

TASK SITE REQUIREMENTS

References

1. This document has been developed with reference to the following documents:

- i. IMAS 07.40 Monitoring of Demining Organizations
- ii. IMAS 10.20 Demining Worksite Safety
- iii. IMAS 10.40 Medical Support to Demining Operations

Scope

2. This chapter covers the requirement for all mine and UXO clearance operations.

Objective

3. To ensure that demining activities are carried out with the necessary personnel, equipment and procedures in place.

Introduction

4. Before work can start at any site the supervisor or person in charge must satisfy themselves that the on-site requirements are all in place. These include;

- i. Communications
- ii. Medical support
- iii. Documentation / Records

COMMUNICATIONS

5. An effective communications network is essential for the safety of all clearance operations and necessary to ensure an effective and safe mine/UXO clearance operation. Mine/UXO clearance activities must not be undertaken without suitable and effective communications between the personnel on site and the support elements.

6. There are several levels of communications necessary to ensure that mine/UXO clearance, management and support personnel are able to communicate as and when required. All levels are to be defined in the agency's SOP.

7. The communications means are to be staffed during all operational activities and should also cover the travel periods to, from, and in between the sites.

8. Three communication networks may be employed in Jordan.

- i. **National Network:** This is the operational network between the NCDR, Regional Offices and all mine/UXO clearance organisations. This structure is composed of landline telephone and mobile telephone systems in conjunction with email.

- ii. **Regional Network:** This network provides mine Action assets with the means to communicate with all other mine clearance organisations in the region. This structure will normally comprise of VHF / UHF radios operating either through a repeater system or on line of sight.
- iii. **Site Network:** This network provides a link on task-sites between Team Leaders, Section Commanders, medical assistants and other radio users at task-sites. This structure will normally comprise of VHF radios operating either through a repeater system or on line of sight. Network frequencies may be duplicated in all regions as radio equipment used at this level has a limited transmission distance.

Licences and Frequencies

9. Most radio equipment will require a licence to import and operate. The specification of all radios must be checked with the Telecommunication Regulatory Commission (TRC) webpage¹ in order to determine the licensing requirement.

10. The TRC will also issue relevant frequencies upon request. If necessary this process will be facilitated by the NCDR. The TRC can be contacted via its website www.trc.gov.jo

MEDICAL SUPPORT TO DEMINING OPERATIONS

11. No mine/UXO clearance operations will commence without an acceptable medical support and casualty/medical evacuation plan that everyone involved fully understands, and has practised.

12. If the medical cover stipulated in this chapter is removed or unavailable, clearance will cease immediately until it has been restored.

13. Teams will exercise casualty evacuation at least once a month and upon changing worksites. Additionally the proposed casevac route must be confirmed as open once a week. These exercises will be recorded in the clearance task log.

14. The minimum medical requirement is as follows:

- i. One trained Medic with their equipment will be sited within 5 minutes walking distance of each clearance site.

¹ http://www.trc.gov.jo/Static_English/radio-equipment.shtm

- ii. The medic must have immediate access to a serviceable evacuation vehicle and a trained driver, which, during operational hours is used for no other purpose. The vehicle must be suitable to transport a casualty quickly and safely to the nearest appropriate medical facility, identified Helicopter Landing Site (HLS) or airstrip. As a *minimum* it must be fitted with an orange warning beacon. No other markings or sirens are necessary. The vehicle must be equipped with means to communicate on the regional network. The vehicle must have enough fuel (at least $\frac{1}{2}$ a tank) to reach its planned destination and no outstanding maintenance problems.
 - iii. In the case of survey teams a Medic must be within 5 minutes of the team and must have radio communication should assistance be needed.
 - iv. The Medic on site must be equipped with the medical facilities that are sufficient to stabilise expected trauma injuries at the location. The compulsory minimum medical equipment is listed at Annex A Table 1.
 - v. Organisations are responsible for ensuring that a casualty is transported as quickly but safely to the nearest appropriate medical facility. A list of NCDR recommended medical facilities and contact is at Annex B.
 - vi. The objective must be to stabilise the casualty within 15 minutes from the time of injury and ensure that sufficient medical supplies, expertise and manpower are available to maintain the casualty throughout the intended evacuation period.
 - vii. All organisations are to clearly state in their SOP the intended means of evacuation of casualties. Where this changes from different site locations, this must also be clearly shown .
 - viii. Where a vehicle is used it must be able to carry at least one stretcher and be equipped with communications and other equipment according to Annex A Table 3.
15. A list with the contents of the medical trauma injury kit is to be included in the organisation's SOP. The method of evacuation in the event of an accident must always be specified and understood by all and should be by the safest and expeditious method available to an appropriate medical facility. Evacuation by air (if available) should be considered if the CASEVAC by road is expected to take more than 90 minutes or that the injuries may be as worsened because of road movement.

DOCUMENTATION/RECORDS

16. The following documentation and records will be present at each worksite and are to be maintained by the Supervisor/Team Leader :

- i. Relevant SOP. Current copy, including all amendments.
- ii. Supervisor/Team Leader's Operations File. The Supervisor is to have an Operations File containing the following documentation. The Operations File is to be onsite during all mine clearance activities.
- iii. Minefield Record / Survey report.
- iv. QA Record Sheet. Record of all internal and external QA/QC checks that have been conducted on site.
- v. Visitors Log. Log to be completed by all visitors to worksite.
- vi. Visitors Briefing. Copy of the site briefing given to visitors.
- vii. Briefing Board / Map
- viii. CASEVAC Plan. Plan drawn up for current worksite.
- ix. Medical Information. Name list of all members attendance including ID number and allergies.

Annexes

Annex A: Medical Supplies

Annex B: Recommended Medical Facilities and Contact Details

Annex A to Chapter 5

Table 1: Compulsory Minimum Equipment for Trauma Care Pack

Item	QUANTITY
AIRWAY EQUIPMENT	
Manual ventilation bag with oxygen reservoir + mask	1
Hand held suction unit with oral catheter	1
Oral airway disposable various sizes 2,3,4	1 each
CANNULATION AND INJECTION EQUIPMENT	
Protective eyewear	1
Sharps disposal container	1
Intravenous Cannula size 14G,16G,18G,20G	2 each
I.V administration set	4
Medical adhesive tape 2.5 cm	1
Venous tourniquet	1
Alcohol swabs	25
Syringe 5ml	5
Syringe 10ml	5
Needle 21G	10
Water for injection or NaCl 0.9% 10ml	10
Medical gloves	10 pair
TRAUMA SUPPLIES	
Triangular bandages	2
Sterile dressings (10cmx10cm or 10cmx20cm)	10
Bandage 10cm	5
Bandage 15cm	5
Large multi-trauma abdomen/chest dressing	2
Burn dressings	2
Eye pads	8
Pressure dressing / field dressing	4
Antiseptic solution	100 ml
SPLINTS	
Upper limb splint (e.g., Sam, Kramer, cardboard)	1
Lower Limb Splint (e.g., wooden, cardboard)	1
Cervical stifneck collar set or adjustable stifneck collar	1

OTHER ITEMS	
Universal scissors (paramedic shears)	1
Dressing scissors	1
Kelly forceps	1
Dressing Forceps	1
Stethoscope	1
Blood pressure manometer.	1
Casualty triage tags (set 5)	1
Gauze Pads, medium	25
Torch (preferably penlight)	1
Adhesive medical tape	1 roll
Sterile scalpel	1
DRUGS	
Inj. Naloxon 0.4 mg/ml (<i>if using opioid</i>)	2 x 1 ml.
Inj. Anti-emetic drug (<i>if using opioid</i>)	2 amp.
Ringer lactate 1000ml	2
Normal saline 0.9% 500ml	2

Table 2 Recommended Additional Medical Equipment

ITEM	QUANTITY
Non-rebreathing oxygen mask with reservoir bag	2
Oxygen supply for 120 mins at 8 litre/min	
Oxygen manometer and regulator with minimum flow of 8 litres/minute	1
Laryngoscope set	1
Nasopharyngeal airways various sizes	1
Endotracheal tubes sizes 7,8 (cuffed)	1 each
ETT Guide stylette	1
Magill forceps size 8	1
Magill forceps size 9	1
Tube check	1
KY Gel tube	1
Chest decompression set	1
Convenience bag	1
Emergency blanket	2
Asherman chest dressing	1
I.V dressing	10

Table 3 Minimum Medical Equipment for Evacuation Vehicle

Minimum Medical Equipment for Evacuation Vehicle	QUANTITY
Stretcher with straps	1
Spinal Board (<i>or similar device</i>)	1
Blanket	2
Water container	25 litres
Proven communications	1
Fire Extinguisher	1
Head Block set	1

Annex B to Chapter 5

Recommended Medical Facilities and Contact Details

Ser	General Location	Hospital	Telephone Number
1	Amman	Al Hussein Medical City	06 5856856
2	Al Aqaba	Prince Hiai	03 2016711 / 03 2016712
3	Al Karak	Prince Ali	03 2386374
4	Al Mafrag	Al Mafrag Hostipal	02 6231176 / 02 6231467
5	Al Ramthah	Al Ramthah	02 7384338 / 02 7384358
6	Irbid	Aidon	02 7104682 / 02 7103659
7	Irbib	King Abdullah	02 7200600