- isolation if possible
- evacuation, preferably via a separate evac chain to a Decon unit or a special MTF; otherwise to a Role 1 MTF

T2/T3:

- decontamination with water (if available), by self or buddy
  for fluid and/or solid agents;
  not for gases/vapours/biological/irradiation (unless fall-out is present)
- Primary and Secondary Survey (see “Field First Aid”)
- isolation, if possible
- evacuation, preferably via a separate evac chain to a decon unit or a special MTF; otherwise to a Role 1 MTF

Casualties are to wear their protective mask at all times

EVACUATION

- “only” after decontamination
- otherwise separate casualties from one another (bags,wraps)
- contagious patients (biological) only after consultation with medical personnel
- preferably accompanied by medical personnel
- use, if possible, a separate evac chain for CBRN casualties, including a separate MTF

CBRN

in the Field

CIOMR GUIDELINE

First edition v1.1

This publication is to be read as an addition to the CIOMR publication “Field First Aid”

GENERAL REMARKS

Exposure: 1. accidental, or result of deliberate attack
(threat often, but not always known)
2. single or multiple agent;
often combined with conventional injuries

Effects : 1. Intoxication/poisoning (chemical agents, biological, toxins)
2. Infection (biological organisms)
3. Irradiation (radiological, nuclear)
4. Injuries (mechanical, burns)

Steps: 1. recognition/safety: QUICK HISTORY/QUICK LOOK
contaminated ? (all hazards)
external
internal
by ingestion
by inhalation
by inoculation / wounds
via intact skin
contagious?
biological
nuclear
fall-out (ingestion/inhalation)
2. triage (also for single casualties)
3. care (always considering the tactical situation)
<c> CATASTROPHIC HAEMORRHAGE
Aa AIRWAY with ANTIDOTE
B BREATHING
C CIRCULATION
Dd DISABILTY + DECONTAMINATION + live-saving aid
Ee EXPOSURE / ENVIRONMENT and EVACUATION

NOTE: it is best to have a SEPARATE evacuation chain and MTF designated and ready for ONLY contaminated casualties. To use the regular evac chain strains that chain unnecessarily (vehicles need to be decontaminated) and to use medics for decontamination tasks takes valuable personnel away from other critical tasks for non-contaminated casualties

Every Commander and soldier in a contaminated battlefield or where there is the potential use weapons of mass destruction MUST know the established medical evacuation routes and procedures for care for contaminated/poisoned casualties for that theatre of operations

CARE UNDER FIRE

Steps:

1. If possible: think of own safety (respirator, gloves)
DON'T GET CONTAMINATED !

then: <c>AaEvac

2. control catastrophic haemorrhage

3. ensure casualty wears respirator

give atropine/antidote for nerve agents / chemical attack

(if known)

4. get casualty to safe place

TACTICAL FIELD CARE

Steps:

1. **Quick History/Quick Look** (for recognition and reporting)

Any of the following (especially if found in more than 1 person)

a.SLUDGE (sweating, lacrimation, urination, drooling, diarrhea, gastritis, emesis)

b. unexplained weakness, seizures

c. blurry vision

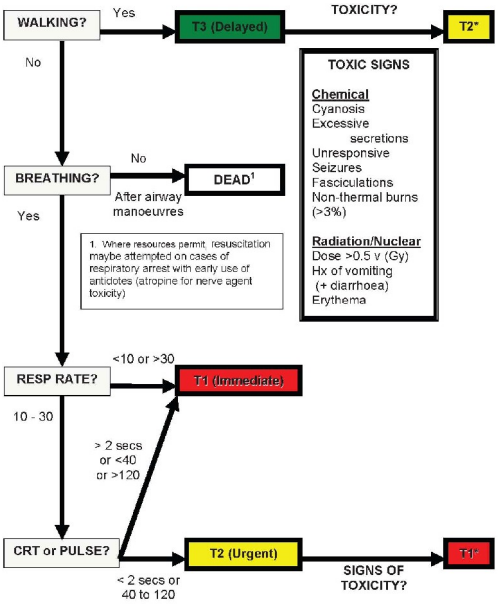
d. bluish skin. blisters, burn-like skin lesions

e. rapid / shallow and/or noisy breathing

f. flu-like complaints, black/blue areas (haematoma)

If CBRN involvement suspected / confirmed:
personal protection (also command responsibility)
(minimum: respirator and gloves, up to MOPP4)

3. Triage and Care (<c>AaBCDd)



T1: - Primary Survey (see "Field First Aid"); at the same time

decontamination with water(if available), by self / buddy
for fluid and/or solid agents
not for gases/vapours/biologicals/irradiation (unless fall-out is present)

- antidotes, only if agent(s) is/are known

- possibly Secondary Survey