attempting to tear any clothing that is stuck to the wound.

Look

- > Conscious casualty sitting. Breathing is rapid, shallow and uneven, or difficult and painful.
- > Casualty is restless and "fighting for air".
- > Bluish colour of lips, nail beds and skin.
- > Visible wound on the chest (front and/or back); swelling or bruising.
- > Paradoxical movement of a chest segment during breathing. Two or more ribs are fractured in two places creating a floating segment. The segment can be seen to move opposite to the rest of the chest wall. This is called a flail chest.
- > Spitting or coughing up frothy, bright red blood.



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[see Life-saving technique 6.1.2 – Breathing: assessment and management]

Listen

- > Casualty complains about breathing difficulties or a painful chest, especially when trying to breath normally.
- > Gurgling or crackling breath sounds.
- > Sucking sounds followed by the sound of rushing air.

Talk

- > Conscious casualty is very anxious.

Touch

- > Deformities of the chest.
- > Place both hands on the chest wall and gently press: an abnormal movement and a little “click” felt, associated with localized pain, indicate the site of a fractured rib.

Suspect

- > Chest trauma can be caused by missiles and stab wounds, an explosion, a deceleration, a road traffic accident, a crush or a fall.
- > Shock from major blood loss into the chest cavity.

Palpation of the chest

- > Put one hand on the middle of the upper part of the casualty's chest, and
 - press gently,
 - ask the casualty to cough.
- > Put one hand on each side of the casualty's chest, and gently compress.

Later during the examination, you will turn the casualty over, so you will be able to look for injuries on the sides or back of the chest.

Please note

Pain limits respiratory effort and diminishes chest movements. Thus, breathing and ventilation of the lungs are threatened.



Somali Red Crescent Society

[see Stabilization technique 6.2.4
– Back of the chest and abdomen
injuries: assessment
and management]



PREFERRED TECHNIQUES

Rest and evacuation position

- > Help the casualty to sit, leaning towards the injured side.
- > Or in the lateral position, whichever makes breathing easier and less painful.
- > Always put an unconscious person in the lateral recovery position, lying on the injured side.

If the ribs are fractured

- > Strap the chest, using a wide adhesive tape to fully cover the injured ribs and the ribs above and below, but do not tape too tightly, to avoid limiting the inspiration movement.
- > Strap the injured hemi-thorax only.

Beware of late onset of respiratory distress in cases of:

- blast injury of lung;
- inhalation of gases or smoke.

ESSENTIALS

- The chest has front, lateral and back sides, which should be explored.
- Both Breathing and Circulation may be affected.
- Penetrating wounds may cause injury to BOTH the chest and the abdomen.
- Apart from general respiratory distress, injuries to the chest wall and lungs present specific signs.

- Treatment of shock if necessary.
- Administration of oxygen at a high flow.
- Pain control – from simple oral analgesics to intercostal nerve block – to alleviate suffering without compromising the respiratory function. This improves breathing, which is especially important if evacuation takes a long time.
- Antibiotic if there is an open wound.
- Needle thoracocentesis (to drain air from chest cavity). Tension pneumothorax.
- Be aware that casualties may require continued support and assisted ventilation.

ADVANCED MANAGEMENT TECHNIQUES

- X-rays help in identifying:
 - presence of foreign bodies, including any evidence of missiles that may penetrate from an abdominal wound;
 - position of rib fractures;
 - presence of air or fluid in the pleural cavity;
 - lung contusion;
 - position and effect of any tubes put in prior to the arrival at the surgical hospital.
- Surgery:
 - insertion of a chest tube (to drain blood and air from pleural cavity);
 - repair chest wall defect;
 - control haemorrhage not stopped by chest tube drainage.

DEFINITIVE MANAGEMENT TECHNIQUES

6.2.3 Abdominal injuries: assessment and management

The abdomen extends from the bottom of the chest to the pelvis and the top of the thighs. The perineum – between the legs – and the genitals, must also be examined.

You cannot control bleeding in the abdomen.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > if you find a wound on the front of the casualty's abdomen, check for a corresponding entry or exit hole on the back or sides;
- > minimize shock;
- > minimize the risk of infection;
- > because there is a tendency for casualties with abdominal injuries to vomit, be prepared to turn the casualty to one side to clear the mouth of vomitus;
- > monitor the casualty's condition every 10 minutes;
- > organize urgent evacuation to hospital.

EXAMINATION

Remove the casualty's clothing to expose the abdomen, but without attempting to tear any clothing that is stuck to the wound.

Look

- > Superficial or penetrating wounds, bruising or swelling (imprint abrasions or deformity), exposed intestines or other internal organs.

Listen

- > Casualty complains of pain in the abdomen.

Talk

- > Ask what happened, when and how.

Touch

- > Tap the abdomen gently with one finger: part or whole abdomen is painful and/or hard.

Suspect

- > Injuries of internal abdominal organs can be caused by missiles and stab wounds, an explosion, a deceleration, a road traffic crash, a crush or a fall.
- > Shock from major blood loss in the abdominal cavity.

Palpation of the abdomen

- > Press with the flat palm of one hand on different parts of the abdomen in a clockwise direction.
- > Check whether the abdomen is soft (normal) or hard and/or if it hurts.
- > Put your hands on each side of the hip bone and push down and in to determine tenderness and stability: a fracture of the pelvis.
- > Check the perineum and genital organs. They are part of the abdomen. Respect cultural and social constraints when examining.

Please note

Later during the examination, you will turn the casualty over to look for injuries on the sides or back of the abdomen.

[see Stabilization technique 6.2.4
– Back of the chest and abdomen
injuries: assessment
and management]

PREFERRED TECHNIQUES

Please note

Because casualties with abdominal injuries tend to vomit, be prepared to turn the casualty to one side to clear the mouth of vomitus.

Rest and evacuation position

- > Help the casualty to lie down in a semi-sitting position, which helps the respiration.
- > Or, with the casualty still lying, bend and support the knees (e.g. put a rolled towel underneath) while raising the legs if possible. This may ease the strain on the injury.

If there is a wound

- > Cover the wound with a clean (if possible, sterile) dressing.
- > Tie the dressing firmly in place with a triangular or adhesive bandage without applying pressure to the wound site or exposed internal parts.
- > To do this, tie the triangular bandage tails loosely at the casualty's side, not directly over the wound.

If the casualty coughs

- > Press firmly on the dressing to stop the abdominal contents pushing out through the wound.

If the intestines are exposed

- > Wear disposable gloves. Do not touch them with bare hands.
- > Do not try to replace them in the abdomen.
- > Cover the intestines with a large moistened dressing (use clean water or sterile normal saline if available).
- > Do not use any material that is adherent or loses its substance when wet, such as toilet paper, facial tissue, paper towels or absorbent cotton.
- > Secure the dressing with a bandage and tape.

If an object is impaled in the abdomen

- > Do not remove it.
- > Apply a dressing around the object and use additional improvised bulky materials/dressings (use the cleanest ones available) to build up the area around it.
- > Apply a supporting bandage over the bulky materials to hold them in place.



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If there is a fracture of the pelvis

- > Beware the danger of internal massive blood loss.
- > Place a sheet or blanket under the abdomen and pelvis of the casualty.
- > Wrap the blanket around the abdomen and pelvis, pulling the ends tight.
- > Tie the ends together to create a sling, which compresses and immobilizes the pelvis.

If the casualty wants to drink

- > You can give drinks if the casualty is conscious and not suffering a head injury.
- > Give sips of clean water or rehydration fluids (ORS), up to a maximum of about two litres.
- > Stop if consciousness deteriorates or the casualty feels like vomiting.

- The abdomen has front, lateral, bottom and back sides, which should be explored. **ESSENTIALS**
- The abdomen is a silent reservoir for major blood loss.
- A major fracture of the pelvis is life-threatening because of the internal bleeding and major suffering it provokes, and because it is associated with abdominal injuries.
- Injuries to the abdomen carry a high risk of infection.
- Penetrating wounds may cause injury to BOTH the abdomen and the chest. Both Breathing and Circulation may be affected.

ADVANCED MANAGEMENT TECHNIQUES

- Wide-bore IV access for fluid resuscitation (to compensate blood loss, up to systolic blood pressure of 90 mm Hg).
- Oxygen therapy (to increase oxygen in blood).
- Antibiotic treatment (to prevent and treat infection).
- Pain control (to alleviate suffering and counter shock).
- Placement of a nasogastric tube (to remove gastric contents – thus preventing vomiting – and look for blood).
- Placement of a urinary catheter (to measure urinary output and look for blood).

DEFINITIVE MANAGEMENT TECHNIQUES

- Emergency surgery projected forward in a field hospital should be “resuscitation surgery”. This involves straightforward bleeding control only in a situation where blood is not available and the casualty is exsanguinated.
- Damage-control laparotomy, with additional control of contamination from hollow organs is a preferable procedure. In both cases, repair during a second operation must await improvement in the casualty’s condition. This may require advanced anaesthesia, intensive care facilities and blood for transfusion.

6.2.4 Back of the chest and abdomen injuries: assessment and management

If you find a wound on the front of the casualty's chest or abdomen, you must check for a corresponding entry or exit hole on the back or sides or the perineum.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > turn the casualty onto his side if he is lying down;
- > look at and touch his whole back.

Remember you must examine the back: it is an integral part of the casualty's body!

EXAMINATION

Turn over:

- > Ensure in-line immobilization of the whole body:
 - kneel on one side of the casualty and place your hands on his far side;
 - grasp the shoulder with one hand and the hip with the other;
 - roll the casualty towards you.

- > If possible, enlist the help of at least three persons:
 - stay near the casualty's head and steady it while organizing the manoeuvre;
 - each person should kneel on one side of the casualty and place his hands on the far side;
 - one person should grasp the thorax, another the pelvis and yet another the lower limbs;
 - at your command, all should roll the casualty towards themselves.



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Look

- > Superficial or penetrating wounds, bruising or swelling.
- > Deformity of the spine.

Listen

- > Casualty complains of pain in the back.

Talk

- > Ask the casualty to move the toes of each foot.

Touch

- > Localized tenderness.
- > Deformity of the spine or the induration of bruising.

Suspect

- > Any penetrating wound of the chest or abdomen has the potential to injure the spine.

[see Stabilization technique 6.2.1
– Head and neck injuries: assessment
and management]

Palpation of the spine of the chest and abdomen

- > Make sure you have already examined the cervical spine.
- > Palpate the spine of the chest and abdomen, gently pressing on each and every vertebra, one after the other.

PREFERRED TECHNIQUES

See the sections on the parts of the body concerned (chest, abdomen, pelvis, etc.).

ESSENTIALS

- See the sections on Disability, Chest, and Abdomen.

**ADVANCED MANAGEMENT
TECHNIQUES**

- See the sections on Disability, Chest, and Abdomen.

**DEFINITIVE MANAGEMENT
TECHNIQUES**

- See the sections on Disability, Chest, and Abdomen.

6.2.5 Limb injuries: assessment and management

The arms and legs are composed of bones and joints surrounded by soft tissues (mainly muscles, blood vessels and nerves) and covered by skin.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > avoid undue manipulation or movement that can cause additional injury and worsen the casualty's condition;
- > immobilize the injured limb;
- > assess and monitor blood circulation, mobility and feeling of limb below the injury site.

Reduce and immobilize a fracture to relieve pain and prevent further damage to surrounding soft tissues, especially blood vessels and nerves.

EXAMINATION

Always use the opposite limb as a mirror image for comparison.

Look

- > Wounds, swelling, burns, limb deformity or joint dislocation.
- > The casualty may support a broken arm with the hand of the other arm.

Listen

- > Casualty complains of a painful arm or limb or unusual sensations.

Talk

- > Ask what happened, when and how.
- > Ask the casualty to move the injured limb: mobilization is painful or impossible.

Touch

- > Localized tenderness and deformity, presence of crepitus (clicking or grating of fractured bone ends).
- > Assess distal circulation.
- > Assess neurological condition: movement, feeling.

Suspect

- > Some limb injuries are complex: damage to blood vessels and nerves, as well as to bones and muscles.
- > A small skin wound may conceal a complex injury.

Palpation of upper limbs

- > Gently grasp a shoulder with both hands and palpate the whole arm, front and back.
- > Repeat with the other arm.
- > Ask the casualty to move each joint and finger a little.
- > Evaluate feeling by gently pinching the skin at different places: the casualty should react the same way everywhere you pinch.
- > Feel the radial pulse on each side.

Palpation of lower limbs

- > Gently grasp the hip with both hands and palpate down the whole leg, front and back.
- > Repeat with the other leg.
- > Ask the casualty to move each joint and toe a little.
- > Evaluate feeling by gently pinching the skin at different places.
- > Feel the femoral pulse on each side.
- > If you know how, feel the pulse in the foot.

PREFERRED TECHNIQUES

- > Control bleeding first.

Comfort and evacuation position

- > Arrange it so that the casualty's splinted limb is protected from any impact and movement.

[see Life-saving technique 6.1.3
– Circulation: assessment and
management of visible
haemorrhage]

If there is an open fracture: a fracture is associated with a wound

- > Splint the injured limb.
- > Care for the wound.



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[see Stabilization technique 6.2.6
– Wounds: assessment
and management]

If there is a major deformity of the limb

- > Clean and dress any wound.
- > Attempt to align the limb by applying traction along the axis of the limb:
 - explain the manoeuvre and the expected result to the casualty so as to obtain his cooperation;
 - firmly grasp the foot or hand of the injured limb;
 - pull gently, using the least amount of force necessary, along the long axis of the limb;
 - once you start pulling, do not stop until the limb is re-aligned and fully splinted.
- > Splint the injured limb.
- > Reassess distal blood circulation, movement and feeling.

If the casualty strongly resists the traction

- > Continue gentle traction; the muscles will relax and the broken bones come into place.

Once the fracture is reduced or corrected, the pain decreases significantly or even disappears.

If there is a recent dislocation of a joint

The sooner the technique is performed, the better the result. If the dislocation is old, do not try correction. Anaesthesia in a hospital will be necessary.

Joints which are commonly dislocated: shoulder, elbow, wrist and fingers, ankle.

- > Check distal circulation and neurological status (motor strength and feeling).
- > Attempt to correct the dislocation:
 - explain the manoeuvre and the expected result to the casualty so as to obtain his cooperation;
 - with one hand, firmly grasp the limb just above the dislocated joint to block it;
 - with the other hand, firmly grasp the limb just below the dislocated joint (or foot or hand of the injured limb);
 - pull gently using the least amount of force necessary;
 - once you start pulling, do not stop until the limb is re-aligned and fully splinted.
- > Splint the injured limb.
- > Reassess distal blood circulation, motor and sensory functions.
- > To block the shoulder: position your foot in the armpit (axilla) with the casualty lying down.

If an object is impaled in the limb

- > Do not remove it.
- > Apply a dressing around the object and use additional improvised bulky materials/dressings (use the cleanest ones available) to build up the area around the object.
- > Apply a supporting bandage over the bulky materials to hold them in place.

- An injury to bones and joints is often associated with damage to the surrounding soft tissues.
- A small skin wound may conceal a complex injury.
- An open fracture has a high risk of infection.
- A major fracture of the thigh can produce important hidden bleeding and pain leading to shock.
- Reduction and immobilization of a fracture will quickly relieve pain.
- Lack of immobilization or inappropriate immobilization of a fracture risks increasing damage to surrounding soft tissues, especially blood vessels and nerves, and increases pain.

ESSENTIALS

- For fractures:
 - plaster-of-Paris splint or split cast (to immobilize the fracture);
 - pain control (to alleviate suffering);
 - antibiotic if there is an open fracture.

ADVANCED MANAGEMENT TECHNIQUES

- X-rays help to:
 - identify position of fractures and bone fragments;
 - detect foreign bodies.
- Reduction of a dislocation under anaesthesia.
- Skeletal traction of a fracture.
- Surgical stabilization – fixation.

DEFINITIVE MANAGEMENT TECHNIQUES

6.2.6 Wounds: assessment and management

Some wounds are common while others have particularities relating to the mechanism of injury: gunshot, landmine, burns, exposure to the elements (extreme temperatures, sun, rain, wind, etc.), etc.

Despite hazardous and difficult conditions, always practise basic hygiene and take antiseptic measures.

AIMS OF THE FIRST AIDER

On the spot, you must:

- > intervene with clean and gloved hands (gloves must be kept clean as well);
- > keep any skin wound clean;
- > minimize the risk of infection.

EXAMINATION

Look

- > Breaks in the skin: abrasion, incision, laceration, puncture, ragged projectile wound.

Listen

- > Casualty complains of localized pain.

Talk

- > Ask what happened, when and how.

Touch

- > Touch around the wound, not inside.

Suspect

- > Associated underlying injuries.
- > Risk of infection.

Remember that many casualties may be injured by small fragments from bombs or shells; the wounds they cause in the skin may be tiny and multiple, while much greater damage exists inside the body. The complete examination must look for these small wounds.

PREFERRED TECHNIQUES

Preparation

- > Explain to the casualty what you are going to do.
- > Make him comfortable in a sitting or lying position.
- > Always work in front of the casualty and from the injured side where possible.

Clean the wound

- > Wash the wound gently, without rubbing, with plenty of clean water.
- > For a large wound, wash from the inner part towards the outer part.
- > Dry the wound before dressing or covering it.

Protect the wound

- > Cover the wound with a clean dressing (sterile compress, if available). The dressing should be bulky to absorb bleeding.
- > Apply a bandage to keep the dressing in place.
- > If the casualty is lying down, pass bandages under the body's natural hollows: the ankles, knees, small of the back, and neck.
- > Apply bandages to the limb in a figure-of-eight fashion – not in a circle, which could have a tourniquet effect.
- > If evacuation is long or delayed, change the dressing and wash out the wound every two or three days.

If the skin wound is infected

(red, swollen, hot and painful, possibly with pus)

- > Organize rapid evacuation.
- > Clean the wound thoroughly with plenty of clean water, removing as much debris and pus as you can.
- > If evacuation takes a long time or is delayed, change the dressing and wash out the wound daily.

ESSENTIALS

- Wounds caused by weapons are dirty and contaminated and at high risk of infection.
- Injuries of the skin are often multiple and associated with foreign bodies (bullets, metal fragments, etc.).
- A small wound of the skin may cover large and important underlying damage.

ADVANCED MANAGEMENT TECHNIQUES

- Antibiotic treatment (to prevent and treat an infection).
- Anti-tetanic serum (to prevent tetanus).
- Tetanus vaccination (to prevent tetanus).
- Pain control (to alleviate suffering when required).

DEFINITIVE MANAGEMENT TECHNIQUES

- X-rays help to detect foreign bodies.
- Surgical debridement and excision of dead or damaged tissue.
- Delayed primary closure of most wounds 4-7 days after debridement.
- Skin grafting.

AIMS OF THE FIRST AIDER IN CASES OF SKIN BURNS

On the spot, you must:

- > cool the burnt area;
- > protect the burnt area;
- > maintain hydration of the casualty with oral fluids;
- > keep the casualty warm;
- > watch carefully for inhalation burns.

Burns are a common event.

Please note

Burns caused by nuclear or chemical weapons are not addressed in this manual.

PARTICULARITIES OF THE EXAMINATION OF SKIN BURNS

The severity of a burn depends upon the depth of the burn (D), the surface area involved (A), the location of the burn (L) and the origin of the source of burning (O): flame, chemicals, electricity, etc. Remember: DALO.

Similar burns have more severe effects in the extremes of ages: children and the elderly.

Look

- > Surface and depth of the burnt area.
- > Special critical locations (face, neck, over joints, circumferential burns of the body or limbs, genitals).
- > Black traces of singeing around the nostrils.
- > Difficulties in breathing.

Listen

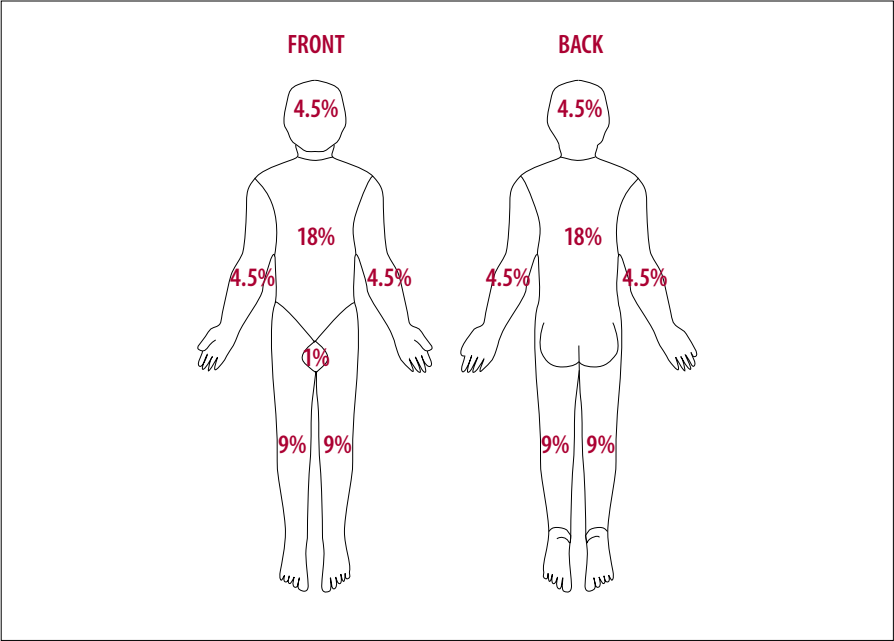
- > Casualty complains of pain.
- > Signs of respiratory distress.

Talk

- > Ask what happened, when and how.

ASSESSMENT OF BURNS

Surface	
A person's palm is approximately 1% of the body surface area. To estimate larger body surface areas, use the "rule of 9s", as shown in the illustration below.	
Depth	
You should be able to recognize three degrees of depth.	
First degree burns	= Pain – Redness – No blisters
Second degree burns	= Pain – Redness – Blisters – Moist surface
Third degree burns	= Insensitive – Dark, leathery or dirty-white – Dry



Touch

- > Do not touch burns.

Suspect

- > Respiratory burns in the event of exposure to flames, steam, smoke or other hot gases.
- > Circumferential burns cause constriction. In the neck or chest, this compromises breathing. In limbs, this cuts off the blood circulation.

PREFERRED TECHNIQUES FOR SKIN BURNS

Rest and evacuation position

- > Help the conscious casualty to find the most comfortable position.

Preparation

- > Explain to the casualty what you are doing and make him comfortable.

Clean the burn

- > Wash the burn gently with plenty of clean water (running cold water, if available).

Protect the burn

- > Cover the burn with a clean dressing (sterile compress or Vaseline gauze, if available), or use an appropriate local treatment (e.g. banana leaves).
- > Be gentle: a burn can be very painful.
- > Apply a bandage to keep the dressing in place.

Hydrate the casualty

- > Give plenty of fluids to drink.

Keep the casualty warm

- > Wrap the casualty in blankets or sheets.

If a hand or foot is burnt

- > After cleaning the burn, put the hand or foot in a clean plastic bag (using it as a glove or a sock).
- > Fix loosely around the wrist or ankle.
- > Encourage the casualty to move his fingers or toes.



British Red Cross



Thierry Gassmann/CRC

If the burn is circumferential

- > Do not roll the bandage around the limb as it may increase the constriction.

If evacuation is delayed and where the technique is possible

- > Keep the dressing as clean as possible, changing it every two days. Be careful: dressings will stick to the burn; soak with clean water or normal saline before removing.
- > Local treatments (honey, banana leaves, etc.) may be available in some countries.

If the burns are caused by phosphorus

Phosphorus combusts spontaneously on contact with air. It is present in special ammunition and causes deep burns.

- > Avoid contaminating yourself with particles of phosphorus.
- > Extinguish flames of a burning wound and keep covered with water or other liquid (e.g. a saline solution).
- > If possible, remove with a tool (e.g. pliers) any large fragments of visible phosphorus that are not adherent, and put them in a dish filled with water.
- > Apply moist dressings and keep them wet. On no account must they be allowed to dry out.

**ESSENTIALS FOR SKIN
BURNS**

- Burns continue to destroy tissue for some time after the exposure to heat has ended.

- Complete antisepsis during dressing changes.
- IV access.
- Pain control (to alleviate suffering).
- Dressing changes of major burns under anaesthesia.
- Intravenous fluids (to compensate body liquid loss, if burnt area exceeds 15%).
- Antibiotic treatment (to prevent and control infection).
- Anti-tetanic serum (to prevent tetanus).
- Tetanus vaccination (to prevent tetanus).
- Placement of a nasogastric tube (to empty the stomach) if more than 40% of surface area burnt.
- Placement of a urinary catheter (to measure urinary output).
- Surgical division of third degree circumferential burns of the neck, the chest or limbs (include the joints).
- Oxygen therapy.

**ADVANCED MANAGEMENT
TECHNIQUES FOR SKIN
BURNS**

- Surgical cleaning (to control infection risk).
- Skin grafting (to support the healing process).
- Irrigation of phosphorus burns with a special solution of copper sulphate.

**DEFINITIVE MANAGEMENT
TECHNIQUES FOR SKIN
BURNS**

Annexes

1 Glossary

International humanitarian law

A set of international rules, established by treaty or custom, which seek for humanitarian reasons to limit the effects of international or non-international armed conflict. International humanitarian law protects persons not, or no longer, taking part in hostilities, and restricts the means and methods of warfare.

The main treaty sources of international humanitarian law are the four Geneva Conventions of 1949 and their Additional Protocols.

Armed conflict

International humanitarian law distinguishes international and non-international armed conflict.

International armed conflict: any difference arising between two States and leading to the intervention of members of the armed forces is an international armed conflict, even if one or both of the parties denies the existence of a state of war. It makes no difference how long the conflict lasts, or how much slaughter takes place. International armed conflict includes military occupation.

A non-international conflict is one in which government forces are fighting against organized armed opposition groups, or such armed groups are fighting among themselves. This sort of conflict generally takes the form of a struggle, within a State, between two or more parties, who have recourse to armed force and where the hostile action on the part of each has a collective character and is marked by a measure of organization.

Other situations of violence

Other situations of violence include internal disturbances and tensions, such as riots, isolated and sporadic acts of violence and other acts of a similar nature.

Internal disturbances encompass, for example, riots by which individuals or groups of individuals openly express their opposition to the power in place, their discontent or their demands. Internal disturbances may encompass isolated and sporadic acts of violence. They may take the form of fighting between different factions or against the power in place, which do not, however, have the characteristics of an armed conflict.

Internal tensions include not only situations of serious tension (political, religious, racial, social, economic, etc.), but also the sequels of armed conflict or of internal disturbances. Such situations have one or more of the following characteristics: large-scale arrests; a large number of “political” prisoners; the probable existence of ill-treatment or inhumane conditions of detention; the suspension of fundamental judicial guarantees, either as part of the promulgation of a state of emergency or simply as a matter of fact; allegations of disappearance.

The notion of “other situations of violence” may also cover situations below the threshold of internal disturbances or tensions which cause problems in humanitarian terms and may require that the ICRC take action as a specifically neutral and independent organization.

Distinctive emblems

The distinctive emblem of the red cross or red crescent on a white background is used for the protection of medical units and transports, or medical and religious personnel, equipment or supplies.

The Geneva Conventions also recognize the red lion and sun on a white background as a distinctive emblem. The government of Iran, the only country to have used the red lion and sun emblem, advised the depositary in 1980 that it had adopted the red crescent in lieu of its former emblem.

On 8 December 2005, a Diplomatic Conference adopted Protocol III additional to the Geneva Conventions, which recognizes an additional distinctive emblem. The “third Protocol emblem”, also known as the red crystal, is composed of a red frame in the shape of a square on edge on a white background. According to Protocol III all four distinctive emblems enjoy equal status. The conditions for use of and respect for the third Protocol emblem are identical to those for the distinctive emblems established by the Geneva Conventions and, where applicable, the 1977 Additional Protocols.

2 Mechanisms of injury

The type of situation determines the kinds of wounds you see.

Cause of the injuries:	Expect to see:
• Explosion	• Blast and blunt injuries, burns, multiple penetrating wounds
• Anti-personnel blast mine	• Traumatic amputation of the limbs
• Anti-personnel fragmentation mine	• Multiple penetrating wounds
• Close combat with assault rifles	• Gunshot wounds
• Shelling and bombing from a distance	• Multiple penetrating fragment wounds; blast and blunt injuries from falling debris
• Traditional warfare using machetes, knives or sabres	• Slash wounds to the head, neck and shoulders
• Non-lethal weapons for riot control (rubber or plastic-coated steel bullets, flash-balls)	• Contusions (severe if involving the head, thorax or abdomen), and even penetration if fired from a short distance
• Tear gas, pepper powder	• Watery inflamed eyes, difficulty in breathing
• Iron bars, pieces of wood	• Contusions, fractures, pulped muscles with thrombosis of the veins; psychological effects

Wounds

Penetrating wounds

When a moving projectile enters the human body, its energy is transferred to the tissues, thereby causing a wound. The size of the wound varies according to the size and speed of the projectile.

Blunt injury

Blunt trauma is common during armed conflict, but not directly caused by weapons. It can result, for example, when a vehicle hits an anti-tank mine, or from the secondary effects of a large explosion when a building collapses. Severe injury due to blunt trauma may be more difficult to detect than an injury caused by penetrating trauma. X-ray diagnosis is more valuable in assessing cases of blunt trauma.

Blast injury

The detonation of high-energy explosives creates a blast wave in the air that can travel around objects, such as buildings or walls. The wave causes rapid and large changes in the atmospheric pressure. As it passes someone out in the open, it affects all parts of the body that normally contain air.

There may be rupture of:

- > an eardrum, causing deafness and blood to ooze from the ear;
- > lung sacs (alveoli), causing respiratory distress;
- > intestines, spilling the contents of the gut into the peritoneum;
- > solid organs, such as the liver, causing internal haemorrhage.

A blast victim may not have any external injury.

A single, large explosion may injure many people at the same time. Some injuries are due to the blast wave itself, others are due to burning and fragments sent off by the explosion. The blast wave may also throw people against walls, etc., causing blunt injury. Secondary fragments, from broken glass and debris caused by the blast wave, also cause penetrating wounds. Finally, a blast may cause a building to collapse and people caught inside may suffer crush injuries.

Some anti-tank mines send an indirect explosive force through the floor of the vehicle, much like a blast wave. These cause closed fractures of the foot and leg. The foot looks like a “bag of bones” inside intact skin, what was described in World War I as a “pied de mine” or mine foot.

Burns

A large explosion may cause flash burns. Some types of anti-personnel blast mines cause burning when they explode, as well as traumatic amputation of the limb.

The petrol tank of a bus hitting an anti-tank mine may ignite, causing the vehicle to burst into flames; people will not only be injured by the explosion and blunt trauma, but suffer burns as well. Burns are common among the crews of tanks, ships and aircraft hit by missiles. Flame burns occur if bombing starts secondary fires in buildings.

Certain weapons such as napalm and phosphorus bombs or magnesium flares cause specific burns.

Crush injury

Crush injuries are frequent when bombed buildings collapse on the occupants.

Features of weapons

Bullet wounds

Handguns or military assault rifles shoot bullets at high speed. Under international humanitarian law, all bullets used by armies must be manufactured in such a way as to prevent any exploding or fragmenting when they hit a human body. Because of various factors (e.g. a ricochet off a wall, a tree, or the ground), some bullets do break up into fragments in the body.

Characteristics of bullet wounds

- The amount of tissue damage varies according to the size and speed of the bullet, its stability in flight, and the bullet's construction.
- Usually single.
- Usually a small entry wound.
- There may or may not be an exit wound but, if there is, the size is variable.

Fragment wounds: exploding bombs, shells, grenades, and some landmines

These weapons produce metal fragments of variable shape. Explosions may cause stones or bricks to break up, or shatter glass panes, also producing penetrating fragments.

Fragments are shot off at a very high speed, which decreases rapidly with distance travelled.

Characteristics of fragment wounds

- The amount of tissue damage varies according to the size and speed of the fragment, and the distance from the explosion. The farther the casualty is from the explosion the lower the energy and penetrating power of the fragments, and therefore the less tissue damage.
- Usually multiple.
- The wound tract is always widest at the entry.
- There may or may not be an exit wound but, if there is, the size is always smaller than the entry.

Cutting weapons: “arme blanche”

Apart from the modern soldier's bayonet, machetes or knives can be used as cutting weapons.

Characteristics of “arme blanche” wounds:

- Incised or puncture wounds.
- Damage is confined to the area around the incision wound.

Explosive remnants of war: anti-personnel mines and unexploded ordnance**Characteristics of anti-personnel mine injuries**

Blast mine set off by stepping on a pressure plate:

- traumatic amputation or severe injury of the contact foot and leg;
- there may be wounds on the other leg and genitals or pelvis;
- the severity of the wound depends on the amount of explosive in the mine.

Fragmentation mines set off by a trip-wire:

- the same injuries as other fragment devices;
- the injured person is usually very close to the exploding mine and the wounds are multiple and severe;
- the wounds are concentrated on the legs, but may also affect the upper body if the victim is further away.

Person handling a mine:

- the explosion causes severe injuries to the hand and arm, and frequently injuries to the face and eyes or chest as well.

Unexploded ordnance (cluster bomblets, bombs and shells that have been fired but did not explode) are often left on the battlefield and have injuring effects similar to those of fragmentation mines.

Anti-tank mines

Anti-tank mines explode when run over by a tank or armoured personnel carrier or by a civilian vehicle (car, lorry or bus). In the latter case, the anti-tank mine overturns or destroys the vehicle and people are thrown out and onto the ground. Some people may have to be extracted from the damaged or overturned vehicle.

Characteristics of anti-tank mine injuries

- Blunt injuries.
- Fragment wounds.
- The explosion may cause blast injuries, including the “pied de mine”.
- Leaking petrol may ignite, causing burns.

Non-conventional weapons

International humanitarian law prohibits the use of chemical and biological weapons. Nonetheless, many countries have stocks of them. Even if not used in actual combat, such weapons may nevertheless be released when storage dumps are bombed.

Biological agents cause diseases known to be public health hazards (e.g. anthrax, botulism).

Chemical agents are either toxic to the nervous system (like certain pesticides) or cause blistering and inflammation of the skin, airway and lungs.

Radioactive agents such as depleted uranium have come into greater use, for example in anti-tank shells. A bomb surrounded by radioactive material, known as a “dirty bomb”, is not a nuclear bomb; it combines a conventional explosive with radioactive material, which is dispersed into the air and contaminates a wide area.

Nuclear weapons combine the tremendous destructive power of a major blast wave, extreme heat, and radioactivity.

Particular circumstances

Road traffic crashes

Military vehicles often drive at high speed in difficult terrain, where safe roads do not exist. The environment in which any accident occurs – and the accident’s casualties – may be hostile (presence of enemy forces, minefields, etc.).

Beatings

Mistreatment of “suspected sympathizers” or other civilians is, alas, all too common.

3 First Aid kit/bag

The kit/bag should be used in accordance with:

- local requirements and procedures;
- knowledge and skills of the user.

Under certain circumstances and conditions, the contents may be completed with an oral or injectable antibiotic and/or painkiller. Procedures, means and training programme of your National Society will determine your participation in the management of these products.

Remember to:

- > keep the contents clean, both outside and inside, and in good order;
- > replenish your kit/bag after use;
- > in addition to using materials in the kit/bag, be ready to improvise with other materials.

Always remember that a distinctive emblem is displayed on the kit/bag:

- > do not use it for purposes other than First Aid;
- > do not leave it unattended, for it might get stolen and later misused.

The contents are designed to cover the following needs.

Nature of the problems	Number of casualties
• external haemorrhage • no breathing • skin wound • skin burn • bone trauma • heat and cold	• 5 severely injured people, allowing 6 bandages each or • 10 slightly wounded, allowing 3 bandages each or • 3 injured, allowing 10 dressings each during the next days in the absence of evacuation

Contents	Size	Quantity	Characteristics
Bag and Personal identification			
Container (shoulder bag, backpack or box)	pcs	1	Able to sustain heavy wear and tear, to protect contents from damage, with spare room for additional items – Marked with the emblem – Dust & waterproof – Easy to open and to close – With compartments separating items
RC* vest (for identification and protection)	pcs	1	Resistant – Easy to wash – Cotton – With RC* printed front and back (resistant to repeated washing) – Reflective in disaster areas – Non reflective in conflict areas
Kit contents inventory	pcs	1	Card with a plastic cover, laminated
List of local emergency contacts	pcs	1	Card with a plastic cover, laminated
RC* network contacts	pcs	1	Card with a plastic cover, laminated
RC* identity card	pcs	1	
Lighting			
Torch, hand-cranked	Medium	1	Strong plastic or metal, with rubber sealing to be waterproof
If the above item is not available: torch, with two battery cells and spare batteries	Medium D/LR20 34x61.5 mm 1.5V	1 torch + 2 batteries 2 spare batteries	Torch: Strong plastic or metal, with rubber sealing to be waterproof Batteries: Dry cell, alkaline
Spare bulb for the torch	pcs	1	To replace the original bulb
Candle, wax	45x110 mm	15	The burning of a candle should give sufficient light during 8 hours
Waterproof safety matches	box 25-30 units	2	To light the candles or a fire
Cleaning, Disinfection and Hygiene			
Disposable examination gloves (non-sterile)	Medium (7-8)	50 pairs	For personal protection against contamination (Latex has the potential to cause allergic reactions: choose vinyl gloves preferably, where available)
Laundry soap	200 g	1 bar	Fatty acid 70% min, Moisture 20% max, NaOH content 0.2% max, NaCl content 0.5% max
Soap box	to receive the soap	1	Plastic – Waterproof closing – Size to store 200g bar of soap
Hand towel	60x30 cm	1	Resistant, easy to wash, 100% cotton
Plastic bag (for cloth or garbage)	35 litres 58x60 cm	2	For cloth and garbage
Face shield for ventilation (reusable)	pcs	1	To prevent contamination during artificial mouth-to-mouth or mouth-to-nose ventilation

Contents	Size	Quantity	Characteristics
Dressings			
Antiseptic solution in bottle	200 ml	1	Iodine povidone 10% – Bottle : high density polyethylene HDPE, with spout for pouring, resistant to chlorine and iodine
Bandage, Elastic gauze	8 cm x 4 m	15	Bleached purified absorbent 100% elastic cotton – Non-sterile – Weight approx. 27.5 g/m ² – Non-adhesive
Bandage, Elastic	10 cm x 5 m	15	High-twist with normal twist cotton threads in warp 100% cotton – Non-sterile – Approx. 40 g/m ² – Non-adhesive
Bandage, triangular	136x96x96 cm	7	100% viscose or cotton
Compress, gauze, sterile	10x10 cm sachet of 2	50	Absorbent, bleached, purified, plain weave – 100% cotton – 8 plies – 17 threads/cm ² – No-folds (thickness) 12
Compress, gauze, non-sterile	10x20 cm	25	Absorbent, bleached, purified, plain weave – 100% cotton – 12 plies – 17 threads/cm ² – No-folds (thickness) 12
Cotton wool	1 pack of 125 g	3	100% cotton – Hydrophilic – Purified, bleached – Carded cotton – Not pre-cut – Roll with separating strips between layers
Adhesive bandage (wound plaster)	6 cm x 5 m roll	1	Gauze attached to tape adhesive at each side – Gauze protected by paper layer – Non-sterile
Tape, adhesive paper	5 cm x 10 m roll	1	Textile strip with adhesive spread in an even layer – Adhesive mixture of rubber, resins and lanolin – Non-stretch – Waterproof – With fissures to admit air – May be torn by hand
Burn dressing			
Compress, paraffin, gauze, sterile	10x10 cm	10	Absorbent gauze – 100% sterile cotton – Woven – 17 threads/cm ² – Netting material with large mesh impregnated with soft paraffin-based material – Paraffin substance mixture of balsam of Peru and soft paraffin p.suff.100g
Aluminized dressing for burns	35x45 cm	2	Sterile – Aluminium
Oral rehydration salts (ORS)	sachet 27.9 g/ 1 l	3	Anhydrous glucose 20 g, Sodium chloride 3.5 g, Sodium citrate 2.9 g, Potassium chloride 1.5 g
Flask	1.1 litre	1	Metal or plastic bottle (high density polyethylene HDPE) with a big screw cap – Ensure firm closure, permitting easy filling and cleaning – If possible, with a cup
Rescue sheet	210x160 cm	1	Insulating aluminium steamed polyester foil – Silver/gold

Contents	Size	Quantity	Characteristics
Instruments			
Scissors, sharp/blunt	14.5 cm	1	Non-quenched – Non magnetic steel
Scissors, dressing, “Lister”	18 cm	1	Non-quenched – Non magnetic steel
Splinter forceps, straight, “Feilchenfeld” model	9.5 cm	1	Quenched – Magnetic steel – With teeth, flexible arms, good adjustment of the teeth, good gripping of the jaws
Printed and writing materials			
Life-saving procedures and techniques	leaflet	1	Including the use of the kit/bag items – In English and local language
Permanent marker pen	Medium size – red	1	
Notepad	A 5	1	100 pages ruled
Pencil	pcs	1	
Injury registration	card	20	In English and local language
Inventory of the kit/bag content	card	1	In English and local language

* RC = red cross or red crescent

4 Leading a First Aid team

At all times

Set an example in the following areas and take responsibility for them:

- > the security and safety of your team and the casualties the team treats;
- > the team's working conditions;
- > the quality of the team's work.

The security of your team must be your top priority at all times.

Be a leader

- > Inspire confidence.
- > Be positive, in spite of danger and difficulty.
- > Adapt to changing circumstances.
- > Maintain discipline.
- > Make sure that team members understand what they have to do and are committed to it.

Be tolerant and understanding

- > Respect differences within the team – education, culture, religion, etc.
- > Pick up on physical and psychological clues to the condition of your team members (behaviour, facial expressions, etc.) that may reveal excessive stress.
- > Be available for one-to-one or group discussions.

Be thorough and well-organized

- > Keep a diary of all movements and actions while on duty.
- > Maintain regular contact with your superior and/or the dispatch or command centre of the casualty-care chain.

Your guidance and support should enhance teamwork and the personal development of each team member.

Motivate

Maintain the motivation of each team member, whatever the task – saving lives, administration, logistics, etc.

- > Make sure team members have adequate working and living conditions (food, rest, health-care, etc.).
- > Ensure that equipment is available and well-maintained.
- > Hold debriefing sessions, encouraging the team to express themselves.
- > Congratulate people for their work, and reward them if possible.
- > Remind the team of their accomplishments, of lives saved on the spot and of the overall humanitarian mission.
- > Stop work if individual or team morale is low, or if there are signs of over-stress and exhaustion.

Before the team goes into the field

Remember that members of your team may be suffering as a result of the very situation they are supposed to be remedying; their relatives, friends or colleagues may be sick, injured, or have had property stolen, and they may have lost contact with them. Manage them tactfully.

You will need to ensure acceptance of your team members by the casualties, the affected population and parties involved in the situation of violence. They may be unhappy about the personal characteristics of some team members (skin colour, gender, religion, nationality, ethnic background, etc.). If so, explain the makeup of your team and the nature of their humanitarian mission, possibly referring to the Fundamental Principles of the International Red Cross and Red Crescent Movement, and, in a situation of armed conflict, the essentials of international humanitarian law.

If anyone tells your team to leave, or refuses to allow them to work:

- > listen politely to their arguments (if any);
- > do not insist or argue more than is necessary or possible;
- > leave the area;
- > inform your supervisor and/or the dispatch or command centre of the casualty-care chain;
- > await new instructions.

As a rule

- > Ensure that all team members know each other – their skills, interests, fears and limits.
- > Make sure everyone is properly equipped for the job. This includes wearing a Red Cross or Red Crescent shirt or vest.
- > Identify people to whom you can delegate specific tasks, such as radio communications or logistics.
- > Remind everyone that security and safety are crucial, and that each member of the team shares responsibility for these matters.
- > Leave open the possibility of suspending work.

Specifics

- > Collect all security-related information about the deployment and pass it on to your team.
- > Present the site, the situation and the tasks in detail.
- > Present the plan for emergency evacuation of the team and the action to be taken if a team member falls ill or is injured.
- > Ensure everyone is comfortable with the hazards and working conditions.

Make sure your team understands what they are to do and how they are to behave, and that they are committed to both.

Apply to yourself all that you expect from your team members.

While the team is in the field

Your leadership will be seen most clearly in the way you anticipate and react to emergencies. As team leader, it is your responsibility to suspend work if the team is in danger, and to evacuate the team to a place of safety.

Lead your team

- > Give clear instructions.
- > Minimize your personal involvement in caring for casualties.
- > Delegate responsibilities where possible.

Coordinate your team

- > Lead triage and set priorities for the care and evacuation of casualties.
- > Check documentation (registration list and medical cards).
- > Organize evacuation of casualties.
- > Gather information from your team members and pass it on to the relevant level.
- > Organize personnel changeovers and replenishment of materials.

Support your team

- > Encourage good initiatives and correct mistakes.
- > Monitor the physical and psychological condition of your team members and ensure that they take a break when they need to.
- > Empathize with team members and provide all necessary support.

After the assignment

- > Hold debriefing sessions, communicating positive and negative feedback in a constructive manner.
- > Remind your team members to rest and relax – and help them to do so.
- > Rest and relax yourself.
- > Help to replace or replenish equipment and supplies.
- > Prepare the team for the next mission.

Foster team spirit by organizing or encouraging informal events outside work. This will strengthen personal relationships and mutual trust.

Leadership is not just an individual issue. Much depends on the collective leadership of the components of the casualty-care chain. This may include organizations other than your own. The relationships between individuals and teams will also play a role.

Think of the welfare of your team members, but do not forget yourself. You too are a member of the team!

5 The chain of casualty care

The chain of casualty care is the path followed by a casualty from the point of injury all the way to specialized care as his condition dictates:

1. on the spot;
2. collection point;
3. intermediate stage;
4. surgical hospital;
5. specialized centre (including rehabilitation);
- and
6. a transport system (e.g. ambulances) for evacuation from one level to another.

CHAIN OF CASUALTY CARE	On the spot	Collecting point	Intermediate stage
Who*	Relatives and friends The community*** Community health workers First Aiders (Red Cross or Red Crescent, military or other stretcher-bearers, etc.) Health professionals	Health professionals First Aiders (Red Cross or Red Crescent, military or other stretcher-bearers, etc.)	General practitioners Nurses
Where	At the front lines	Spontaneously chosen (e.g. the shade of a tree) First Aid post Dispensary Primary health-care centre	First Aid post Dispensary Primary health-care centre District hospital Outpatient clinic
What**	Life-saving measures: the only appropriate care on the spot	Collection of casualties Evaluation of their condition Complementary health care and/or stabilization Evacuation planning Routine care (fever, diarrhoea, scabies, etc.) and ambulatory care (pneumonia, trauma, etc.)	Advanced emergency care Simple surgery Occasional hospital care, although uncomplicated and requiring few days of observation Routine care (fever, diarrhoea, scabies, etc.) and ambulatory care (pneumonia, trauma, etc.)

* You, the First Aider, may be involved at any of these levels, depending on the needs and your capabilities.

** The activities described are subject to change according to the security situation and the availability or training of medical personnel to perform them.

*** In armed conflicts, under international humanitarian law, civilians are permitted to collect and care for the wounded and sick of whatever nationality, and shall not be penalized for doing so. On the contrary, they must be aided in this work. Furthermore, international humanitarian law prescribes that the civilian population shall respect the wounded and sick, even if they belong to the enemy, and shall commit no act of violence against them.

Every possible combination of these levels of care may arise. In certain circumstances, the casualty may “bypass” some level(s). For example:

- a casualty may be transferred by helicopter from the scene of his injury directly to a surgical hospital;
- a family may transport a casualty, especially in an urban context, directly to the emergency room of a surgical hospital, which then serves as a collection point;
- a collection point or intermediate stage in a secure building may be upgraded to serve as a surgical hospital.

The exact number of different levels of care and the path followed by casualties are determined on a case-by-case basis.

To make the chain of casualty care function correctly, a chain of command is established.

- There is a central command or dispatch centre, which is in charge of:
 - overall coordination of the casualty-care chain (e.g. decisions about evacuation destinations, engagement of resources, etc.), and
 - contacts with related command levels of various authorities (e.g. police, armed forces, National Society headquarters, etc.).
- Each link in the casualty-care chain has a local leader, with the same responsibilities as above with respect to local contact persons.
- Each team in the field has a team leader.

Information circulates between these coordinators by means of telecommunications (radio and mobile phones) if possible, or by other means of communication (e.g. messengers) if not. The efficiency of command and communication systems depends on strict observance of established procedures.

Decisions relating to the organization of the chain of casualty care rely on a large dose of common sense to determine what is practical and realistic and to achieve the best results for the greatest number of people, while at the same time guaranteeing the security of casualties and medical personnel.

Forward projection of resources

Forward projection of resources means bringing advanced emergency and/or surgical care to casualties nearer the collection point, thus:

- reducing mortality and morbidity (health problems) rates; and
- reducing the need for evacuation and the danger, delay and discomfort that transport would entail.

It requires that a number of factors be taken into consideration:

- security (essential);
- human resources and expertise (essential);
- infrastructure (a minimum is required);
- equipment (appropriate technology);
- supplies and materials (appropriate);
- possibility of onward evacuation.

6 First Aid post

After care provided on the spot and at the collection point, the First Aid post is the next link in the casualty-care chain.

Purpose

- To gather all casualties arriving from combat or other situations of violence so as to better organize their management and, if necessary, evacuation.
- To assess their condition and provide emergency and stabilization measures.
- To prepare casualties for evacuation to the next link in the casualty-care chain if they require it.

A First Aid post is not a “mini-hospital”; it serves a limited purpose with limited means.

Please note

Many if not most casualties will need no further care. Casualties requiring no further care will be evacuated not to the next link in the casualty-care chain but to a safer area far removed from the violence.

Location

The location of the First Aid post must be:

- indicated as soon as possible to the dispatch or command centre of the casualty-care chain, for operational and security reasons;
- in a secure position: far enough from fighting not to be in danger, yet near enough to enable casualties to be transferred rapidly to the post;
- known to the local population and to those involved in the violence;

- easily identifiable thanks to a prominently displayed distinctive emblem of large dimensions that can be seen from as many directions and from as far away as possible. During armed conflict, according to international humanitarian law, a First Aid post displaying a distinctive emblem as a protective device must be spared the effects of violence and allowed to perform its tasks unhindered.

Please note

National Societies may display one of the distinctive emblems as an indicative device on their First Aid facilities. It must be small in size to avoid any confusion with the emblem used as a protective device. Nevertheless, National Societies are strongly encouraged to display on First Aid facilities an alternative sign, such as a white cross on a green background (in use in European Union countries and in some other countries), to prevent the distinctive emblem from becoming too closely identified with medical services in general. When the alternative First Aid sign is displayed together with one of the distinctive emblems, prominence should be given to the former in order to uphold the special protective meaning of the distinctive emblem. In armed conflict situations, National Society First Aid facilities may display a distinctive emblem of large dimensions as a protective device provided that the National Society is duly recognized and authorized by the government to assist the armed forces' medical services, and provided also that the facilities are employed exclusively for the same purposes as the official military medical services and are subject to military laws and regulations.

The security and protection of casualties and First Aiders are the primary concerns that need to be taken into account when a First Aid post is set up.

Facilities

A First Aid post is a functional unit and, therefore, can be set up in a makeshift way, for example under a tent, in a school, in any available house, or in an

already existing dispensary or primary health-care centre, so long as certain minimum requirements are fulfilled. A First Aid post should:

- provide shelter against the elements (extreme temperatures, sun, rain, wind, etc.); this helps protect casualties and provides First Aiders with a more comfortable work environment;
- be large enough to accommodate casualties on stretchers as well as care providers;
- have easy access for the “walking wounded” (e.g. no long stairways);
- have easy access for ambulances/evacuation vehicles to come and go, and ample parking space.

Staffing

First Aid posts are usually managed by staff and volunteers of the International Red Cross and Red Crescent Movement. Members of the local community may be involved in setting up a facility, in bringing materials with which to improvise certain devices (e.g. tree branches for making splints), and in offering the casualties some physical and psychological comfort.

Some First Aid posts are staffed by military stretcher-bearers and medics. The closer the post to a battlefield, the more prominent will be the role of military medical services.

Generally speaking:

- there should be a supervisor who leads the team working in the post;
- everyone should have an assigned task, know how to perform it, and stick to it. Discipline must be the rule.

The level of technical expertise of the personnel in a First Aid post will depend on the circumstances and on the standards of the country. Anyone from a First Aider to a nurse, a general practitioner or even a surgeon may be found working in a First Aid post. This makes it possible to provide “forward projection of care” for casualties.

Equipment and supplies

Equipment and supplies must meet minimum standards and be adequate for basic activities relating to casualty care. The skills of the personnel and local standards should be taken into account in choosing equipment and supplies.

Please note

The Emergency Items Catalogue of the International Red Cross and Red Crescent Movement contains the description of a standard First Aid and triage post. The facilities, equipment and supplies described are for experienced nursing staff and/or a general practitioner.

[see relevant Annex on CD-ROM
or ask your ICRC delegation for
assistance]

Organization

The organization of a First Aid post should rely on a large dose of common sense to determine what is practical and realistic in a given situation, and will depend on how long the post will operate (from a few minutes to a few days or weeks).

However, some basics have to be respected:

- contacts should be regularly established with the dispatch or command centre of the casualty-care chain;
- every casualty must be registered;
- the post should be organized and staff prepared for dealing with a mass influx of casualties;

[see Sheet – Casualty registration
list; Sheet – Medical card]

- triage should be performed to sort casualties into groups based on their need for priority treatment or evacuation;
- equipment and supplies must be properly inventoried and stored, and their use monitored;
- cleanliness and orderliness must be the rule;
- when the First Aid post closes, the premises should be cleaned and rubbish disposed of correctly (e.g. single-use items – gloves and needles – should be placed in disposable containers and burnt).

If a First Aid post stays open for a certain time and adequate facilities are available, the following should be organized:

- an admission area at the entrance to register and triage casualties;
- a holding area to care for and monitor casualties awaiting evacuation;
- a temporary mortuary;
- a storage area for equipment and supplies;
- a rest area for personnel, and personal hygiene facilities.

Please note

Telecommunication equipment, if any, should be installed in a specially reserved area of the First Aid post.

Evacuation of casualties onward from the First Aid post to the next link in the casualty-care chain must be organized and coordinated. Whatever method of transport is used, casualty care should be maintained during the evacuation.

Remember: never accept armed persons inside and never store arms or ammunition. Never collect or remove weapons (especially grenades or handguns) from a casualty by yourself. This should be handled by people who know what they are doing. In armed conflict, according to international humanitarian law, small arms and ammunition taken from the wounded and sick found in a medical unit or establishment do not deprive the unit or establishment of its protection.

7 New technologies

New technologies can and do play a role in caring for casualties in armed conflicts and other situations of violence. They should not distract care givers, however, from using basic common sense or their own personal judgement. New technologies and products, like any other auxiliary devices, should be considered as tools to be exploited and not as ends in themselves.

New medical products and equipment regularly appear on the market. For example:

- hand-cranked low power “generators”;
- field-use battery-driven monitors;
- shirts collecting and transmitting health data;
- haemostatic packs to stop bleeding.

In addition, existing devices are frequently adapted to new uses, such as:

- personal digital assistants (PDAs) and tablet personal computers with software designed specifically for registering the medical history of casualties;
- bar code and microchip systems to track materials (quantity and quality) and casualties (identity, location, care provided, etc.);
- video conferences within the casualty-care chain (using small cameras and radio communications) and with outside experts and officials (through the Internet).

Telemedicine brings medical expertise to remote areas by means of telecommunications. It can facilitate decisions (e.g. concerning evacuations) and confirm or improve care choices thanks to the long-distance support of a more experienced carer.

The simplest technology is often the most appropriate.

Multiple-technology solutions are a useful choice.

Common sense, skills and personal judgement remain the most reliable guides.

8 Safe behaviour in dangerous situations

The following are merely recommendations. It is your responsibility to act in accordance with the local situation, local security procedures and your team leader's instructions.

Interrogation

Police or other people constituting "the authorities" where you are working may question you.

- > Stay calm.
- > Cooperate.
- > Show your identity card and National Society membership card.
- > Explain why you are there (on the way to join your team, etc.).
- > Avoid arguing.

Despite your explanations, you may sometimes not be allowed to carry out your activities.

- > Do not get angry.
- > Do not insist.
- > Report back to your team leader or the dispatch or command centre of the casualty-care chain as soon as possible.

Shelling or small-arms fire

Take cover immediately

- > Find protection from fire – that means placing a hard, thick barrier between you and the direction from which the sound of fire is coming. Examples of cover from fire include a large rock or tree, a building, a vehicle or a ditch by the roadside.
- > Find protection from view.
- > If possible, crawl along the ground, under cover, to a new position, so that those who are firing no longer know where you are.
- > Do not look out to see what is going on.
- > Stay under cover until firing stops. Then wait for another 10-20 minutes before you come out.

Remember: protection from view (e.g. a bush) is not necessarily protection from fire!

Mines (landmines, improvised explosive devices, booby-traps)

- > Ask whether there are mines in the area, and where they are located. The local population, taxi/lorry drivers or local authorities may know about landmines in their region, or about old battlefields and front lines. However, when asking questions make sure no-one mistakes you for a spy!
- > Learn to recognize local marking methods (e.g. stones, or marks on trees).
- > Do not use a track or road unless you are certain others have used it recently.
- > If you are in a group, make sure there is a gap of 10 metres between one person and the next.
- > Never attempt to move, touch, or even get closer to look at a mine, or anything on the ground. Unexploded ammunition or “interesting” looking objects on the ground may be booby-traps.
- > If you see something suspicious note its location, mark it and inform the local community and relevant persons, especially your team leader and deminers.

If you walk into an area where you see mines

- > Do not panic.
- > Stop immediately.
- > Slowly and carefully retrace your steps until you reach a safe location.
- > Inform everyone who needs to know.
- > Record the information (e.g. on a map).
- > Cordon off the area, or make sure somebody else does so.

In buildings

- > Know where the shelter is and how to get to it (this should be part of your security assessment).
- > Do not allow weapons into a Red Cross or Red Crescent building. People carrying weapons must leave them outside.

If your building comes under fire, or artillery shells start landing on your town or village

- > Take cover immediately in your safe area or shelter.
- > Lie down.
- > Stay away from windows.
- > Do not look out.
- > If there is no shelter or you cannot get to it safely:
 - get under a staircase;
 - better still, crawl to a place somewhere in the middle of the building, or where there are at least two walls between you and the direction from which the sound of shooting is coming.

As a rule this should never be the case in buildings where casualty care is provided (First Aid posts, hospitals, etc.). Such buildings should always have adequate shelters.

No shelter will guarantee protection against a direct hit from a heavy weapon (such as a bomb or missile from an aircraft, or a heavy artillery shell).

However, it is possible to provide good protection against smaller weapons such as light artillery, mortars and small-arms fire, and against explosions, using readily-available materials.

- > Sandbags (be aware of requirements for their use) or alternatives such as:
 - boxes;
 - baskets;
 - oil drums;filled with earth or rubble.
- > Strips of sod or turf.
- > Wooden planks or small tree trunks on roofs and across windows.
- > Transparent sticky tape on windows, to prevent flying glass.
- > Curtains (the heavier the better) to absorb the energy of a blast. Wooden shutters do the same job.

Use the above to protect the following areas.

- > Entrances, windows and routes to shelters.
- > Fuel, generators, radio rooms and vital but vulnerable medical stores.
- > Warehouses and hospital wards.

In a vehicle

As a passenger

- > Always travel with the window slightly open (even in winter) so you can hear any sounds that might hint of trouble.
- > Depending on the situation, either keep doors unlocked so you can get out or, on the contrary, keep doors locked if you are near an aggressive crowd.
- > Do not carry weapons in a Red Cross or Red Crescent vehicle (e.g. the weapon of the casualty or of those accompanying him). Anyone travelling in a Red Cross or Red Crescent vehicle must leave their weapon behind. Remain firm and explain why.

[see Section 5.1.1 – Your personal safety]

At roadblocks and checkpoints (control points)

- > Obey any signs or instructions (e.g. requests to search your vehicle), but be firm in refusing to hand over personal items or those that are intended for victims.
- > Remove your sunglasses and hat.
- > Do not move off until instructed to do so.
- > Keep your hands visible.
- > Stay polite, friendly and confident.
- > Do not be in a rush to continue your journey; accept discussion.
- > Only get out of the vehicle if it is safe and necessary.

Warning shots

- > After the vehicle has stopped, get out and take cover quickly, off the road, putting the vehicle between you and the direction from which the sound of shooting is coming.
- > Await instructions from your team leader. If there is no more shooting after 15 minutes, the choice is usually to reverse away.

Shelling

- > After the vehicle has stopped, get out and take cover quickly, off the road (not under the vehicle). The driver may choose to drive on if escape is easy (e.g. there is a tunnel through a mountain 20 metres ahead).

Fire aimed at your vehicle

- > While still in the vehicle, protect yourself as much as you can.
- > If the vehicle stops, get out and take cover quickly, putting the vehicle between you and the shooting.

As a driver

Follow the instructions under “As a passenger”, plus the following:

The vehicle

- > You will probably be driving a four-wheel drive vehicle. These have the following characteristics:
 - high and heavy;
 - excellent on rough roads, in sand and in snow;
 - unstable on normal roads at speeds over 80 km/h; they tend to tip over.
- > Find out how to drive your vehicle (e.g. how to put it into four-wheel drive – there are different buttons and knobs for every model).
- > Find out how to change a wheel.
- > Find out where the tools, spare wheel and spare parts are kept.

Before departure

As a driver, it is your responsibility to check your vehicle. If there is a checklist on the vehicle, use it. In addition to checking mechanical and communication aspects, check the following points.

- > Make sure the distinctive emblem is clearly visible (e.g. clean the relevant part of the vehicle).
- > Make sure the flag with the distinctive emblem is visible, if you have one.
- > Check that you have the necessary maps and that they show what they need to (all known roads, care centres and known hazardous areas). Make sure you know how to read them.
- > Check you have all the stores you need (First Aid kit, food, water, fuel, tools, spare wheel, spare parts, etc.).
- > Check you have soft drinks, sweets and other “ice-breakers” for checkpoints.
- > Using the map, choose routes/roads that you know or that others have used recently.

Travel

- > Do not act as a taxi; picking up passengers is not part of your job.
- > Always be thinking about where you would take cover or go to if you were fired on. Make sure others on board are doing the same.
- > Travel during the hours of daylight, avoiding early morning and late afternoon.
- > Use routes/roads that you know or that others have used recently.
- > Drive smoothly and safely.
- > Do not drive over potholes or objects lying on the road (be especially careful during or after rain).
- > Do not leave the road for any reason – not even to turn round.
- > Travel with at least one other vehicle if possible, keeping a few tens of metres between vehicles.
- > Drive in the tracks of other vehicles if you are driving off-road.
- > Keep a good distance between your vehicle and security forces' vehicles or convoys.

If you come under fire

- > Unless the shooting is coming from the front, drive on as fast as possible. It is more difficult to hit a fast-moving target.
- > If the shooting is coming from the front, turn off up a side street (in a town) or, in the countryside, veer off to the side and get out, thus putting the vehicle between you and the source of firing for added protection and concealment.
- > Try to avoid reversing or turning round; it slows you down and presents an easier target.
- > If the vehicle is immobilized, get out and take cover quickly, putting the vehicle between you and the shooting.

If, very exceptionally, you are driving at night

- > Ensure that any light mounted on the top or rear of your vehicle to illuminate the flag is turned on.

At roadblocks, checkpoints and control points

- > Slow down well in advance.
- > Always come to a stop.
- > Switch off the speakers of telephones and radios.
Remember to switch them back on again after you move off. Do not make any transmissions.
- > Roll down the window.
- > If, very exceptionally, you are driving at night:
 - dip your headlights well in advance and on arrival change to side lights;
 - switch on the inside light.

At new or improvised road-blocks run by free agents

- > If possible, anticipate the road block.
- > Stop well short of it if possible.
- > Discuss with people on board (and ask any oncoming vehicle) how safe it is to proceed.

Warning shots

- > Stop the vehicle.
- > Get out and take cover quickly, off the road, putting the vehicle between you and the direction from which the sound of shooting is coming.
- > Await instructions from your team leader. If there is no more shooting after 15 minutes, the choice is usually to reverse away.

Shelling

- > If rounds are landing close to you (i.e. within 50-100 m):
 - stop the vehicle, quickly get out and find good cover from fire, off the road (not under the vehicle);
 - alternatively, if escape is easy (e.g. there is a tunnel through a mountain 20 metres ahead), drive on quickly.
- > If the shells are landing some distance away, not in your immediate path:
 - drive out of the area as quickly as possible;
 - if the next shell appears to land closer: stop the vehicle, quickly get out and find good cover from fire.

If you realize you have driven into a mined area

- > Do not panic.
- > Stop, but do not get out of the vehicle.
- > Inform the dispatch or command centre about your situation and location.
- > Reverse slowly and carefully, retracing your tracks, with a person looking out of the rear window to guide you.
- > When you reach a safe place, use the radio to inform everyone who needs to know about the minefield.
- > Record the information and mark it on your maps.
- > Cordon off the area, or make sure somebody else does so.
- > Consider cancelling your trip.

Please note

Do not drive onto the verge of the road to bypass obvious mines, to get past some other obstacle or even to allow another vehicle through. A mine may be placed in the middle of the road in an obvious fashion, and other mines hidden on the sides of the road.

Laying sandbags on the floor of the vehicle will provide some protection against land mines. But be aware that this does not transform a soft-skinned vehicle into an armoured vehicle.

If you transport casualties

- > Reaching a hospital safely with a casualty on board does not mean driving as fast as possible, and perhaps being involved in a traffic accident. Hitting bumps and potholes at high speed will cause pain to the casualty, increase any bleeding and move fractured bones. Drive smoothly and safely, and only then think about speed.
- > Fit radios to vehicles used for transporting casualties if possible.

Only pick up casualties en route if there is adequate space and no other option. If possible, inform your team leader or the dispatch or command centre of the casualty-care chain and ask them for instructions.

Use the vehicle for medical purposes only. Where possible, use other vehicles to transport corpses. In all cases, give priority to casualties, and ensure that vehicles intended for carrying casualties are available for that purpose and remain hygienic. Red Cross and Red Crescent vehicles must not be used for personal or individual trips.

On return to base

- > Carry out any vehicle maintenance required.
- > Replace anything that has been used or damaged.
- > Make the vehicle ready for the next trip (clean, refuel, etc.).

Aerial bombardment

There may be little or no warning of an attack from the air. However, one hint of an impending attack is aircraft overflying your position – planes sometimes fly over their target area once or twice before releasing their bombs.

- > Do not waste time looking for the aircraft.
- > Run for cover in the nearest hard shelter.

Local people who have been attacked in the past will have developed an uncanny “sixth sense” – especially the children. They can hear aircraft well before you do and will take cover. If local people start running for shelter, follow them!

A first attack may be followed by another on the same target 15 minutes later, causing many more casualties than the first.

- > Do not rush into the target area after a first attack.
- > Prevent others from doing so (relatives, neighbours, etc.).

Explosion

- > Stop.
- > Ignore your natural reaction, which is to rush in to investigate or help. You might be hit by crossfire or a second bomb.
- > Take cover on the ground or at the side, off the road.
- > Keep down until the situation has stabilized.
- > Then do what you can to help the casualties.

Aggressive crowd

After an incident, you may find yourself surrounded by an excited and angry crowd of bystanders, perhaps including friends and relatives of casualties. They may be threatening you, and they may be preventing you from treating and evacuating the casualties.

- > Remain calm and self-controlled. This may well have a calming effect on the situation. People will then be willing to help you. They can also tell you about security-related issues and about local needs and capabilities.

9 Collecting and burying the dead

The proper and dignified management of mortal remains is the duty of the authorities (judicial, police, health, community, military, etc.), who are solely responsible for identifying remains and returning them to their relatives. The primary concern of the families is to find out what happened to their missing loved ones and to recover their remains as quickly as possible.

In truly exceptional circumstances, when the authorities do not or cannot fulfil their duty, you might be asked to help to collect and bury human remains. In such cases, please refer to the ICRC's *Manual on operational best practices regarding the management of human remains and information on the dead by non-specialists* (November 2004), available from your ICRC delegation or downloadable from www.icrc.org.

Please note

There are key requirements to consider. Regardless of circumstances, non-specialists called upon in exceptional situations to help manage human remains, as you might be, should always obtain all necessary authorizations as well as the consent of the families and, if needed, of community leaders and religious authorities. Regardless of your good intentions, failure to do so may result in criminal liability and unnecessary security risks for you and all others involved and for the organizations they represent.

You should always have a sympathetic and caring attitude towards the bereaved families.

About dead bodies

The dignity of the deceased should be preserved at all times (for example, through careful management of the body or mortal remains, which should be covered – and the curious kept away – to prevent public viewing).

Dead bodies pose no risk to public health (unless the cause of death is a highly contagious disease such as hepatitis B or cholera, or the bodies are buried near drinking-water sources, or basic protective measures are not taken when the bodies are handled). The belief that the dead are a source of epidemics is unfounded and often leads to improper and hasty management, which further traumatizes bereaved relatives and affected communities.

Dead bodies should be disposed of in accordance with local beliefs, cultural and religious practices and regulations, whenever possible. Each grave should be marked, registered and mapped to facilitate tracing when necessary. Selection of burial sites should meet certain requirements (e.g. acceptance by nearby communities and, depending on soil and geological conditions, the possibility of burying the dead between one and three metres underground and not less than 50 metres away from any source of drinking water). Mass burial should be performed only in exceptional circumstances, and only when ordered by the proper authority. A mass grave should be dug as a trench and the bodies buried side by side, without overlap or superimposition. The exact location of the mass grave and of each body it contains should be marked, registered and mapped.

Bodies must not be cremated before they are identified (except for imperative sanitary or religious reasons that should be fully justified and documented accordingly). In the event of a cremation, the circumstances and reasons must be recorded in detail on the death certificate or on the

authenticated list of the dead. Details concerning the deceased that could aid any future investigation into his identity should also be recorded.

The task of recovery and burial is particularly trying. Regular periods of relief should be planned, and a psychological support programme should be available to help you if needed.

Pre-requisites to your participation

- Security conditions should be satisfactory.
- Where the risk exists, mine-clearance operators have ensured that the bodies are not booby-trapped.
- If available, a health professional and/or a competent authority (e.g. the police) have been notified and your participation cleared.
- The personal papers and valuables of the dead have been gathered and duly registered.
- Arrangements have been made for collecting and forwarding information to bereaved relatives (i.e. an information centre or a focal point has been set up).
- Basic supplies, including stretchers and body bags, are available. If unavailable, these may be replaced by shrouds, plastic bags, tarpaulins, or other suitable materials.

For you to participate

- > Take health and safety precautions such as wearing protective gear (boots and heavy-duty gloves, aprons and, where appropriate, masks). Tetanus vaccination is highly recommended.
- > Follow instructions given by your supervisor or a competent authority.
- > When authorized to do so, always prominently wear a distinctive emblem of large dimensions.
- > Be sensitive to the needs of those who are grieving.

Transportation of the dead

Whenever possible avoid using ambulances to transport the dead, as they are best used to help the living.

After the disposal ceremony

- > Pay special attention to those, such as orphaned children, who have become more vulnerable as a result of the death of someone they depended upon.

When you have finished handling the dead

- > Wash your hands with soap and clean water (even if they were protected while the work was being done).
- > Avoid wiping your face or mouth with your hands before you have washed your hands thoroughly.
- > Wash thoroughly and, if possible, disinfect all equipment, clothes and vehicles used for management and transportation of bodies.
- > Do not hesitate to discuss your feelings with people you feel at ease with.
- > Ask for psychological support if needed.
- > Relax and recuperate.

ACKNOWLEDGMENTS

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Contributors: The ICRC acknowledges the contributions given by the following individuals who have provided inputs and/or contributed to the review of the text:

Olav Aasland, Eduard Abegg, Hezia Abel Walpole, Louis Philippe Bertrand Aka, Ismael Aquino, Luca Arnold, Kyaw Htut Aung, Jenny Bakker, Dana Banke, François Bugnion, Pascal Cassan, Sophie Chapuis, Ulrich Cronenberg, Basu Debashis, Christiane de Charmant, Anne Demierre, Donald Dochard, Knut Doermann, Valérie Dourdin Fernandez, Philippe Dross, Claude Fabbretti, Dorothy Francis, James Gasser, Jacques Goosen, Pierre Gudel, Angela Gussing-Sapina, Ceri Hammond, Marion Harroff-Tavel, Timothy Hodgetts, Cédric Hofstetter, Pascal Hundt, François Irmay, Diane Issard, Paul Anthony Keen, Faria Khan, Andrea Kundig, Ben Lark, Paul Lemerise, Jean-Dominique Lormand, Françoise Luciani, Peter Mahoney, Beate Marishen, Jean Milligan, Maureen Mooney, Michael Meyer, Sue Pavan, Ian Piper, Bipin Prasad Dhakal, Steve Rawcliffe, Baptiste Rolle, Holger Schmidt, Stephan Schmitt, Ken Sharpe, Abdul Aziz Syed Shah, Morris Tidball-Binz, Carlos Urkia Mieres, Stijn Van de Velde, Laurent Van Rillaer.

This document was developed with inputs from the World Health Organization, Violence and Injury Prevention department.

Illustrations: The following National Societies and institutions provided materials for this first edition:

British Red Cross,
The Canadian Red Cross Society,
Colombian Red Cross Society,
Red Cross Society of Côte d'Ivoire,
French Red Cross,
German Red Cross,
The Republic of Korea National Red Cross,
Red Crescent Society of Kyrgyzstan,
Mali Red Cross,
Red Cross of Monaco,
Myanmar Red Cross Society,
Nepal Red Cross Society,
Norwegian Red Cross,
Somali Red Crescent Society,
The South African Red Cross Society,
Spanish Red Cross;
Venezuelan Red Cross;

and,

the Library and research service of the ICRC,
the Museum of the International Red Cross and Red Crescent,
and the European Reference Centre for First Aid Education.

Suggested citation: First Aid in armed conflicts and other situations of violence, ICRC, 2006.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.



ICRC

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COMMUNICATION MESSAGE AND INTERNATIONAL ALPHABET

Any transmitted or shared information can be intercepted and have political, strategic or security implications. Any information that *can* be misunderstood *will* be misunderstood.

An alert should be issued as soon as possible, but only when manageable, and taking into account the particular circumstances. Is there a standard alert procedure? Has sufficient information been gathered? What means of communication are available?

ALERT MESSAGE	
First	- your identity (e.g. a radio call sign) - your location - security-related information (current and potential hazards and security perspectives) - your assessment of the situation
Second	- your assessment of the casualties (number, condition) - your activities and results, and what you intend to do next - your requests for help (additional First Aiders, specialized care, supplementary material resources)
At the same time or later if the communication system permits	- your evacuation needs - your requests for help organizing or carrying out evacuation - weather, access route and traffic conditions - other issues

- > Stay in contact with your team leader and keep him updated, especially concerning developments in:
 - security conditions (e.g. if there is a spread of the fighting) and their effect on you and others (e.g. if additional help or means for evacuation need to be sent);
 - the condition of the casualty(ies) that may result in the need to take new measures or to change the projected evacuation destination;
 - weather, access route and traffic conditions.

- > Give clear and concise information:
 - be factual (not subjective);
 - never give out names of casualties or military information;
 - go straight to the point, giving clear and concise information;
 - be brief;
 - limit conversations to the minimum needed to exchange essential information.

INTERNATIONAL ALPHABET PRONUNCIATION

Number	Code	Pronunciation	Number	Code	Pronunciation
A	ALPHA	AL-FAH	N	NOVEMBER	NO-VEM-BER
B	BRAVO	BRAH-VOH	O	OSCAR	OSS-CAH
C	CHARLIE	CHAR-LEE	P	PAPA	PAH-PAH
D	DELTA	DELL-TAH	Q	QUEBEC	KEH-BECK
E	ECHO	ECK-OH	R	ROMEO	ROW-ME-OH
F	FOXTROT	FOKS-TROT	S	SIERRA	SEE-AIR-RAH
G	GOLF	GOLF	T	TANGO	TANG-GO
H	HOTEL	HOH-TEL	U	UNIFORM	YOU-NEE-FORM
I	INDIA	IN-DEE-AH	V	VICTOR	VIK-TAH
J	JULIETT	JEW-LEE-ETT	W	WHISKEY	WISS-KEY
K	KILO	KEY-LOH	X	X-RAY	ECKS-RAY
L	LIMA	LEE-MAH	Y	YANKEE	YANG-KEY
M	MIKE	MIKE	Z	ZULU	ZOO-LOO

Number	Code	Pronunciation	Number	Code	Pronunciation
0	ZERO	ZEE-RO	5	FIVE	FIFE
1	ONE	WUN	6	SIX	SIX
2	TWO	TOO	7	SEVEN	SEV-EN
3	THREE	TREE	8	EIGHT	AIT
4	FOUR	FOW-ER	9	NINE	NIN-ER

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ESSENTIALS OF INTERNATIONAL HUMANITARIAN LAW (IHL)

During armed conflicts, everyone, whatever his occupation, shall comply with these rules of international humanitarian law and put them into practice.

“The human dignity of all individuals must be respected at all times. Everything possible must be done, without any kind of discrimination, to reduce the suffering of those who take no direct part in the conflict or who have been put out of action by, for example, sickness, wounds or captivity.”

- 1 Persons no longer involved in fighting (*hors de combat* e.g. sick and wounded soldiers, detainees and prisoners of war) and those who do not take a direct part in hostilities (civilians) are entitled to respect for their lives and physical and moral integrity. They shall in all circumstances be protected and treated humanely without any adverse distinction.
- 2 It is forbidden to kill or injure an enemy who surrenders or who is *hors de combat*.
- 3 The wounded and sick shall be collected and cared for. Protection extends to those persons and facilities involved in the care of the wounded and sick: medical personnel, hospitals and First Aid posts, transports and material. The emblem of the red cross, red crescent or red crystal is the sign of such protection and must be respected by all.

- 4 Captured combatants and civilians under the authority of an adverse party are entitled to respect for their lives, dignity, personal rights and convictions. They shall be protected against all acts of violence and reprisals. They shall have the right to correspond with their families and to receive relief and medical care.
- 5 Everyone shall be entitled to benefit from fundamental judicial guarantees. No one shall be held responsible for an act he has not committed. No one shall be subjected to physical or mental torture, corporal punishment or cruel and degrading treatment. Hostage taking is prohibited.
- 6 The choice of methods and means of warfare is not unlimited. It is prohibited to use weapons and methods of warfare that cause superfluous injury or unnecessary suffering.
- 7 Attacks shall distinguish between the civilian population and combatants and between civilian objects and military objectives. Accordingly, operations shall be directed only against military objectives. Indiscriminate attacks are prohibited.

Any contravention of these provisions is a breach of the law, which may make people liable to penal sanctions.

It is the duty of States, where appropriate with the assistance of the International Red Cross and Red Crescent Movement, to disseminate the rights and duties defined by international humanitarian law.

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THE DISTINCTIVE EMBLEMS



The distinctive emblem is a visible sign of the protection conferred by international humanitarian law on certain persons, objects and areas during armed conflicts. Its use as a means of protection is authorized for:

- medical and religious personnel, both military and civilian,
- hospitals and other medical units and transport,
- medical personnel (including First Aiders), transport and materials of the National Society, provided that the related legal requirements have been fulfilled.

The distinctive emblem is the symbol of impartial humanitarian work and does not intend to represent any particular religious belief. Persons and buildings/structures/objects displaying the emblem must not be attacked, damaged or prevented from operating, but, on the contrary, must be respected and protected, even if, for the moment, they are not caring for or house either wounded or sick people.

As an exceptional measure, in conformity with national legislation, the distinctive emblem may be employed in time of peace to indicate only that persons or objects displaying it are linked to the International Red Cross and Red Crescent Movement. It must be small in size to avoid any confusion with the emblem used as a protective device. Nevertheless, National Societies are strongly encouraged to display on First Aid facilities an alternative sign, such as a white cross on a green background (in use in European Union countries and in some other

countries), to prevent the distinctive emblems from becoming too closely identified with medical services in general. When the alternative First Aid sign is displayed together with one of the distinctive emblems, prominence should be given to the former in order to uphold the special protective meaning of the distinctive emblem.

Any case of misuse or usurpation of the distinctive emblems should be reported to the local National Red Cross or Red Crescent Society, the International Committee of the Red Cross (ICRC) or the International Federation of Red Cross and Red Crescent Societies.

The State has the primary responsibility to supervise the use of the distinctive emblem in its country and to take measures necessary for the prevention and repression, at all times, of any misuse.

During peacetime staff and volunteers of the International Red Cross and Red Crescent Movement must, through their behaviour, activities and awareness-raising efforts, ensure that the protective value of the distinctive emblems is well known to the military and the general public.

Please note

On 8 December 2005, a Diplomatic Conference adopted Protocol III additional to the Geneva Conventions, which recognizes an additional distinctive emblem. The “third Protocol emblem”, also known as the red crystal, is composed of a red frame in the shape of a square on edge on a white background. According to Protocol III all four distinctive emblems enjoy equal status. *The conditions for use of and respect for the third Protocol emblem are identical to those for the distinctive emblems established by the Geneva Conventions and, where applicable, the 1977 Additional Protocols.

* While no longer in use, the red lion and sun on a white background is still recognized by the Geneva Conventions.

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NORMAL VALUES OF PEOPLE AT REST

FOR PEOPLE AT REST	Adult (over 12 years)	Child (6 to 12 years)	Baby (1 to 5 years)	Newborn (less than 1 year)
Normal pulse rate (beats per minute)	60 – 100	80 – 100	100 – 120	120 – 160
Normal systolic blood pressure (mm Hg)	100 – 120 (but varies a lot)	90 – 110	80 – 90	70 – 90
Normal respiratory rate (chest movements, breaths per minute)	12 – 20	20 – 25	25 – 30	30 – 40

For each degree Celsius or Fahrenheit of fever, the heartbeat usually increases about 20 beats per minute. The respiratory rate increases as well.

To obtain the rate:

- count the number of beats (pulse felt by your fingers) in a 30-second period, and multiply by 2;
- count the number of breaths (inhalation + exhalation) in a 30-second period, and multiply by 2;
- try to avoid letting the casualty know that you are counting.

Body temperature of people at rest

Hypothermia	below 35.5 °C (95.9 °F)
Normal	35.5 – 37 °C (95.9 – 98.6 °F)
Fever	37 – 39 °C (98.6 – 102.2 °F)
High fever	39 °C (102.2 °F) and over

FIRST AID

CASUALTY REGISTRATION LIST (table to be copied on a notebook)

Information should be reported regularly to the relevant supervision level of the chain of casualty care. This indicates the extent of activities, and assists in determining what help and materials are necessary.

First Aid team or post:							Name of the person in charge:		
No *	Date	Time	Location of the incident	Casualty			Injury Death **	Care given	Evacuation (Departure time and destination)
				Name	Age	Gender M / F			

* This reference number should be the same as the one on the casualty's medical card. Numbers have to follow each other.

** In case of death, indicate location and time.

- > Make sure your writing is easy to read.
- > Be as brief and explicit as possible.
- > Number the casualties as you go along from the beginning to the end of the intervention.
- > Likewise, number new tables as you go along: do not interrupt the sequence.

Please note

According to the Geneva Conventions, members of medical personnel have an obligation to draw up reports on the state of health or the cause of death of casualties during armed conflicts.



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HYGIENE AND OTHER PREVENTIVE MEASURES

Common sense and basic hygienic and protective measures are sufficient to reduce the risk of catching or spreading communicable diseases.

Fear of contracting diseases should not deter you from helping anyone in need.

Personal precautions

- > Wash hands with soap and clean water immediately after intervening, and, if possible, before.
- > Avoid direct contact with body fluids. Wear hand protection (disposable gloves or plastic bags).
- > Take special care not to be injured with sharp objects found on or near the casualty, or that you may be using.
- > Cover personal cuts or other skin breaks with dry and clean dressings.
- > Avoid coughing, sneezing or talking over a wound.
- > Avoid allowing dirt or debris to contaminate a wound.

Protective equipment

- > Learn how to use it.
- > Use gloves (vinyl, latex, rubber, medical), facemask and eyeglasses if available.
- > Use any other protective barrier (clean plastics or cloth) if there are no gloves.
- > For artificial respiration: use a pocket mask or face shield or a handkerchief or clean cloth.

Environmental precautions

- > Place used single-use materials (e.g. gloves) in disposable solid containers, which should be properly burnt or buried.
- > Clean and dry other materials and store them in a clean and protected location.
- > If contaminated cloths or clothing need to be washed, use detergent and hot water (at least 70°C or 158°F) and soak for at least 25 minutes. Otherwise use cooler water with a detergent suitable for cold-water washing.

If you have been in contact with any kind of casualty body fluids:

- Wash the contaminated area(s) of your body thoroughly with soap and clean water as soon as possible.
- Apply a disinfectant,* and wait 10 to 15 minutes before rinsing with clean water.
- Seek confidential medical advice, counselling and testing.

* Use preferably sodium hypochlorite (household bleach 5% active chlorine) 100 ml bleach + 9.9 litres clean water. An alternative is sodium dichloroisocyanurate (NaDCC), 1 tablet per litre of clean water.

You should set a good example and encourage everyone to take all appropriate hygienic and preventive measures as well.

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THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours – in its international and national capacity – to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement, not prompted in any manner by the desire for gain.

Unity

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Humanity and Impartiality express the objectives of the Movement. Neutrality and Independence ensure access to those in need of help. Voluntary service, Unity and Universality enable the International Red Cross and Red Crescent Movement to work effectively all over the world.

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STRESS SELF-EVALUATION TEST

Always be good to yourself.

To evaluate your present state of stress

> Answer the 10 questions (see overleaf) by placing a tick in the appropriate box and adding up the results.

> Add up your total score:

- Under 15: your state of stress is normal, considering your working conditions.
- From 16 to 25: you are suffering from stress, and should take it easy.
- From 26 to 30: you are under severe stress and should ask for help from someone close to you or seek medical advice.

Please note

By using easily erasable pencil marks to tick the boxes, you can use the questionnaire over and over again.

	never = 1	sometimes = 2	often = 3
I have difficulty in sleeping – I do not take any exercise			
I feel tense, irritable and nervous – I have cramps, headaches or stomach ache			
The smallest noise makes me jump			
I feel frightened/threatened all the time			
I feel distant from my colleagues and avoid them			
My work no longer interests me and I feel I have no future			
I am very tired, physically and mentally – I injure myself from time to time when working			
I have attacks of giddiness and sweating, a tight throat, and heart palpitations, particularly when something reminds me of a traumatic event			
I never stop working – I feel overexcited, I act impulsively, and I take uncalculated risks			
I relive traumatic events in my thoughts, in my dreams, or in nightmares			

If you feel overstressed, the best thing you can do is to stop working and look for support.

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HOW TO PRODUCE DRINKABLE WATER

You need a minimum of 15 litres of water per day for your drinking and hygienic needs.

- > Use water from protected sources: springs, taps, wells, tube wells and bore holes.
- > Ensure sediment deposit and/or a sand filtration if the water is dirty.
- > Boil water for 2 to 5 minutes.
- > OR, if fuel or wood is in short supply, place a day's supply of drinking water in clear plastic bottles, or plastic bags securely closed, in the sun for 10 hours. Drink next day.
- > OR, use 3 drops of chlorine solution (mixing 3 level tablespoons of bleaching powder in 1 litre of water) for each litre of water you want to clean. Mix well and let the water stand for 30 minutes before drinking.
- > OR, put 10 mg of iodine in 1 litre of water (or 10 drops of tincture of iodine) and leave it for 15 minutes.
- > OR, use water purifying tablets (check the instructions for use).

To store clean water

- Store in a clean container covered with a lid. Drink clean water within 24 hours.
- Pour water from the container into a cup. Do not dip the cup or anything else into the container.
- Never put your hands into the drinking water.

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HOW TO PREVENT WATERBORNE DISEASES

Good hygiene and clean drinking water are a good prevention against waterborne diseases, such as diarrhoea.

- > Know where and how to make latrines. Use and maintain them.
- > Wash your hands with clean water and soap or ash:
 - before preparing food or water;
 - before eating;
 - after going to the latrine;
 - after passing stools or cleaning a baby's bottom.
- > Dispose of rubbish safely (e.g. burn it in a hole and then cover it properly afterwards).

How to make a latrine (for short-term use and a limited number of persons)

- > Build the latrine at least 30 metres (m) downwind from homes and downstream from water-points and sources of water.
- > Dig a pit: diameter: 1 m; depth: 1 to 2 m; the deeper the pit is, the less problem there is with flies and smell.
- > Cover it with boards or a cement slab, with a hole that fits the pit opening; ensure the hole has a cover (e.g. a piece of wood).
- > Ensure privacy (e.g. build a little hut).
- > Make the place visible, especially at night (e.g. with white stones), and put a fence around it to keep animals out, if possible.
- > Clean the floor or slab once a day and disinfect it once a week with diluted household bleach (1 litre in 9 litres of water).
- > Cover each stool with soil, and add ash from time to time if possible.
- > When the pit cannot be used anymore (when the contents reach 0.5 m below the surface), cover it completely with soil, mark the place, and then build another pit beside it.

Please note

For individual needs and during a short period of time (i.e. one or two days), you can dig small holes to defecate into; cover stools with soil.

Using latrines is essential to prevent many diseases and to protect the environment.

IN CASE OF DIARRHOEA

In case of diarrhoea, act quickly:

- > Drink lots of liquids (3 or more litres a day):
 - Either, in 1 litre of clean water, put 1/2 a level teaspoon of salt and 8 level teaspoons of sugar (raw sugar or molasses can be used instead). You can add 1/2 a cup of coconut water or mashed ripe banana, if available.
 - OR, in 1 litre of clean water, mix 1/2 a teaspoon of salt and 8 heaped teaspoons (or 2 handfuls) of powdered cereal (powdered rice, or ground maize, wheat flour, sorghum, or cooked and mashed potatoes). Boil it for 5 to 7 minutes to form a liquid gruel or watery porridge. Cool it quickly and start drinking. Be careful: cereal drinks can spoil in a few hours in hot weather.
 - OR, use packets of oral rehydration salts (ORS). Carefully follow instructions for mixing with water.
- > Take sips of this drink every 5 minutes, day and night, until you begin to urinate normally.
- > Keep drinking even if you vomit.
- > Keep eating many times a day:
 - if you vomit or feel too sick to eat: drink watery mush or broth of rice, maize powder, or potato;
 - avoid fatty foods, most raw fruits, highly seasoned food, alcoholic drinks and any kind of laxative.

If the diarrhoea lasts more than 4 days or if it gets worse (including blood in the stools) and you feel increasingly unwell, seek medical help.

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MEDICAL CARD

Place _____ First Aider _____ Casualty no. _____
 Date __/__/__ Time _____ (24 hours)

Family name _____
 First name _____
 Other name (father) _____
 Sex _____ Age _____ Home address _____

Coming from _____
 Time of injury _____ (24 hours)

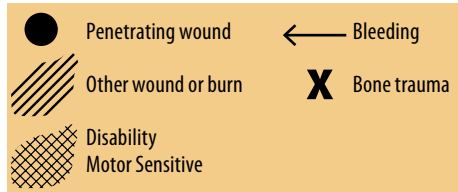
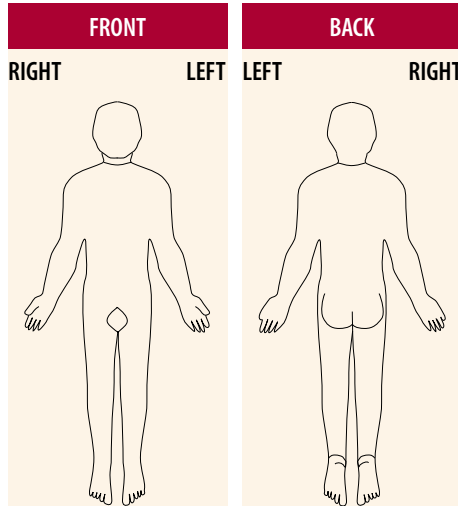
- ☐ Gunshot wound
- ☐ Fragment
- ☐ Mine/ERW
- ☐ Blast
- ☐ Burn
- ☐ Blow
- ☐ Road crash
- ☐ Fall
- ☐ Other

☐ Allergy _____

Other medical problems _____

Home treatment _____

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Triage ☐ I (Urgent) ☐ II (Serious) ☐ III (Wait) ☐ IV (None)

Evacuation to _____
 Date __/__/__ Time: _____ (24 hours) By (on foot, taxi, etc.): _____

Medical exam by _____

Place _____

Date __/__/__ Time: _____ (24 hours)

Pulse _____ BP _____

Resp _____ APVU _____

☐ Compressive bandage _____ (24 hours)

☐ Recovery position _____ (24 hours)

☐ Artificial ventilation _____ (24 hours)

☐ Tetanus

☐ Antibiotics

_____ - ____ mg _____ (24 hours)

_____ - ____ mg _____ (24 hours)

☐ Painkiller

_____ - ____ mg _____ (24 hours)

_____ - ____ mg _____ (24 hours)

☐ Other drugs

_____ - ____ mg _____ (24 hours)

_____ - ____ mg _____ (24 hours)

☐ IV access since _____ (24 hours)

☐ IV fluids

_____ - ____ Litres

_____ - ____ Litres

☐ Intubation _____ (24 hours)

Death Location _____ ☐ during evacuation

Date __/__/__ Time: _____ (24 hours)



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