

## MODULE CONTENT

### **Structure of the Presentation**

A standard presentation on basic life support (first aid) for United Nations peacekeepers should cover:

#### PART I: Basic life support

- Assessing security
- Determining the mechanism of injury

#### PART II: Applying first aid

- Accidents
- Bleeding
- Shock
- Heat stroke
- Head injury
- Fractures
- Cuts and grazes
- Scalds and burns
- Bites: snake, dog, scorpion, spider
- Eye contamination
- Preparing for evacuation.

#### SLIDE 1

##### **PART I: Basic life support**

- **Assessing security**
- **Determining mechanism of injury**

#### SLIDE 2

##### **PART II: Applying first aid**

- **Accidents**
- **Bleeding**
- **Shock**
- **Heat stroke**
- **Head injury**
- **Fractures**
- **Cuts and grazes**
- **Scalds and burns**
- **Bites: snake, dog, scorpion, spider**
- **Eye contamination**
- **Preparing for evacuation**

## **PART I: Basic Life Support**

Basic life support is first aid: care given to a casualty before professional help is available. The aims of first aid are to

- ◆ Preserve life
- ◆ Prevent worsening of injuries
- ◆ Promote recovery.

First aid should be fast and decisive. Speed must, however, never take precedence over care, knowledge or security!

### **SLIDE 3**

- ◆ **Preserve life**
- ◆ **Prevent injuries worsening**
- ◆ **Promote recovery**

**Assessing security.** The peacekeeper/responder must assess the security situation before approaching the casualty. The message for the trainees about their priorities for action is:

- ◆ Your security — You must always look out for your personal safety. You are of no help to a casualty if you injure yourself as well.
- ◆ The security of the casualty — You must evaluate whether the casualty's situation (fire, chemicals or whatever has caused injury) requires your attention before treatment.

In evaluating the security situation in the area of the emergency, the message for the trainees is to

- ◆ Check the area for possible security issues.
- ◆ Assess type and number of casualties.
- ◆ Request support.

### **SLIDE 4**

- ◆ **Check the area for any security issue**
- ◆ **Assess the type and number of casualties**
- ◆ **Request for Support**

**Determining the mechanism of injury.** The responder should always try to understand the mechanism of injury at the start of attending to first aid needs.

Next, in preparing to give assistance to the casualty, look first for the possibilities of the two most critical types of injury:

- Spinal injury —  
As a practical precaution, always treat a casualty as if he or she has a spinal injury, until you feel reasonably sure that such is not the case.
- Head injury —  
While preparing for first aid treatment, try to assess the mental status of the casualty.

The “ABCs” of basic life support are presented here as a checklist in priority order for peacekeepers attending a casualty:

<b>Head</b>	Be aware of signs of head injury; determine the state of consciousness.
<b>Spinal Cord</b>	Avoid movement of the neck and the spinal column.
<b>A — Airway</b>	Ensure that the casualty's airway is open for exchange of air.
<b>B — Bleeding</b>	Ensure that no bleeding has reduced the circulating volume of blood.
<b>C — Circulation</b>	Ensure sufficient pumping action by the heart.
<b>Fracture</b>	Immobilize fractures or suspected fractures.

### Slide 5

<b>Head</b> <b>Spinal Cord</b> <b>A — Airway</b> <b>B — Bleeding</b> <b>C — Circulation</b> <b>Fracture</b>
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## PART II: Applying First Aid

### Accidents

Road traffic accidents, mine explosions, gun shot wounds and fires are typical examples.

#### PROCEDURES TO FOLLOW

- ◆ **Assess security.** Look out for continuing danger to yourself and others, especially in case of fire or explosion. Call for help or ask someone else to call for help while you attend to the casualty.
- ◆ **Make the area safe.** Ensure that you can safely treat the casualty at the site of the accident. If necessary, move him to a safer area. While moving him, attempt to keep his head, neck and body in alignment. Moving a person with spinal or head injuries can sometimes result in paralysis or death.
- ◆ **Check the casualty's condition using the following procedure.**
  1. **RESPONSIVENESS:** Is the casualty conscious? Check his responsiveness by asking "Are you all right?" If no response, shake him, tap his shoulder or pinch his cheek.
  2. **AIRWAY:** Is his airway obstructed or can he breathe freely?
  3. **BREATHING:** Is he breathing independently or should you perform "rescue breathing" (mouth-to-mouth resuscitation)?
  4. **CIRCULATION:** Note his pulse, skin colour, and eye and chest movements for signs that his blood is circulating.

SLIDE 6

**Accidents**

- ◆ **Make area safe**
- ◆ **Check condition of victim**
  - **Responsiveness**
  - **Airway**
  - **Breathing**
  - **Circulation**
  
- ◆ **Loss of consciousness.** In case the casualty is unconscious, the cause could either be a head injury, stroke or temporary reduction of blood flow to the brain (possibly owing to excessive bleeding, seizures, diabetes or other problems). In that case, you should use the following procedure.
  1. **RESPONSIVENESS:** Is the casualty conscious? Check his responsiveness by asking “Are you all right?” If no response, shake him, tap his shoulder or pinch his cheek.
  2. **AIRWAY:** When a casualty is unconscious, his tongue may fall back into his throat and block the passage of air into his lungs. You will need to clear the airway. To do so, put your hand on his forehead and tilt his head gently back. Remove any obvious foreign object from his mouth that appears to be obstructing breathing. Place the fingertips of your other hand under the point of his chin and lift his chin. If you suspect injury to his neck, handle the head very gently and avoid the chin tilt.
  3. **BREATHING:** Kneel beside the casualty and with your face close to his mouth, look along his chest to see if it rises. Listen for sounds of breathing. Feel for his breath with your cheek. Check up to 10 seconds before concluding that he is not breathing.
  4. **“RESCUE BREATHS” OR MOUTH-TO-MOUTH RESUSCITATION:** If you find that the casualty is not breathing, you may have to administer rescue breaths. To do so, place a hand on his forehead and perform the chin tilt as above. Taking your hand from his forehead, pinch the soft part of his nose. Take a deep breath, filling your lungs with air. Open his mouth and place your lips around his mouth, ensuring a good seal. Blow steadily into his mouth, watching to see if his chest rises. Keeping his head tilted and nose pinched, remove your mouth and watch his chest fall. Repeat this procedure twice. That may be enough to start him breathing on his own. Check again for signs of circulation by looking, listening and feeling for movement, breath or improved colour. If he shows no signs of circulation, perform CPR (see step 5).
  5. **CARDIOPULMONARY RESUSCITATION (CPR):** Find one of the casualty’s lowermost ribs with your hand. Place your middle finger where the rib meets the breastbone and your index finger above it. Slide the heel of your other hand under it, meeting the index finger. Lower your first hand on top of the other and interlock your

fingers. Press vertically down with your arms straight. Depress the casualty's breastbone to one third of the depth of the chest. Release pressure. Compress his chest 15 times in total at a rate of approximately 100 compressions per minute. Compression and release should be of equal duration. After performing 15 compressions, tilt his head, lift his chin and perform 2 rescue breaths. Continue this sequence until he responds by moving or breathing by himself.

#### SLIDE 7

##### **Loss of consciousness**

- ◆ **Responsiveness**
- ◆ **Airway**
- ◆ **Breathing**
- ◆ **Circulation**
- ◆ **Resuscitation**

##### **Bleeding**

**External bleeding.** Many types of injury can result in open wounds and bleeding.

##### PROCEDURES TO FOLLOW

- ◆ Control the bleeding, minimize shock and prevent infection from passing to the casualty and between him and yourself.
- ◆ Wear gloves, if possible. Expose the wound by removing the clothing around it. Bring the two sides of the wound together and apply direct pressure over the wound with sterile dressing and a compression bandage if possible. If nothing else is available, you can use the palm of your hand.
- ◆ If a limb is bleeding and you have dressed it, raise and support the limb above the level of his heart.
- ◆ Give nothing by mouth.
- ◆ Loosen tight clothing.
- ◆ Check after 2 minutes. If the bleeding continues, apply a second compression bandage on top of the first.

#### SLIDE 8

##### **External bleeding**

- ◆ **Control bleeding**
- ◆ **Minimize shock**
- ◆ **Prevent infection**
- ◆ **Raise bleeding limb above level of heart**
- ◆ **Loosen tight clothing**

**Uncontrolled bleeding.** If the casualty is bleeding so profusely that direct pressure cannot stop it, you may need to apply pressure to the pressure points. They are found on the main artery above the wound. When the bleeding has been controlled, remove pressure to the point and reapply direct pressure to the wound. Check whether the bleeding has stopped. If not, reapply pressure to the artery.

Occasionally, in major limb injuries, severe bleeding cannot be controlled by direct pressure. You may need to apply a constrictive bandage above the elbow or knee.

#### HOW TO APPLY A CONSTRICTIVE BANDAGE

- ◆ Select a strip of firm cloth, at least 7.5 centimetres (3 inches) wide and about 75 centimetres (30 inches) long. The strip may be improvised from clothing or a narrow, folded triangular bandage.
- ◆ Bind the cloth strip firmly around the casualty's injured limb above the bleeding point, until a pulse can no longer be felt beyond the constrictive bandage and bleeding is controlled. Tie firmly.
- ◆ Note the time of application. After 30 minutes, release the bandage and check for bleeding. If the bleeding has stopped, remove the bandage. If bleeding recommences, apply direct pressure. If applied pressure is unsuccessful, reapply the constrictive bandage and recheck every 30 minutes.
- ◆ Ensure that the bandage is clearly visible and inform medical aid of the location and time of its application.

#### SLIDE 9

##### **Uncontrolled bleeding**

- ◆ **Apply pressure to pressure points**
- ◆ **Apply constrictive bandage**

**Internal bleeding.** Internal bleeding can be caused by an injury involving soft tissues (for example, in the abdomen, legs, buttocks or back), injury to the head or such medical conditions as duodenal ulcers.

#### SYMPTOMS

- ◆ Pain and tenderness
- ◆ Faintness or dizziness
- ◆ Cold, clammy skin
- ◆ Pallor
- ◆ Sweating

#### PROCEDURE TO FOLLOW

- ◆ Reassure the casualty.
- ◆ Have him lie on his back.
- ◆ Raise his legs.
- ◆ Loosen any tight clothing.
- ◆ Give nothing by mouth.
- ◆ Seek medical help urgently.

#### SLIDE 10

##### **Internal bleeding**

- ◆ **Reassure**

- ♦ **Lie flat**
- ♦ **Raise legs**
- ♦ **Loosen tight clothing**
- ♦ **Seek medical help urgently**

## **Shock**

Shock can come from severe injury leading to loss of blood (external or internal), heart attacks, severe burns, severe dehydration, heat stroke, severe illnesses such as a burst appendix or perforated intestines, severe allergic reaction (anaphylactic shock) or similar causes.

### SYMPTOMS

- ♦ Pale, cold, blue-grey skin
- ♦ Sweating
- ♦ Rapid breathing
- ♦ Rapid pulse
- ♦ Nausea and thirst
- ♦ Restlessness or irritability
- ♦ Altered state of consciousness

### PROCEDURE TO FOLLOW

- ♦ Reassure the casualty.
- ♦ Have him lie on his back, if conscious, or on his side if unconscious.
- ♦ Raise his legs if he shows no obvious sign of head, neck or back injury.
- ♦ Treat any obvious injury and try to eliminate cause of shock, for example by controlling bleeding.
- ♦ Loosen any tight clothing.
- ♦ Maintain body temperature by covering him with a blanket.
- ♦ Give nothing by mouth.
- ♦ If he vomits, turn his head to one side, to prevent him from swallowing vomit.
- ♦ Monitor his breath and circulation; be prepared to apply CPR if needed.

### SLIDE 11

#### **Shock**

- ♦ **Reassure**
- ♦ **Lie flat**
- ♦ **Raise legs**
- ♦ **Loosen tight clothing**
- ♦ **Maintain body temperature**
- ♦ **Monitor breath and circulation**
- ♦ **Seek medical attention**

## **Heat Stroke**

Heat stroke occurs when the body is dehydrated or is unable to cope with prolonged exposure to heat, such as hot weather to which the casualty is not acclimatized.

## SYMPTOMS

- ◆ Restlessness
- ◆ Headache and dizziness
- ◆ Flushed hot skin with rise in temperature
- ◆ Fatigue
- ◆ Muscle weakness and cramps
- ◆ Nausea and chills
- ◆ Confusion, loss of coordination, fainting and collapse

## PROCEDURE TO FOLLOW

- ◆ Take the casualty to a shaded area and have him lie down.
- ◆ Wrap him in a cold, wet sheet, if available.
- ◆ Have him drink fluids.
- ◆ Observe his body temperature and keep fanning him so he stays cool.
- ◆ When his body temperature falls, replace the wet sheet with a dry one.

## SLIDE 12

### **Heat stroke**

- ◆ **Keep patient cool**
- ◆ **Drink fluids**
- ◆ **Monitor body temperature**

**Prevention of heat stroke.** Heat stroke can be prevented by staying in shaded areas, especially during the afternoon hours, and restricting outdoor physical activity to morning and evening times. Suitable precautions to take in hot weather are to

- ◆ Reduce amount of exercise; if you must exercise, drink two to four glasses of cool, non-alcoholic fluids every hour.
- ◆ Increase fluid intake (non-alcoholic), regardless of your activity level.
- ◆ Wear lightweight, light-coloured, loose-fitting clothing.
- ◆ Avoid being confined in a closed, parked vehicle.
- ◆ Protect yourself from the sun by wearing a wide-brimmed hat and sunglasses.

## SLIDE 13

### **Preventing heat stroke**

- ◆ **Keep cool**
- ◆ **Reduce exercise**
- ◆ **Stay hydrated**
- ◆ **Wear a hat and loose, lightweight clothing**
- ◆ **Avoid confined spaces**

### **Head Injury**

Blunt and open-head injuries mainly occur as a result of car accidents, falls or direct blows. Penetrating head injuries may be caused by foreign bodies (bullet or fragments, missiles, mines,

grenades or the like). A head injury can involve a skull fracture, skull compression, concussion or head wound.

#### SYMPTOMS

- ◆ Skull fracture:
  - A wound or bruise on the head or soft area of scalp
  - Impaired consciousness
  - Leakage of clear fluid from ear or nose
- ◆ Cerebral compression:
  - Confusion, irritability, headache, slow breathing
  - Asymmetrical pupils
  - High temperature with a flushed face
  - Vomiting
  - Seizure
- ◆ Concussion:
  - Loss of consciousness
  - Dizziness and/or nausea on recovery
  - Loss of memory
  - Headache
  - Pallor on face
- ◆ Scalp wound:
  - Bleeding from external wound

#### PROCEDURES TO FOLLOW

- ◆ In all cases, never leave the casualty alone and seek medical help urgently.
- ◆ If he is unconscious, turn him on his side and provide support under his head.
- ◆ In case of a scalp wound, cover wound with a dressing and press firmly to stop bleeding; bandage the dressing firmly in place.
- ◆ In case of a bruise, apply a cold compress to the wound.

#### SLIDE 14

##### **Head injury**

- ◆ **Seek urgent medical help**
- ◆ **Support the head**
- ◆ **Control bleeding**
- ◆ **Apply a cold compress**

##### **Fractures**

A fracture is a complete or partial breakage of a bone. Fractures are either

- ◆ Simple — the broken bone has not pierced the skin.
- ◆ Compound — both skin and bone are broken and bone may be exposed to the external air.
- ◆ Complicated — in addition to the fracture, an important internal organ may also be injured. The fracture itself may be either simple or compound in this case.

## SYMPTOMS

- ◆ Pain at or around the site of fracture
- ◆ Tenderness (pain on gentle pressure)
- ◆ Swelling over the affected area
- ◆ Discoloration or bruising
- ◆ Inability to move injured part
- ◆ Symptoms of shock

## PROCEDURE TO FOLLOW

- ◆ Handle the casualty carefully.
- ◆ Treat him for shock, if that is the case.
- ◆ Fractures often occur together with other injuries that may require care urgently; heavy bleeding, for example, warrants treatment more urgently than does a fracture.
- ◆ If broken ends of the fracture are showing, do not wash the wound or apply antiseptics to the end of the bone and do not allow a bandage to cover the area of the fracture.
- ◆ Immobilize and support the fractured area and the joints on both sides of the fracture site (above and below), using bandages or splints, so that no movement is possible.
- ◆ If you apply a bandage to the fractured area, it should be firm enough to immobilize the adjacent joints but not so tight as to affect circulation in that area.
- ◆ If you apply a splint to prevent movement of the fractured area, it should be long enough to support the joints above and below the fracture; the splint should be made of a rigid piece of wood or plastic material or metal.
- ◆ Splints are best applied over clothing and tied to the limb with bandages.
- ◆ Splints can be improvised by using either a walking stick, an umbrella, a piece of wood, a book or even a firmly folded newspaper.
- ◆ Fractures involving the back require special care; in this case the casualty should not be moved until medical help arrives.

## SLIDE 15

### **Fractures**

- ◆ **Handle carefully**
- ◆ **Minimize shock**
- ◆ **Immobilize fractured limb**
- ◆ **Use a splint, if needed**
- ◆ **Never move a victim of a back fracture**

### **Cuts and Grazes**

#### PROCEDURE TO FOLLOW

- ◆ Clean the wound gently with water and a mild soap.
- ◆ Remove any debris and dirt.
- ◆ Press a clean pad to the wound to stop any bleeding.
- ◆ Cover the wound with a sterile, adhesive bandage, if possible.
- ◆ In case the face, neck or scalp is involved or the wound is very deep, refer the casualty to a medical centre for further help.

SLIDE 16

### **Cuts and grazes**

- ♦ **Clean the wound**
- ♦ **Remove debris**
- ♦ **Dress wound**
- ♦ **For deep wounds, seek urgent medical help**

### **Scalds and Burns**

- ♦ Scalds are caused by moist heat from boiling water, steam, oil, tar or other substances.
- ♦ Burns are injuries that result from dry heat like that from fire or flames, pieces of hot metal and contact with live wires.
- ♦ Chemical burns are caused by strong acids like sulphuric or nitric acid or by strong alkalis like caustic soda.

The degree of a burn indicates the degree of damage to the tissues. The three degrees of burns are

- ♦ First degree: Skin is reddened.
- ♦ Second degree: Blisters form on the skin.
- ♦ Third degree: Deeper tissues are destroyed with scarring.

The danger from burns depends more on their extent than on the degree of burn. Superficial burns over a large area are more dangerous than complete charring of a part of a limb. On any one person, different parts of the body may show varying degrees of burn.

### **SYMPTOMS**

- ♦ Extreme pain
- ♦ Swelling around the site of the burns
- ♦ Redness and blistering
- ♦ Charred skin, if burn is very deep
- ♦ Shock, depending on extent of the burns

### **PROCEDURES TO FOLLOW**

- ♦ Reassure the casualty.
- ♦ Apply cold water or a cold pack to the burnt area to minimize the burning sensation; do not immerse an extensively burnt area in cold water or apply ice, to avoid intensifying the shock reaction.
- ♦ Do not remove adhering particles of clothing from his body.
- ♦ Cover the burnt area with a sterile dressing, if possible, or a clean cloth.
- ♦ Keep burnt feet or legs raised — if his arms are burnt, keep them at his heart level; if his face is burnt, keep him propped up in a sitting position.
- ♦ Remove quickly from the body any item of a constricting nature such as rings, bangles, belt and boots; if this is not done at an early stage, removal may become more difficult if the limbs begin to swell.
- ♦ Do not open the blisters on his skin.

SLIDE 17

## **Burns**

- ◆ **Reassure**
- ◆ **Apply cold pack**
- ◆ **Remove constricting clothing, jewellery**
- ◆ **Do not remove clothing stuck to burn**
- ◆ **Do not open blisters**

## **Bites**

**Snake bites.** The role of first aid for a snake bite is to

- ◆ Reassure the casualty.
- ◆ Control spread of the venom in his tissues and bloodstream.
- ◆ Obtain medical aid.

## **SYMPTOMS**

- ◆ Puncture marks
- ◆ Pain
- ◆ Swelling
- ◆ Vomiting
- ◆ Distorted vision
- ◆ Unconsciousness

## **PROCEDURES TO FOLLOW**

- ◆ Have the casualty lie down and be calm.
- ◆ Do not allow him to walk.
- ◆ Keep his heart at a level higher than the wound.
- ◆ If the bite is on the arm or leg, apply a constrictive bandage on the heart side of the bite that is tight enough to obstruct and stop the flow of the venom to all parts of the body; do not tie the bandage too tightly.
- ◆ Wash the wound with soap and water; flush the wound with much water.
- ◆ Cover the wound with a sterile dressing.
- ◆ If water is not available and you have no cracks on your lips, tongue and the inside of your cheeks, you can suck the venom from the wound and spit it out of your mouth until the wound is reasonably clear of poisonous material.
- ◆ Try to identify the snake to the medical team.

## **PREVENTION**

- ◆ Protect legs with boots and trousers.
- ◆ Do not turn over stones with bare hands.
- ◆ Avoid sleeping on the floor and shake your clothes, boots and sleeping bag before use.

SLIDE 18

### **Snake bites**

- ◆ **Reassure**
- ◆ **Control spread of venom**
- ◆ **Obtain medical aid.**

SLIDE 19

### **Prevention**

- ◆ **Protect legs**
- ◆ **Do not turn over stones with bare hands**
- ◆ **Avoid sleeping on the floor**
- ◆ **Shake your clothes, boots and sleeping bag before use**

**Dog bites.** Dog bites can be very serious because of the risks of rabies and infection. If the animal is suffering from rabies, the disease can be transmitted to a person through the dog's bite. Rabies is also called hydrophobia. Any dog that bites a person should not be killed; instead, it should be kept under observation for a 10-day period. If the dog remains healthy after that period, the risk of rabies to the bitten person is low.

#### **PROCEDURE TO FOLLOW**

- ◆ Wipe the saliva away from the wound with a clean cloth or handkerchief; do not come into contact with the saliva that you wipe away.
- ◆ Wash the wound thoroughly with plenty of soap and water.
- ◆ Cover the wound with a dry, sterile dressing; do not apply carbolic acid, nitric acid or other cleanser on the wound.
- ◆ Get medical aid or send the casualty to the hospital as soon as possible.

SLIDE 20

### **Dog bites**

- ◆ **Risk of rabies, infection**
- ◆ **Wash wound thoroughly**
- ◆ **Cover wound with dry dressing**
- ◆ **Get medical aid**

**Scorpion bites.** Scorpion bites can be more painful than snake bites but are less dangerous. In most cases, the bites usually do not require immediate medical attention nor do they require anti-venom. In any case, do call the nearest medical clinic for advice to be sure and consult a doctor as soon as possible.

#### **PROCEDURE TO FOLLOW**

- ◆ Keep the affected limb at a level lower than the heart and immobilize it.
- ◆ Place a cold pack on the area of the sting but not directly on top of the sting; a plastic bag filled with ice and water will serve the purpose if an ice pack is not available.
- ◆ Provide the casualty with pain medication, if available.

SLIDE 21

### **Scorpion bites**

- ◆ **Immobilize limb**
- ◆ **Keep at lower level than heart**
- ◆ **Place cold pack on area, but not on sting**
- ◆ **Provide pain medication**

**Spider bites.** Although few species of spiders are harmful, identify the spider if you can safely do so. The two most dangerous are the black widow (a shiny black body with a red hourglass marking on the underside) and the brown recluse (has a dark brown violin-shaped marking on top front portion of its body). The bites of those species may need treatment.

#### PROCEDURE TO FOLLOW

- ◆ Keep the bitten area immobilized and lower than the heart.
- ◆ Place a cold pack on the bite.
- ◆ Get medical help as soon as possible.

SLIDE 22

### **Spider bites**

- ◆ **Immobilize limb**
- ◆ **Keep at lower level than heart**
- ◆ **Place cold pack on bite**
- ◆ **Get medical help**

### **Eye Contamination**

Contamination can occur from foreign material in the eye like sand, dust or chemicals. Prompt first-aid treatment is essential. Delay may result in permanent injury to the eye.

#### PROCEDURE TO FOLLOW

- ◆ Immediately rinse the eyes of the casualty with a gentle stream of water which is at room temperature. Do not use an eye cup.
- ◆ Continue rinsing for at least 30 minutes.
- ◆ Do not use any boric acid, eye drops or eye ointments.
- ◆ If he is wearing contact lenses, rinsing may dislodge them. Ask the person to remove the lenses, if possible. If not, remove them carefully yourself. Do not try to remove the lenses with swabs, fingernails or such items.
- ◆ Do not rub the eyes.

SLIDE 23

### **Eye contamination**

- ◆ **Rinse with water**
- ◆ **Remove lenses if possible**
- ◆ **Do not rub eyes**

## **Preparing for Evacuation**

Casualty evacuation (CASEVAC) or medical evacuation (MEDEVAC) requests can be transmitted by telephone or radio. When using radio, review the mission's standard operating procedures to check whether special frequencies are allocated for the purpose. If not, use the operational channel.

MEDEVAC by definition is the evacuation of medical cases between levels of care established in theatre (intra-theatre MEDEVAC) or to medical facilities out of theatre (inter-theatre MEDEVAC).

CASEVAC is the mechanism for evacuating a casualty from point of injuries to the next suitable level of care. The time factor has first priority. Therefore, the following must be kept in mind:

- ◆ Your own location; call sign of unit/team site/sector headquarters and/or name of person requesting evacuation.
- ◆ Nature of injury or illness, for example, a head injury, broken leg, heatstroke, snake bite or unconsciousness.
- ◆ Casualty location, for example, the global positioning system (GPS) coordinates, team site or "road between X and Y on patrol 50 kilometres north of ..."
- ◆ Number of casualties.
- ◆ Additional remarks, for example, the nature of the accident, possible local hazards like fire, explosions or hostile activities, or condition of patient (stable or deteriorating).

The attending peacekeeper should stay on standby, continue first aid treatment and prepare the GPS coordinates to identify the casualty's location.

Immediately following the receipt of information concerning a casualty, mission headquarters must inform United Nations Headquarters by a preliminary cable that shall include all relevant details available at the time of dispatch.

**Notification of Casualty (NOTICAS).** In the case of death, the office concerned shall notify mission headquarters immediately. Mention of the deceased's name shall, however, be avoided in any public statement until his or her country has been informed and the next of kin also informed. Following the dispatch of the preliminary information to United Nations Headquarters, a NOTICAS shall be prepared by the mission as follows:

- ◆ NOTICAS number
- ◆ Name of mission
- ◆ Service number, if any
- ◆ United Nations identity card number and date of birth
- ◆ Last name and first and middle names
- ◆ Sex
- ◆ Nationality
- ◆ Next of kin (name, address and relationship);
- ◆ Category (such as contingent member, United Nations police, civilian staff, etc.)
- ◆ Whether on duty at the time of the occurrence (yes or no)
- ◆ Date of occurrence (day, month, year)

- ◆ Time (local time)
- ◆ Place
- ◆ Type of casualty (death, injury or illness)
- ◆ Cause of casualty.

SLIDE 24

### **Evacuations**

- ◆ **Follow established procedures**
- ◆ **Provide information on**
  - **Type of injury**
  - **Location**
  - **Number of casualties**
  - **Other relevant factors**

### **Summary**

The key points to remember when giving first aid are

- Security first!
- Determine the mechanism of injury
- Is there any injury to the spinal cord?
- Is there a head injury?
- A = Airway
- B = Bleeding
- C = Circulation
- Fracture.

SLIDE 25

- **Security first!**
- **Mechanism of injury**
- **Spinal cord**
- **Head**
- **A = Airway**
- **B = Bleeding**
- **C = Circulation**
- **Fracture**