BATTLEFIELD

CASUALTY DRILLS



AIDE MEMOIRE

ARMY CODE 71638

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WARNING

Disposable gloves to be worn where possible to prevent cross infection of blood borne diseases

WARNING

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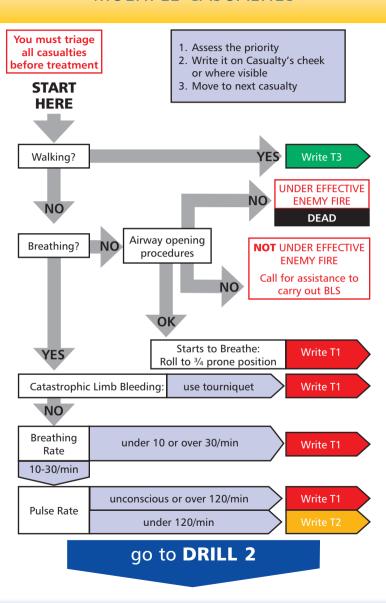
Design by The Design Studio, HQAG

MASTER DRILL

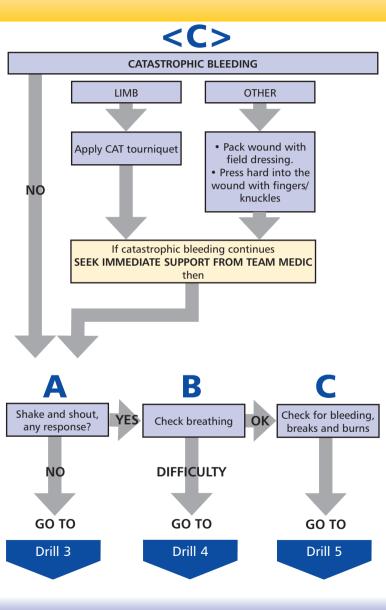
START HERE **UNDER EFFECTIVE ENEMY FIRE** YES **WIN FIRE FIGHT** NO IF ACCESS TO CASUALTY POSSIBLE · Self/buddy tourniquet for severe limb bleeding · Roll unconscious casualty face down (head to one side) to maintain airway/drainage THEN **FIRE FIGHT WON CONTROL THE INCIDENT ASSESS** Safety: self, casualty, weapons Casualties: how many, how bad? COMMUNICATE Send initial SITREP TRIAGE Two or more Casualties: One Casualty: Drill 2 Drill 1

MASTER DRILL

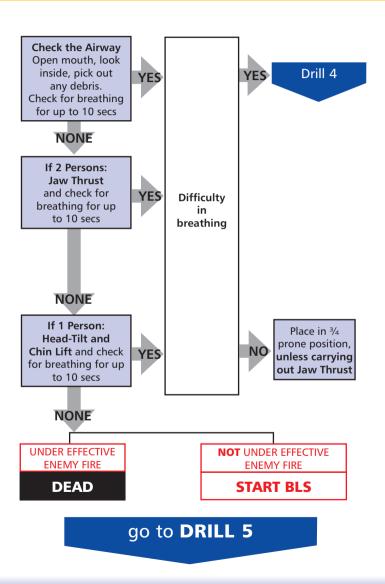
MULTIPLE CASUALTIES



INJURED SOLDIER



UNRESPONSIVE SOLDIER



DIFFICULTY BREATHING

If not already done check the AIRWAY, open mouth and look inside. Pick out any debris.

If difficulty continues consider the following reasons:

Airway Burn

- Swelling
- Burn in the mouth or tongue blisters
- Hoarse voice
- · Coughing up sooty spit

Maintain Airway and treat with sips of water

EARLY EVAC ESSENTIAL

Chemical Contamination

Follow CBRN Drills

Sucking Chest Wound

Apply Chest Seal

If reduced level of response place in 3/4 prone position

go to **DRILL 5**

BLEEDING

Full body check for bleeding, breaks and burns DO NOT remove embedded foreign objects

IF BLEEDING

- 1. Apply a field dressing to the wound
- 2. For large wounds pack the wound with a dressing
- 3. Apply pressure through the dressing into the wound
- 4. Secure the dressing in place
- 5. Elevate bleeding limb (above heart level)

IF STILL BLEEDING

Apply a second field dressing OVER the first

- If tourniquet applied during care under fire, gently release tourniquet and assess if bleeding can be controlled by pressure through dressings and elevation
 - If tourniquet is still required write T where visible and record time

ABDOMINAL WOUNDS

- Do not push protuding organs back into place
- Do not give any food or drink
- If organs protruding apply wet dressing
- If no protrusions apply firm dry dressing and support casualty in comfortable position

INTERNAL BLEEDING SUSPECTED (if no further injury)

go to Drill 10

Pain relief if required

go to Drill 8

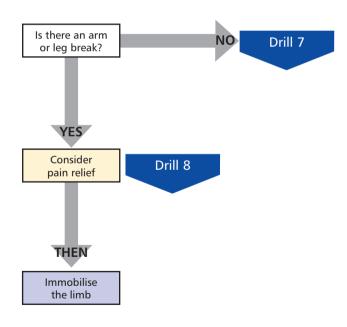
go to DRILL 6

BREAKS AND DISLOCATIONS

Treat dislocations the same as breaks

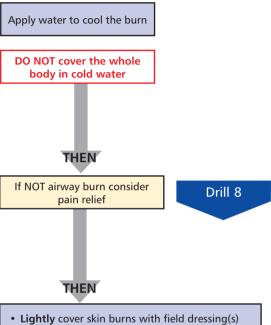
Suspect a break or dislocation if there is:

- History of trauma
- Bruising
- Pain
- · Swelling over a bone or joint
- Reduced or loss of movement
- · Deformity of the bone or joint



go to DRILL 7

BURNS



- If phosphorous present remove
- Cover phosphorous burns with a wet dressing and keep wet

go to **DRILL 9**

PAIN RELIEF

DO NOT Give Morphine without medical advice if there is:

- A reduced level of response
- · Difficulty breathing
- A head injury

Give Morphine for:

- Breaks/dislocations of arms or legs
- Painful burns
- Bullet, fragment or stab wounds of the abdomen or limbs

- Place Morphine auto-injector against upper thigh, remove safety pin, press and hold for 10 seconds, then remove auto-injector, then break needle off
- 2. On the cheek write 'M' and the time using 24 hour clock





COLD INJURY & HEAT ILLNESS

Think about Hypothermia when the individual:

- · Has been exposed to cold and wet
- Is unresponsive and their treatment is delayed
- · Is pale and cold to touch





- Remove from the cold, strip off any wet clothing and dry body
- 2. Keep warm in sleeping bag/other insulator
- 3. Move into a building, or a running vehicle
- 4. If conscious give warm drinks and hot food (if no further injury)

Think about heat illness when the individual:

- Has done heavy exercise
- · Is tired and confused
- · Is red, and hot to touch





- Remove from heat, strip off heavy clothing, elevate feet if conscious
- 2. Drizzle cool water over remaining light clothing and fan air onto casualty
- 3. If conscious get them to drink cool water

go to DRILL 10

EVACUATION RULES

Life threatening considerations:

- Unresponsive
- Upper airway burn
- · Breathing difficulties
- Severe external bleeding
- Tourniquet applied
- Signs of internal bleeding

Evacuate as T1

All Walkers	Evacuate as	Т3
All Others	Evacuate as	T2

Send final CASREP to include:

Number of Casualties

Confirm your Grid Reference

Priorities

T1

T2

T3

Estimated time of arrival and type of medical evacuation Additional space on Notes page

go to DRILL 11

PRE-EVACUATION CARE RULES

After final CASREP carry out the following care drills:

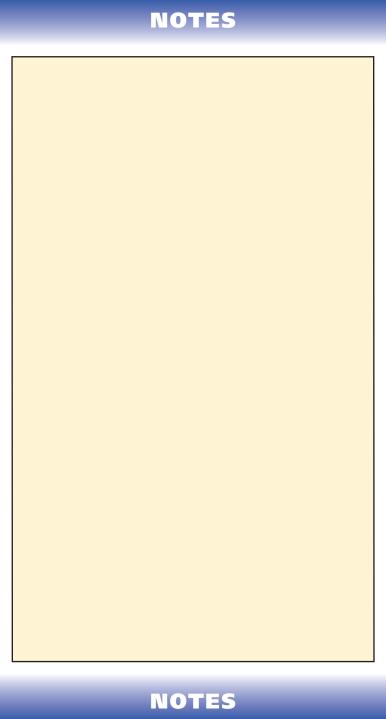
- 1. Ensure your casualty is protected from the weather
- Look for signs and symptoms of shock (pale colour, sweaty skin, fast and weak pulse) and treat with:
 - Reassurance
 - Warmth
 - Rest
 - · Fluids if safe

Give 2nd Morphine after 30 minutes if required (Drill 8)

Place in alternate 3/4 prone position after 30 minutes

Repeat triage (Drill 1) while awaiting evacuation. Priorities may change.

go to DRILL 1



EQUIPMENT

FILL IN THE BOXES AS PER UNIT SOPS

INDIVIDUAL DEPLOYMENT EQUIPMENT SCHEDULE

First field dressing x 2 Morphine Auto-injector x 2 CAT tourniquet x 1		

TEAM MEDIC SECTION MEDICAL EQUIPMENT

Team Medic will carry the section's additional medical equipment

EQUIPMENT

You must always start at the MASTER DRILL

Start at the top of each page and work down

The following rules apply:

Red boxes are **WARNING**

Blue boxes are ACTIONS

Drill 5

Yellow boxes are **ADVICE**

Grey arrows are general directions

Directions to another DRILL

BLS = BASIC LIFE SUPPORT

INSTRUCTIONS FOR USE

Initial SITREP
Casualty Numbers:
Your Grid Reference: