NATO STANDARD

AMedP-8.15

REQUIREMENT FOR TRAINING IN CASUALTY CARE FOR ALL MILITARY PERSONNEL

Edition B, version 1

OCTOBER 2022

NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

Published by the
NATO STANDARDIZATION OFFICE (NSO)

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NORTH ATLANTIC TREATY ORGANIZATION (NATO)

NATO STANDARDIZATION OFFICE (NSO)

NATO LETTER OF PROMULGATION

4 October 2022

1. The enclosed Allied Medical Publication AMedP-8.15, Edition B, version 1, REQUIREMENT FOR TRAINING IN CASUALTY CARE FOR ALL MILITARY PERSONNEL, which has been approved by the nations in the MILITARY COMMITTEE MEDICAL STANDARDIZATION BOARD, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2122.

2. AMedP-8.15, Edition B, version 1, is effective upon receipt and supersedes AMedP-8.15, Edition A, version 1, which shall be destroyed in accordance with the local procedure for the destruction of documents.

3. This NATO standardization document is issued by NATO. In case of reproduction, NATO is to be acknowledged. NATO does not charge any fee for its standardization documents at any stage, which are not intended to be sold. They can be retrieved from the NATO Standardization Document Database (https://nso.nato.int/nso/) or through your national standardization authorities.

4. This publication shall be handled in accordance with C-M(2002)60.

Dimitrios SIGOULAKIS
Major General, GRC (A)
Director, NATO Standardization Office

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RECORD OF RESERVATIONS

CHAPTER	RECORD OF RESERVATION BY NATIONS
Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.	

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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
FRA	The protection of the cervical spine mentioned in 3.1.2.2.(b).6 will be limited to the lifesaver simply maintaining the head with his/her hands.
GBR	The UK approach to teaching casualty care to all military personnel is broadly similar in principle to this STANAG, but there are areas where the UK teaching differs and is more extensive. The UK will teach this subject using the evidence-based training syllabus endorsed by our clinical expert Defence Consultant Advisor. A key difference is that the UK uses C ABCDE and not MARCH for its teaching. This STANAG advises different treatment depending on the threat environment. UK military teaching will also cover environmental illness (both heat and cold injuries), basic life support (BLS) and use of the automated external defibrillators (AED). This new edition of AMedP-8.15 has removed the content on basic personal hygiene training for all military personnel as it is contained elsewhere. The UK considers this an important and enduring requirement: please refer to AJMedP-4 Allied Joint Medical Force Health Protection Doctrine and its subordinate publications (SRD 4 Field Hygiene and Sanitation) for direction on this subject.
GRC	AIR FORCE: Training completion may be affected by COVID pandemic restrictions.
HRV	The reservations relate to the content of point 3.1.2.b, paragraphs 7a and 7d and paragraph 8b - in accordance with national protocols, the antibiotic is not administered to the casualty at this stage of care.
LTU	Lithuanian Armed Forces will not provide with antibiotics all military personnel (AMedP-8.15 chapter 3 para: (7a), (7d), (8b)). Antibiotics will be provided to Lifesavers at combat squad level and medical specialists. They will provide antibiotics to the casualties in case of need.
Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.	

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CHAPTER 1 INTRODUCTION

1.1 AIM

The aim of this agreement is to standardize the training requirement for pre-hospital care under the restrictions posed by a tactical situation for all military personnel within the NATO Forces.

1.2 METHODS OF TRAINING

1. Training should be current practice-centered, based on the rules of effective adult learning, provided as:

   a. Knowledge-centred lectures by qualified personnel that preferably is experienced in operational medicine, in accordance with internationally accepted concepts and nationally defined scopes of practice

   b. Demonstrations, skill practices and simulations, as well as

   c. Repeated practical exercises as the main part of the training

2. Training will be followed by the assessment of practical skills on a regular basis (suggested every two years).

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CHAPTER 2 GENERAL

2.1 GENERAL

The knowledge and skills described in AMedP-8.15 should have been acquired and re-assessed before personnel are deployed abroad.

2.2 POTENTIAL PARTICIPANTS

All deployable personnel.

2.3 CONTENT

Training Module Casualty Care.

2.4 DURATION

At national discretion.

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CHAPTER 3 TRAINING MODULE

3.1 CASUALTY CARE

3.1.1 Purpose

To provide to all military personnel a generic approach to pre-hospital care under the restrictions posed by the tactical situation.

For additional guidance necessitated by specific circumstances reference is made to the cover page of STANAG 2122.

3.1.2 Objectives

Personnel should know how to:

1. differentiate between non-permissive (under effective enemy fire/threat),semi-permissive (not under fire/threat, but still unsafe), permissive (safe) environments.

2. adapt assessment and treatment accordingly, as follows:

a. non-permissive environment (under effective enemy fire/threat)

(1) protect self as much as possible by returning fire and taking cover

(2) direct casualty to stay involved in the fight or else to move to cover and apply self-aid if able to

When tactically feasible:

(3) stop massive external bleeding from the limbs by using a suitable tourniquet over the uniform; clearly proximal to the wound if the wound is visible; as proximal as possible if the wound is not readily visible

(4) drag or carry to cover the casualty who is unconscious or unable to move

(5) remove the casualty from vehicles/buildings on fire; stop the burning process

(6) place an unconscious casualty in the recovery position / on their side

(7) defer all other treatments until later.

b. semi-permissive environment (not under effective fire/threat but still unsafe):

(1) be prepared to revert to the measures described under 3.1.2.2.a if the tactical situation deteriorates

(2) secure the area according to SOPs and protect self

(3) perform simple triage of multiple casualties

(4) check each casualty's responsiveness; immediately disarm the casualty who is suspected of having an altered mental status (not fully alert and oriented) and remove their communication equipment

(5) call for help from medical personnel when required

(6) use the MARCH sequence for assessment and treatment

(M) stop **massive** external bleeding

- sweep the limbs/armpits/groins and as necessary apply a suitable tourniquet over the uniform; clearly proximal to the wound if the wound is visible; as proximal as possible if the wound is not readily visible; check whether bleeding has stopped and distal pulses are no longer palpable

- apply a second tourniquet side-by-side with the first if bleeding persists; note the time of application on all tourniquets

- pack a wound (limb, armpit, groin) with (hemostatic) gauze and apply manual pressure during at least 3 minutes for massive bleeding not amenable to tourniquets; check whether bleeding has stopped; then secure the gauze with a compressive dressing

(A) open/maintain the **airway** and protect the cervical spine by

- inspect for and if possible remove obstructing objects in conscious casualties with signs of obstruction; with additional measures in accordance with national protocols

- allow a conscious (reacting) casualty to assume a preferred position

- inspect for and if possible remove obstructing objects then perform chin lift/jaw thrust maneuvers in unconscious casualties; with additional measures in accordance with national protocols

- turn an unconscious (not reacting) casualty in the recovery position / on their side

- immobilise the cervical spine only if tactically feasible and if blunt injury to the spine and/or head is suspected

(R) assess/support **respiration**

- check for normal breathing or (increasing) respiratory distress
- check front, sides and back; cover all open and/or sucking chest wounds airtight with an (improvised) chest seal and temporarily remove the seal (“burping”) if respiratory distress recurs or doesn’t diminish
- get help from medical personnel if respiratory distress persists

(C) assess/support **circulation**

- check whether an already applied tourniquet is effective, by looking for ongoing bleeding and by feeling that distal pulses are no longer palpable
- tighten that tourniquet or place a second one side-by-side with the first if bleeding persists/distal pulses remain palpable
- check whether hemostatic dressings are effective by looking for ongoing bleeding; apply additional compression if bleeding persists
- keep all tourniquets visible (not covered by clothing/equipment)
- check the entire body (front, back and limbs) to find additional bleeding sites; expose the wounds and deal with the bleeding
- assess for hemorrhagic shock (weak or absent radial pulse and/or altered mental status, i.e. not fully alert and oriented in the absence of brain injury); then get help from medical personnel

(H) prevent **hypothermia**

- minimise exposure and place insulating material under the casualty
- keep protective gear on the casualty
- replace wet clothing with dry if possible
- use any dry and warm means to combat / prevent hypothermia
- use warming devices (preventing direct contact with the casualty’s skin)

(7) look for and treat additional injuries after providing pain relief if appropriate

(a) penetrating eye injury

- cover with (improvised) rigid shield, avoiding pressure on the eye

- provide antibiotics, in accordance with national protocols

(b) burns

- assess for inhalation injury, acting in accordance with 3.1.2.2.b (5)(A)
- cover the burnt area with dry dressings
- prevent hypothermia

(c) fractures

- immobilize with any means
- check distal pulses before and after manipulation

(d) soft tissue wounds

- apply appropriate dressing
- provide antibiotics, in accordance with national protocols

(e) head injury

- check for signs
- include findings in report to medical personnel

(8) provide

(a) pain relief, in accordance with national protocols, if not already done

(b) antibiotics, in accordance with national protocols, if not already done

(c) psychological support (explain, encourage and reassure)

(9) communicate with

(a) casualty

(b) combat life saver, medic, other medical personnel

(c) leadership

(10) document after re-assessment, preferably on an official Casualty Card

(a) findings and treatment

(b) time of application of tourniquet(s)

(11) prepare the casualty for evacuation by securing

(a) the Casualty Card to the casualty

(b) all loose ends of bandages and wraps

(c) hypothermia prevention wraps/blankets/litter straps

(12) continuously re-assess the casualty and provide care, following “MARCH”

(13) correctly perform handover to medical personnel.

c. permissive (safe) environment

(1) check the casualty’s responsiveness; immediately disarm the casualty who is suspected of having an altered mental status (not fully alert and oriented) and remove their communication equipment

(2) perform

(a) all actions as described under 3.1.2.2.b.

(b) possibly including assessment for and treatment of cardiac arrest.

AMedP-8.15(B)(1)