

TRAUMA TRAINING FOR MEDICS ON THE BATTLEFIELD

Irish Defence Forces medics recently teamed up with their UK counterparts for an intensive trauma life support training programme to cover all phases of care on the battlefield. Army medic Lt Col Paul Hickey, who played a leading role in the event at the Curragh, tells Michael McHale the aim now is to roll it out on annual basis.

The battlefield is one of the most pressurised environments where a medical professional can carry out their lifesaving work. The associated threats and risks involved are unique and, thankfully, rare in standard hospital environments.

Fully aware of this fact, military medical personnel in the Irish Defence Forces have in recent years joined with their UK counterparts in delivering Battlefield Trauma Life Support (BATLS) training.

The most recent course, hosted by the UN Training School Ireland (UNTSI) at the Defence Forces Training Centre in the Curragh, Co. Kildare, took place on 1-3 September.

The three-day course was conducted by Irish and British military medical personnel, with the support of the cross-border body, Co-operation and Working Together (CAWT). It followed in the footsteps of the first BATLS programme in 2010, also held in the Curragh. Defence Forces personnel have subsequently attended BATLS courses in the UK in the role of instructors.

HIGH QUALITY CARE

According to Lieutenant Colonel Paul Hickey, the course specifically addresses the level of care that is provided in a battlefield scenario. This is distinct from the quality of care which should always be provided to the highest possible standard.

Lt Col Hickey, who is a GP himself, joined the Defence Forces in 2005 and is now employed as the School Commandant in the Defence Forces Training Centre Medical School.

"You're really talking about high quality care being delivered in different phases. For instance, in care under fire, all you can do is try to control catastrophic haemorrhage, and try to address any airway issues, because the environment is completely non-permissive.

"So, it's important to acknowledge the impact

that the environment has on what you can do, while at the same time maintaining a high quality of care."

Lt Col Hickey took part in the first highly successful BATLS course in 2010; in the intervening period he qualified as a BATLS instructor, as well as playing a lead role in this year's event.

"The course is quite intensive. There are early starts and late finishes," Lt Col Hickey explains. "It starts off with the theory, moves to skill stations with demos and scenarios, and builds up to a series of major exercises late on the second day, where we bring in the 'trauma effects actors'. These are individuals who have suffered an amputation in their own lives, and are hired by a contracted company to play the part of the injured casualty.

"The actors are made up appropriately, and it adds a very high level of realism to the scenarios. Most course students will tell you that it feels very realistic, and that they are very much immersed in it when it's running.

"Everything – from the lectures to the skill stations to the demos – is leading towards being capable of managing badly-injured patients in the first 5-10 minutes and beyond."

HEALTHCARE DISCIPLINES

The course last September attracted 22 students – UK and Irish, military and civilian, and from a wide array of healthcare disciplines. An experienced, diverse and enthusiastic faculty delivered a high quality three-day programme.

The diverse cohort comprised of doctors who ranged from



Treatment of catastrophic upper limb haemorrhage using combat application tourniquet and haemostatic agents.



The patient is moved to a position of safety in order to assess and treat.

people with surgical backgrounds, GPs and occupational physicians, in addition to EMTs, paramedics and advance paramedics. The British contingent also included nursing staff, who were for the most part, emergency and intensive care nurses.

The course goes through all phases of care in a battlefield scenario, from care under fire to tactical field care, casualty evacuation and further treatment. As Lt Col Hickey explains, the course also addresses the legal and ethical considerations that come with operating in a country with depleted resources.

POTENTIAL CONSEQUENCES

“A lot of the places that ourselves and the British Army go to are resource-poor areas – failed states, or places that don’t have the infrastructure, which we bring into the deployed setting. This creates, at the minimum, a perception that we have a standard of healthcare that the local population don’t have access to.

“ If you start providing healthcare in a situation like that, you can actually end up eroding what little is there already, and maybe diverting resources that NGOs and other humanitarian actors might otherwise have put into the area. So, you always have to be conscious of the potential medium and long-term consequences of your well-intended actions.”

Referring to a concept called ‘mission creep’, he says “you start off with one mandate, and slowly you end up with another agenda, which is providing care to a community which you hadn’t initially set out to provide care to, not that it’s a terribly bad thing. But you end up eroding the local capabilities.”

“You could get into situations where, for instance, civilians can end up presenting to the camp in dire need, where you’re not sure whether there is an entitlement to treatment or if somebody is eligible, or even if you’re doing the right thing.

“For instance, you can even get patients who are suffering from terminal diseases and you don’t have anything to offer to them. They’re not necessarily going to die anytime soon, but some people have conditions that they aren’t getting care for, just because of the nature of the situation or the country that they find themselves living in.”

POSITIVE FEEDBACK

The feedback received by the course organisers has been positive, with the realistic nature of the programme being highly praised, as well as the real-life experience of course instructors.

“We had a faculty of eight individuals who have all been deployed on operations. So, they were talking about their own experiences, which creates context and relevance for the participants. Students refer to authenticity of the faculty as a particular strength of the course.

“Probably the other stand-out point was how much realism the ‘trauma effects actors’ added to the scenarios. Again, it wasn’t just somebody saying ‘imagine that this person has a lower limb amputation’.

“It’s actually there in front of you, and you have to manage the injury as it really presents to you rather than as you’re told it is. It’s high-fidelity simulation.” The quality of the course, together with the support provided by UNTSI – the venue, administrative and logistical assistance throughout – means there is an appetite to make the training a more regular event in the future.

“There’s an appetite now to strike while the iron’s hot and to solidify this as an annual event. It’s good to bring people together for training – it can only be of mutual benefit. It’s certainly something that all sides are keen to maintain.

“Our ongoing requirement for this type of training means that we will look to not only maintain these ties, but expand our own capability in the process.”



Management of a patient with bilateral lower limb amputations.