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ANIMAL CARE AND WELFARE AND VETERINARY SUPPORT DURING ALL PHASES OF MILITARY DEPLOYMENTS

Edition B Version 1

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NORTH ATLANTIC TREATY ORGANIZATION

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NATO LETTER OF PROMULGATION

29 August 2018

1. The enclosed Allied Medical Publication AMedP-8.4, Edition B, Version 1, ANIMAL CARE AND WELFARE AND VETERINARY SUPPORT DURING ALL PHASES OF MILITARY DEPLOYMENTS, 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 2538.
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Zoltán GULYÁS
Brigadier General, HUNAF
Director, NATO Standardization Office

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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
CAN	<p>The Canadian Armed Forces (CAF) does not employ military veterinarians. Veterinary services are contracted to a Canadian-licensed veterinarian domestically and service provider agreements are made with licensed veterinarians internationally as required. Other handling and hygiene functions are completed by licensed Preventive Medicine Technicians. For that reason, CAF cannot abide by sections restricting practice to military veterinarians though we support the requirements in general using other licensed professionals.</p>
HRV	<p>Related to APPENDIX A □□VETERINARY SUPPORT LEVELS, the Croatian Armed Forces will develop Role 1 and Role 2 levels of veterinary support while for the needs of Role 3 and Role 4 levels will rely on civilian institutions in the Republic of Croatia, and on the Allied capabilities in the area of operation as well as on the host nation support.</p>
NLD	<p>In the NLD no regular military veterinarians are in service; theatre tasks as described in para 3.2 are the responsibility of other (military) experts. For veterinary animal care the NLD is supported by NATO partners or by host nation on request. The NLD requires for the MWD care veterinarians trained in Small Animal Emergency Care.</p> <p>Annex A:</p> <p>Veterinary support Level 1:</p> <p>In order to be allowed to provide veterinary care, an animal handler, corpsman/medic or veterinary assistants should have a specific training in basic emergency aid.</p> <p>Veterinary support Level 2/3:</p> <p>In order to be allowed to provide this level of veterinary care the supervising military veterinarian should have a specific training in Small Animal Emergency Medicine.</p> <p>Annex B:</p> <p>Basic medical report:</p> <p>A clinical record following the MWD through the evacuation chain is needed for wounded and all ill MWD's. Medical clinical information reports should include, in case of illness, which organ system is affected and in case of anesthesia an anesthesia report.</p>

POL	Polish Armed Forces develop Role 1 and Role 2 of veterinary support for military working animals during military operations but cannot provide veterinary care at Role 3 and Role 4 in whole. Veterinary Service Divisions are not equipped with suitable, adequate device capabilities to ensure veterinary care at 3 and 4 levels. The provision of care for military working dogs at Role 3 and 4 is contracted and provided by commercial, civilian veterinary hospitals in any case, when emergency support is needed before and after deployments. Veterinary support at Role 3 and 4 during military operations is provided by other Allied countries or by a host nation.
<p>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.</p>	

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CHAPTER 1 GUIDANCE FOR COMMANDERS

1.1. PURPOSE

The purpose of this chapter is to inform commanders and provide guidance on issues concerning the care and welfare of military working animals during deployments.

1.2. AIM

The aim during deployments is to take reasonable measures to ensure the care and welfare of military working animals.

During military deployments, animal welfare issues could also apply to:

- Stray or feral dogs and cats
- Farm animals (humanitarian assistance and CIMIC)
- Wild animals

MILITARY WORKING ANIMALS

Military working dogs. Military working dogs are predominantly employed for patrol, protection, tracking, drug searching, mines and explosives detection. At the present time, they are the predominant species used by the armed forces.

Others species of working animals (this list is not exhaustive):

- Camelids (sometimes used for patrol or as pack animals).
- Mules, horses and donkeys (used for carrying loads).

Considering that primarily only military working dogs are affected by most deployments, only welfare and veterinary care capabilities for this species will be detailed.

1.3. PRE-DEPLOYMENT

1.3.1. Review diseases prevalent at the deployment site.

Before an animal is deployed, military veterinary authorities must review which diseases are prevalent in the area to which the animal will be deployed. To the extent possible, preventive measures such as vaccination, parasite control and handler training should be provided to minimize the risk of illness to the deployed animal and the risk of zoonotic diseases.

1.3.2. Ensure veterinary care is available

Commanders must ensure that veterinary care is available in the area to which animals are deployed. Whenever possible, veterinary care should be provided by the country sending the animals on the deployment. However, in certain situations that may not be possible, so at a minimum the sending country must contact veterinary personnel from an allied country, or the host nation, at the deployment area and receive their agreement to provide veterinary care as required.

1.3.3. Shelter and provisions

Commanders must ensure that animals will be provided adequate shelter conditions in the deployment area. Animals must be accompanied with a handler and a minimum shelter (e.g. kennel) when deployed.

Commanders must consider how shelter will be provided at the deployment area during the whole deployment.

Transport cages must not be used for permanent housing.

Military veterinary authorities must approve the shelter, and both national and international regulations may apply. The more stringent of the two regulations will be applicable.

During all phases of deployment, dogs must be provided with reasonable supplies of approved food, potable water, and prophylactic medicines as prescribed by a veterinarian.

1.3.4. Transportation

Commanders must ensure that animals will be provided adequate transportation conditions in the deployment area during the whole deployment. Military veterinary authorities must approve the means and methods of transportation. Be aware that both national and international regulations may apply. The more stringent of the two regulations will be applicable.

The animals must be transported with a reasonable supply of approved food and potable water consistent with the length of transportation. In addition, the animal must be accompanied with a first aid kit and supporting equipment appropriate to routine care of the animal and to address minor emergencies.

1.3.5. Animal identification

Animals must be identified by a microchip prior to deployment and be accompanied by relevant documentation. The microchip must be compatible with ISO 11784 or Annex A of ISO 11785.

1.3.6. Veterinary examination

Animals must receive a thorough examination to help ensure there are no medical conditions that would prevent the animal from performing its mission during the deployment. The veterinarian should provide a recommendation to the commander on the fitness of the animal and whether or not the animal should deploy. When determining the fitness of the animal for the mission, the veterinarian shall consider the climate to which the animal is being deployed and the veterinary care available at the deployment site. Veterinarians must ensure that animals are current on appropriate vaccines and administer boosters for any vaccinations nearing expiration. In addition, veterinary personnel must prepare any necessary documentation (e.g. health certificate) that may be required by customs officials.

1.3.7. Handler training

Animal handlers must receive training from veterinary service personnel including training on acclimatization for hot or cold weather as appropriate for the deployment area, as well as emergency treatment for hot or cold weather injuries. In addition, the handler must be briefed on the prevalent diseases, signs of disease, and appropriate measures to prevent disease. The handler must be trained on general care of the animals and on general treatment, such as first aid, for typical conditions. The handler must also be aware of veterinary personnel in the deployment area that are available to provide veterinary care.

1.3.8. Rabies

All potentially deployable military working dogs must be vaccinated for rabies IAW international regulations and the manufacturer's recommendations. A MWD will not be able to deploy for 21-30 days after its initial vaccination course. Serologic testing may be required.

1.4. DURING DEPLOYMENT

1.4.1. Veterinary examination and care.

Commanders must ensure that deployed animals receive veterinary care and treatment as required and consistent with operational demands. Veterinary Support Levels are described in ANNEX A

Animals must receive an examination periodically to help ensure there are no medical conditions that would prevent the animal from performing its mission during the deployment. Animals must be examined by a veterinarian at least once every 6 months, or more frequently depending on deployment conditions or national regulations, to ensure the general health and condition of the animal. Prior to redeployment, veterinary personnel must prepare any necessary documentation (e.g., health certificate) that may be required by animal health or customs officials during transit and entry.

1.4.2. Shelter and provisions

Commanders must ensure that animals are given reasonable shelter conditions (e.g. kennel) during deployments and are being housed in conditions as determined and approved by a veterinarian.

Transport cages must not be used for permanent housing.

Be aware that national and international regulations may apply and the more stringent of the two regulations will be applicable.

A qualified handler or Kennel Master must be assigned to be responsible for the shelter. Reasonable supplies and proper storage of approved food, potable water and preventive medicines, as prescribed by a veterinarian, must be provided during the deployment.

1.4.3. CBRN

Commanders operating in a CBRN environment must plan for resources acquired for protecting and treating troops. Resources for MWDs in these environments are similar but have some unique considerations. See ANNEX B for details.

1.5. REDEPLOYMENT

Redeployment or transit requires correct documentation and prophylactic treatment. Commanders must consult with veterinary staff to ensure that all requirements are being met.

1.6. POST-DEPLOYMENT VETERINARY HEALTH EXAMINATION

Immediately upon return dogs should be placed in isolation or quarantine until cleared by the attending veterinarian to prevent possible transmission of disease to other dogs or humans in accordance with national regulations and medical risks from the deployment area.

A veterinary examination should be scheduled as soon as possible to assess the overall health of the dog and check for infection from diseases of concern and start treatment if necessary.

CHAPTER 2	GUIDANCE FOR VETERINARY UNITS
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2.1. PURPOSE

The purpose of this chapter is to provide guidance on veterinary issues concerning the care and welfare of military working animals, and the protection of animal health during deployments.

2.2. AIM

The aim during deployments is to take reasonable measures to ensure the care and welfare of military working animals.

Military veterinary service personnel are responsible for implementing and monitoring animal health and welfare policies.

During military deployments, animal welfare could also apply to:

- Stray or feral dogs and cats
- Farm animals (humanitarian assistance and CIMIC)
- Wild animals

2.3. MILITARY WORKING ANIMALS

Military working dogs. Military working dogs are predominantly employed for patrol, protection, tracking, drug searching, mines and explosives detection. At the present time, they are the predominant species used by the armed forces.

Others species of working animals (this list is not exhaustive):

- Camelids (sometimes used for patrol or as pack animals).
- Mules, horses and donkeys (used for carrying loads).

Considering that primarily only military working dogs are affected by most deployments, only welfare and veterinary care capabilities for this species will be detailed.

2.4. DEPLOYMENT PROCEDURES FOR MILITARY WORKING DOGS

2.4.1. Selection and Pre-operational examination

Deployments require, for military working dogs, good health, no known clinical diseases such as joint problems, heart disease skin diseases and behavior problems that might limit their operational effectiveness or ability to adapt properly during deployment. Therefore, it is recommended that a veterinarian perform a physical and dental exam at least once a year. The dog's deployability status should be determined and recorded in veterinary treatment record at each examination. The last veterinary examination is required within 10 days of departure to prepare a health certificate and to confirm the deployability status of the dog. If national regulations are more stringent, they must be applied.

One of the following categories should be applied as a result of each veterinary examination.

- a. Category 1 - Unrestricted Deployment.
Medically fit for any contingency or exercise with the appropriate veterinary support to the theatre.
 - (a) Can tolerate environmental conditions associated with the operational deployment.
 - (b) No limiting or compromising factors (lack of stamina, etc.).
 - (c) No pre-existing or recurring medical problems that limit performance

- b. Category 2 - Restricted Deployment
 - (1) Medically fit for regions/missions after consideration of known medical problems, medical risk assessment and care available (including pharmacy/medical supply capability) in deployment area.
 - (a) Medically fit for limited duration deployments.
 - (b) Medical problems may exist which slightly limit performance but are controlled.
 - (2) Reason for restriction must be reported to the Commander responsible for the animal and clearly annotated in the veterinary treatment record.

- c. Category 3 - Temporarily Non-deployable
 - (1) Medical condition exists that precludes daily duty performance and is under diagnosis, observation, or treatment.
 - (2) Reason for non-deployability must be recorded in the veterinary treatment record and reported to the Commander responsible for the animal.
 - (3) Estimated release date from CAT 3 must be recorded and frequently reviewed.

- d. Category 4 – Permanently Non-deployable
 - (1) Unresolved medical or physical problems exist that frequently or regularly impede daily duty performance.
 - (2) Reason for non-deployability must be recorded in the veterinary treatment record and reported to the Commander responsible for the animal.

2.4.2. Health Certificate

An international health certificate valid on the date of arrival to the country of question must be completed by a military veterinarian.

This certificate must be valid in accordance with the countries regulations. This may include identification, vaccination, serological testing and prophylactic parasitic treatments.

- a. Identification
Dogs must be identified by microchip. Microchips must be up to standard ISO 11784 or ISO 11785 Annex A.
- b. Vaccinations
Veterinary support and ability to obtain medications, even vaccines, may be limited in deployment areas. The dog's vaccinations must be current. Rabies vaccination is required. Vaccination against common viral and bacterial diseases (e.g., *Canine distemper*, *Hepatitis*, *Leptospirosis*, *Parvovirus*, and Kennel cough) is recommended. Vaccines against other diseases can be added in case of specific risks, but are not specified in international regulations.

Vaccinations must be documented in an international booklet or on the registered European passport for pets (2003/803/EC Decision).

- c. Testing for antibodies against rabies
All military working dogs able to be deployed should be tested by a rabies neutralising antibodies titration test, according to applicable regulations.
- d. Prophylactic measures before deployment
A risk assessment for the deployed region and transit area should be conducted and any prophylactic treatment against fleas, ticks and other parasites (e.g., *Echinococcus*) should be given in accordance with this assessment. National regulations may require specific prophylactic treatments.

2.5. VETERINARY SUPPORT DURING MILITARY OPERATIONS

2.5.1. Responsibility

Each Nation deploying dogs is responsible for mission analysis and must ensure veterinary care is available for their dogs during deployment, either by deploying their own veterinary resources or by coordinating for support from other allied countries or the host nation.

2.5.2. Veterinary capabilities

The veterinary personnel and equipment needed depends on:

- (1) The total number of dogs.
- (2) The Host Nation veterinary support capabilities and the distance (and time) from Allied veterinary support.

- (3) The military medical equipment available (e.g., X ray, blood counts, serum chemistries, urine analysis, etc.).
- (4) The hazards, depending on the local environmental conditions and prevalence of infectious diseases.

2.5.3. Veterinary Support Levels

Veterinary support levels (Roles of Care) are described in ANNEX A.

Participating Nations are encouraged to coordinate and share veterinary support capabilities to ensure optimal medical care and welfare of military working dogs.

2.5.4. Military Working Dog basic medical report

In order to ensure that critical information is being documented and transferred, a basic medical report should be completed for all medical encounters, including consultations and transfers.

ANNEX B is an example that provides the minimum requirements in a MWD basic medical report.

2.5.5. CBRN

When MWDs are deployed to areas where they might be exposed to a nuclear, biological or chemical agent or be in an area when weapons with such agents are being used, the veterinary units should be equipped and trained in order to handle such cases. Measures to limit the risk associated with such agents are described in ANNEX C.

An animal suspected to be exposed to such agents must be evaluated and certified by a veterinary unit prior to returning to duty or redeployment.

2.6. PROPHYLACTIC PROCEDURES WHEN DOGS RETURN HOME

2.6.1. Health Certificate and prophylactic procedures before leaving the deployed area

- a) Each dog must be accompanied by an official veterinary health certificate. This certificate is valid for 10 days after signature by the official veterinarian.
- b) Additional specific conditions may be required to transit and to enter various countries (e.g., *Echinococcus*). Other prophylactic measures against ectoparasites and endoparasites may be indicated.
- c) The veterinarian approving the health certificate should ensure all national requirements are fulfilled.
- d) When operational circumstances prohibit issuing a health certificate by a veterinarian at point of departure, partner nations should make provisions

allowing travel and transport while minimizing the risk of transmissible disease and other health concerns.

Commanders must ensure coordination with veterinary staff and competent authorities occur at the earliest opportunity in order to mitigate the risk associated with such scenarios.

2.6.2. Procedures and Veterinary examination after return

- a. Immediately after return the dogs are placed under quarantine conditions or other restrictions according to local or national regulations.
- b) Dogs should receive a complete veterinary examination after returning from a deployment. Depending on the epidemiological conditions in the country where the dogs were deployed, samples may be collected and tested for agents such as *Ehrlichia*, *Borrelia*, *Dirofilaria*, *Leishmania*, *Babesia* and *Trypanosoma*.

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CHAPTER 3	ANIMAL WELFARE OF NON-MILITARY ANIMALS
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3.1. STRAY OR FERAL ANIMALS

3.1.1. Aim of animal population control

Approximately 60% of human diseases are caused by pathogens that originate from animals, known as zoonotic diseases. A wide variety of animal species, either domestic or wild, act as a reservoir or a vector for these pathogens (e.g. rabies, Leishmaniasis). Reducing the number of stray or feral animals may be necessary to reduce the risk of disease transmission to deployed personnel.

3.1.2. Preparation and Planning

The Commander should inform deployed personnel and local populations before controlling any stray or feral animal populations and mark the boundary of the intervention's area (e.g. enclosed camp). The Commander should appoint and equip a responsible entity to control the stray or feral animal population as necessary. Personnel involved in population control programs must be trained and provided with necessary protection (e.g., rabies pre-exposure prophylaxis, personal protective equipment). Commanders must ensure proper waste handling, storage and disposal to avoid attracting animals, spreading diseases and unpleasant odors. Personnel should not feed local animals in order to avoid contact and exposure to zoonotic diseases.

3.1.3. Population management

Population management and control of stray or feral animals, including contracted services, must be under the advice of veterinarians. To ensure animal welfare veterinarians should approve equipment and methods used to control the population of stray or feral animals in accordance with their national laws and regulations.

3.2. LOCAL AGRICULTURAL ANIMALS AND HUMANITARIAN ASSISTANCE

Humanitarian assistance is a priority in Civil Military Cooperation (CIMIC) work. Veterinarians play a critical role in disaster response, including armed conflicts. Veterinary assistance during CIMIC may be categorized in four phases: response, recovery, rehabilitation and mitigation.

Major veterinary roles include: risk assessment, zoonotic surveillance, epizootic surveillance, food and water safety, laboratory testing, animal control, carcass disposal, waste management and animal treatment.

CIMIC is part of a military strategy and under the control of strategic command. If approved, military veterinarians may contribute by coordinating efforts with local authorities and intervene to reduce epizootics through various programs (e.g., vaccinations, depopulation, disposal of carcasses) or support local veterinarians caring for agricultural animals.

3.3. PREVENTING THE TRANSFER OF ANIMAL DISEASES

Animals may serve as reservoirs for diseases which can seriously impact the health of deployed personnel as well as the health of humans and animals in their country of origin. Personnel should not feed local animals in order to avoid contact and exposure to zoonotic diseases.

Animals (other than military working animals) must not be maintained in military compounds without authorization of a military veterinarian and final approval from the Commander. Such animals must receive an examination by a military veterinarian in order to control the spread of diseases and to ensure animal welfare.

Veterinarians and commanders should consult STANAG 2557 and AMedP-26 (Veterinary Guidelines on Major Transmissible Animal Diseases and Preventing Their Transfer) for guidance on identifying and preventing the transfer of major animal diseases.

CHAPTER 4	FIRST AID IN MILITARY WORKING DOGS
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4.1. INTRODUCTION

The First Aid of MWDs is considered a national responsibility.

An injured or sick MWD should always be brought to the nearest military veterinarian at the earliest opportunity for further assessment, especially when further care and treatment is deemed necessary

In some instances, particularly during combat, veterinary care may not be immediately available during operations. In such instances, each nation should ensure that its military working dog handlers are trained in basic first aid in MWDs.

4.2. KNOWLEDGE AND SKILLS

This first aid training should provide basic knowledge and skills in order to:

- a. Prevent the situation from getting worse.
- b. Provide cardio-pulmonary resuscitation (at national discretion).
- c. Stabilize a wounded/sick MWD.
- d. Provide care until the MWD is assessed and treated by veterinary personnel.
- e. Maintain records of all care and treatment given and provide this to the veterinary personnel.

The participants should be able to:

4.2.1. Perform a site survey

Manage the following:

- (1) Secure the scene and perform triage.
- (2) Protect self (including applying a muzzle if patient is conscious), scene and survivors within national rules of engagement.
- (3) Direct the MWD casualty to cover.
- (4) When stable, transport a casualty, alone or with a helper

4.2.2. Perform a primary survey

Manage the following:

- (1) Ensure personnel safety by applying muzzle in a conscious MWD and as necessary.
- (2) Stop visible major bleeding.
- (3) Secure the airway.
- (4) Stabilize life threatening thoracic injuries.
- (5) Assess for shock.

- (6) Perform cardio-pulmonary resuscitation, if required.

4.2.3. Perform a secondary survey

Manage the following:

- (1) Body temperature (hypothermia or hyperthermia).
- (2) Fractures.
- (3) Distortions and muscles damages.
- (4) Burns.
- (5) Eye lesions.
- (6) Poisoning, including carbon monoxide.

4.2.4. Know the symptoms of:

- (1) Heat/sun/cold exposure.
- (2) Dehydration.
- (3) Foot problems.
- (4) Gastrodilatation volvulus (Bloat).
- (5) Diarrhea and its avoidance.
- (6) Pain and psychological distress.

4.2.5. Use of appropriate first aid kits

An individual first aid kit for MWDs should be carried by all military personnel working with MWDs. All military personnel should be adequately trained in the proper wear and maintenance of the kit, and be properly trained in the application and use of all components.

The first aid kit is to be assembled and issued at national discretion, and all potency dated materiel should be held under medical supervision until issue is required.

STANAG 2126 defines minimum standards for first aid kits for humans, including individual first aid kits. Individual nations may augment these kits as appropriate for the use in MWDs.

4.3. MEDEVAC/CASEVAC OF MILITARY WORKING DOGS

Evacuation of MWDs is secondary to the threat of life, limb function, or eyesight in human patients, but personnel should know how to:

- (1) Use standard procedures for the requisition of evacuation.
- (2) Continuing observation and care of the casualty during transportation.
- (3) Correctly perform the hand over to veterinary personnel.

4.4. BASIC HYGIENE

The participants should be conversant with MWD hygiene (prophylactic measures), communicable diseases, disposal of waste, sanitation, and basic water and food hygiene.

A.1. INTRODUCTION

Military animals are critical assets and injured working animals are expected to receive a high level of care during military service. National systems of military veterinary medical support are well-established.

The military veterinarian is the military animal's primary care provider, and every effort should be made to contact the supporting veterinary personnel for guidance immediately upon presentation of an ill or injured animal. Non-veterinary health care providers should only perform medical or surgical procedures consistent with their medical training and necessary to manage problems that immediately threaten life, limb, or eyesight, and to prepare the animal for evacuation to definitive veterinary care.

Note: The treatment goal for each level of veterinary support is to provide definitive treatment for return to duty or transportation/evacuation to a higher level of veterinary support in order to ensure proper veterinary care.

A.2. VETERINARY SUPPORT LEVEL 1

Includes routine care and basic emergency aid procedures performed at the point of injury or illness in order to prepare the military animal for return to duty or transportation/evacuation to a higher role of veterinary medical care.

An animal handler or corpsman/medic may perform basic emergency aid procedures and prepare the military animal for transport/evacuation to a higher role of veterinary medical care in the event a military veterinarian or veterinary support personnel are not available at the point of injury or illness.

Military veterinary assistants may provide emergency care for stabilization and movement of patients to higher roles of care; take medical histories and complete physical examinations; identify and treat many common acute and chronic problems; interpret laboratory results; dispense, administer, and manage medications and other therapies; provide animal handlers with animal health and first aid instruction; and, assist veterinarians in the care of animals, as needed/directed.

A.3. VETERINARY SUPPORT LEVEL 2

Includes routine care provided and/or supervised by a military veterinarian as well as resuscitation and stabilization of injured animals. Veterinary support Level 2 may include advanced trauma management, emergency medical procedures, and emergency resuscitative surgery. Military animals are definitively treated and returned to duty or stabilized for transportation/evacuation to a higher role of veterinary medical care.

A.4. VETERINARY SUPPORT LEVEL 3

Includes referral for advanced clinical medicine, diagnosis, therapy, surgery and limited convalescent care provided by military veterinarians or veterinary clinical specialists and veterinary support personnel. The severity of illness or injury and the national evacuation policy will dictate the requirement for strategic evacuation to a higher role of veterinary medical care external to the area of operations.

A.4. VETERINARY SUPPORT LEVEL 4

Expands the capabilities available at Veterinary Support Level 3 and provides specialized veterinary medical and surgical care, rehabilitative therapy, and extended convalescent capability.

B.1. INTRODUCTION

It is important for the further treatment of a wounded military working dog (MWD) that the clinical record follows the animal from one veterinary unit to another through the evacuation chain, either between allied veterinary units or back to a national clinic. This report will contain minimum baseline information and will be standardized for ease of acceptance.

B.2. AIM

The aim of this Annex is to standardize the minimum baseline information to be included in a MWD's (or contract dog's) basic medical report when animals from one nation are treated in a veterinary unit of other nations and how to handle this information when dogs are transferred from one military or civilian clinic to another.

B.3. GENERAL ASPECTS

1. When a dog of one allied nation is treated in a military veterinary unit of another nation, a MWD's basic medical report will be prepared for it.
2. This MWD's basic medical report should include the information outlined below.
3. The MWD's basic medical report will accompany the dog upon transfer between Military veterinary units or back to parent nation.
4. A copy of the report will be forwarded to the dog's national military veterinary authority, when:
 - a. the treatment of the dog is completed and the dog return to the unit;
 - b. the dog is discharged from the unit;
 - c. the dog dies or the condition requires euthanasia.
5. When a Field Medical Card for military dogs has also been prepared it will accompany this military dog's basic medical report.
6. The information listed in this MWD's basic medical report will be valid for both in-patient and out-patient dog treatments.
7. All handler information therein will be treated like all other military information with respect to confidentiality.

B.4. HANDLER INFORMATION

1. Surname (Family name): (unless this is classified for security reasons):
2. Forenames: (unless this is classified for security reasons):
3. Rank/Grade:
4. Military unit or organisation to which the handler belongs or is attached (unless this is classified for security reasons):
5. Nation and armed force with which handler is serving:

B.5. DOG INFORMATION

1. Name:
2. Identification number:
3. Sex:
4. Age (Date of birth):
5. Military dog specialty (patrol particularly):
6. Character of the dog (aggressiveness particularly):

B.6. VETERINARY UNIT INFORMATION

1. Contact details of veterinary or medical unit which prepares the record:
2. Nation to which veterinary unit belongs:
3. Location of veterinary unit (unless location is classified for security reasons):

B.6. MEDICAL (CLINICAL) INFORMATION

1. Date of dog's admission to veterinary or medical unit:
2. Site of Injury/Injury and Mechanism of injury/illness (if applicable):
3. Medical history requiring long-term treatment (prior to current injury/illness):
4. Symptoms:
5. Report of physical examination:
6. Diagnostic and therapeutic orders:
7. Observations made by professional staff during dog's stay in veterinary or medical unit:
8. Reports of actions and findings, including laboratory, X-ray, and other diagnostic tests as appropriate. If surgery was performed, a full surgical report will be included with detailed summaries of procedures performed and findings during the surgery:
9. Conclusions, including final diagnosis:
10. Recommendations for further treatment, if necessary:
11. Final disposition of dog (date returned to work, transferred to another unit (indicate which unit) or died):

B.7. AUTHENTICATION OF THE RECORD

This MWD's basic medical report should be written by the attending veterinarian. Some entries in the report may be made by non-veterinary medical providers (depending on national rules and regulations) who have consulted with and/or been trained by veterinarians.

1. Name, rank, position and signature of veterinarian authenticating the report:
2. Date the report is signed:

B.8. SUMMARY OF MWD'S BASIC MEDICAL REPORT

A brief summary of the medical history and the treatment should be made to follow the dog; this should be written in English according to the request of the nation the MWD belongs to, especially if the clinical report is written in another language.

ANNEX C	CHEMICAL BIOLOGICAL RADIOLOGICAL AND NUCLEAR, DECONTAMINATION of MWDs
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C.1. INTRODUCTION

Military working dogs (MWDs) may work in areas exposed to a chemical, biological, radiological or nuclear agent or be in an area when weapons with such agents are being used. In order for the handler to limit the risk associated with such agents, the handler should know how to protect the dog from such agents and how to perform decontamination and initial treatment of MWDs if they have been exposed.

When a MWD of one allied nation is decontaminated in a military structure of another nation, a record of treatment (as described in ANNEX B) should be written at the end of the process: The report will accompany the dog upon transfer between Military veterinary units or back to parent nation.

C.2. AIM

The aim of this annex is to inform dog handlers, veterinary personnel or other military personnel on how to protect, handle and treat MWDs in environments with a possible threat from a nuclear, biological or chemical agent.

The measures will be valid for any handler who has to decontaminate his MWD or for any personnel responsible for MWD decontamination.

C.3. GENERAL ASPECTS

An important first step for the decontamination of the MWDs is to be sure that the dog has been exposed to a nuclear, biological, or chemical agent. If possible, the agent involved should be identified since some treatments/antidotes may cause harm in animals not exposed to specific hazardous agents.

The decision to decontaminate and treat MWDs or other military animal will be based on local SOP, theater restrictions, and other factors. These decisions will be directed by the theater commander, senior medical commander or senior veterinary commander in theater.

The steps outlined in this annex are generic in nature. Modifications to these steps may be necessary based on numerous factors, such as instructions from veterinary personnel or other SMEs, and the commander must direct the specific steps to be followed for a given situation.

Only a few decontamination products are described in this document, since there are none of these that are specific for dogs and because decontamination materials and decontamination are often not available on the battlefield. However, if specific kits are available the handler must use them first and with the same specific treatment goals as for human patients.

C.4. PROTECTIVE MEASURES

MWDs are not currently issued protective equipment, therefore MWD handlers must rely on field expedient protective measures:

- a. avoid contaminated food and water. Do not allow dogs to drink from puddles, water holes, trenches, or other sources of free-standing water;
- b. avoid contaminated terrain;
- c. seek shelter if available--if a dog must cross contaminated ground, it can be placed in a transport kennel or vehicle and carried if possible;
- d. cover with ponchos and "booties." "Booties" can be made out of MRE bags, plastic bags, or exam gloves;
- e. if possible, keep the dog from licking any part of its body while in a potentially contaminated area.

C.5. HANDLER DECONTAMINATION

The handler must always protect and treat himself, first. Self-decontamination must be the first reflex when an exposure to nuclear, biological, or chemical agent is suspected.

C.5. MWD DECONTAMINATION

Any decontamination should be according to the following general conditions:

- a. consider initiating MEDEVAC for any MWD treated for CBRN exposure. MWDs must be decontaminated prior to MEDEVAC in order to avoid pollution of the platform being used;
- b. decontaminate yourself and your dog as far forward, as safely, and as quickly as possible;
- c. field expedient method of decontamination of a MWD is to wash the dog in soap and water;
- d. decontaminate any item the dog will come in contact with as soon as possible (after self and dog decontamination), including collars, leashes, kennels, food and water bowls etc. All the residues (included washing water) must be treated as contaminated waste.
When the nature of the agent is known or strongly suspected, the specific measures outlined below should be carried out.

C.6. NUCLEAR FALLOUT

Decontaminate from nuclear fallout:

- a. remove visible particles from the hair coat and skin by brushing;
- b. bathe the dog in soap and water.

C.7. BIOLOGICAL AGENTS

Decontaminate for biological agents:

- a. wash the animal with soap and water;
- b. follow command directives or policies for specific agents;
- c. keep dog isolated as it may serve as a vector of a biological agent;
- d. keep dog under strict observation in order to observe any signs and symptoms of disease from the suspected biological agent.

C.8. Irritant agents

Decontaminate for irritant agents (riot control agents such as tear gas or pepper spray):

- a. you are more likely to see these agents used in civil disturbances rather than on the battlefield;
- b. these agents have little long-term effect on animals health but may reduce mission effectiveness by causing increased respirations, hyperactivity, and excessive tearing and nasal secretions;
- c. flush the eyes with generous amounts of water if liquid or solid agents come in contact with the eyes.

C.9. NERVE AGENTS

Nerve agent exposure includes the exposure to organophosphate and carbamate insecticides:

- a. several signs and symptoms on how to recognize the exposure to nerve agents are listed below; and some of the most common signs are easily remembered using the mnemonic, **SLUDD**:
 - (1) excessive **S**alivation and drooling;
 - (2) uncontrolled **L**acrimation (tearing);
 - (3) uncontrolled **U**rination;
 - (4) uncontrolled **D**efecation or **D**iarrhea;
 - (5) rapid breathing, panting, or severe respiratory distress;
 - (6) muscle twitching. Muscle twitching usually begins with the face and progresses over the entire body and becomes much more severe. Attempted walking becomes stiff and jerky;
 - (7) convulsions, seizures, or collapse;
 - (8) odor of pesticides on the hair coat;
- b. decontaminate the skin and hair coat immediately following nerve agent contamination to slow penetration of liquid agents through the skin:
 - (1) decontaminate the skin and hair coat using specific skin decontamination kit first, if you have one. Wipe down the entire dog avoiding the area around the eyes. Follow with soap and water bath;

- (2) if specific skin decontamination kit is not available, give the dog a bath with soap and water;
 - (3) if soap is not available, rinse the dog with copious amounts of water;
 - (4) decontaminate the eyes by rinsing with generous amounts of water or crystalloid fluid until the agent has been removed;
- c. contact a veterinarian or veterinary support unit without delay for recommendation and possible approval to administer drugs to control nerve agent toxicity and on how to monitor the dog. If signs described above are noted (auto-injectors containing for example atropine or pralidoxime could be administered)
- The dosage in most auto injectors are adapted to a human patient and the amount and type of drug might not be sufficient for a MWD. After the initial administration, a veterinarian should be consulted in order to administer further drugs according to the species need.***

C.10. BLISTER AGENTS

Decontaminate for blister agent exposure:

- a. blister agents include mustard, nitrogen mustard, and arsenical blister agents;
- b. because of the dog's hair coat, blistering generally does not occur in dogs, but blister agents do cause harm if they come in contact with any part of the dog or for humans coming in contact with the dog while the agents remain in the fur;
- c. clinical signs of blister agent contamination include:
 - (1) hair that appears to "stand up" within an hour of exposure, and may last more than an hour;
 - (2) pain (signs of aggression, withdrawal) with normal contact;
 - (3) 2-3 hours later, redness and swelling may develop at the area of exposure;
- d. decontaminate as soon as possible after exposure. If redness and swelling have not appeared, use specific skin decontamination kit and/or wash the dog with soap and water.

C.11. INCAPACITATING AGENTS

Decontaminate for incapacitating agent (BZ Type) exposure:

- a. decontaminate the hair coat and skin with warm soapy water;
- b. restrict activity;
- c. keep uncontaminated drinking water available.

C.12. DISPOSAL OF DEAD MWDs

In the event that a dog that has died or has been euthanised after being verified or suspected to have been exposed to a nuclear, biological or chemical agent, the dog must be disposed of in such a manner that it does not contaminate its surroundings.

For forensic purposes, and possibly as documentation that nuclear, biological or chemical agents have been used, it may be necessary to take samples from the dead animal. Type and nature, as well as instructions for storage and transport, should be given from subject matter experts within the CBRN community.

C.12. RECORD AND REPORT

After the decontamination procedure has been carried out according to the information above, supporting veterinary personnel should be contacted to request further instruction about observation and further treatment of the MWD. In addition, the person in charge of kennelling and supporting staff should be notified so that protective measures could be carried out in the kennel. When the tactical situation permits, a written record of the treatment must be made. Include the following: date/time, actions taken, observations including indicators leading to diagnosis of exposure and how contaminating agent was identified (if available), and outcome. As this report could be used for forensic purposes and as a proof that nuclear, biological or chemical agents have been used, it is of outmost importance that the information given in this report is correct and objective in nature.

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