

02

G3 OPERATIONS/PLANS - STANDARD
OPERATING PROCEDURES

7 SEPT - 20 NOV 1995

EASE RETAIN
ORIGINAL ORDER

CONFIDENTIAL
RMW6 JUNE 2009

UN ARCHIVES

SERIES	<u>51002</u>
BOX	<u>139</u>
FILE	<u>2</u>
ACC.	<u>1998/1703</u>

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

To : G3 PLANS

From : INDBATT

Subject :- FORWARDING OF UNIT SOPs

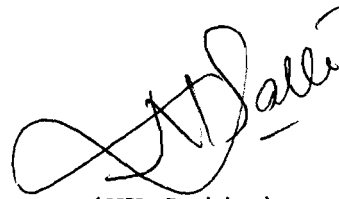
1. Reference your letter No 5000.7(Plans) dated 09 Aug 95.
2. Standing orders for War and Peace of this unit is forwarded for your perusal and return please.

A handwritten signature in black ink, appearing to read 'PC Roy', with a stylized flourish at the end.

(PC Roy)
Major
Adjutant
for CO INDBATT

To : G3 Plans
From : Force Signal Company
File : 995/Sigs
Dated : 15 Aug 95
Subject FORWARDING OF UNIT SOP

1. Refer to your letter 5000.7 (Plans) dated 09 Aug 95.
2. A copy of the Unit SOP of Force Signal Company is forwarded herewith for your necessary action please.
3. Best regards.



(NK Datta)
Lt
Ops Offr
for Force Signal Officer

G3PLANS 3

For your action.



16/8

A/XOSOPS

FORCE SIGNAL COMPANY
SOP
TABLE OF CONTENTS

<u>Ser No</u>	<u>Title</u>
1.	Role, Function and Organisation
2.	SOP for Security Order
3.	SOP for Quarter Guard
4.	SOP for Fire Order
5.	SOP for Duties of RP
6.	SOP for Flying Picquet
7.	SOP for Duty Clerk

ROLE, FUNCTIONS AND ORGANISATIONS

1. OBJECTIVE OF THE FORCE SIGNAL COMPANY.

The mission of 1 (I) UN FORCE HQ SIGNAL COMPANY is to provide comm support to UNAMIR-II.

2. ORGANISATION.

To achieve the above mentioned objective the Force Signal Company has been organised as under.

(a) FORCE SIGNAL OFFICER'S CELL.

This comprises of the Force Signal Officer and the Communications clerk. The following are some of the responsibilities of the FSO Cell.

(i) Advise the Force Commander on all comn matters.

(ii) Coordinate between the Field Service comm Group and the formed troops for comm requirements.

(iii) Coordinate the comn requirements of the Milob Gp HQs.

(iv) Liaise with RwandaTel authorities to coordinate assistance activities/tasks being performed by the Force Signal Company.

(b) COMMUNICATION CENTRE.

The comm centre carries out the following functions.

(i) Manning of the Signals Ops Room at Log Base.

(ii) Manning of the Duty Ops Room at the Force HQs.

(iii) Maintenance of local line comn to UNAMIR subscribers within Kigali.

(iv) Manning of Milob GP HQs during night shifts.

(v) Manning of UNAMIR exchange during night shifts.

(vi) Manning of the contingent rear link to India.

(vii) Provision of a Special Despatch Service.

(c) SECTOR DETS.

The Force Signal Company provides detachments to the following.

(i) All Sector HQs of formed troops except Sector 1 as it is co-located with UNAMIR HQs.

(ii) Milob Sector HQs in Kibuye and Gitarama.

(d) SUPPORT SECTION.

The support section comprises of the following.

(i) Mechanical Transport. Provision of mechanical transport to cater for the requirements of the Force Signal Company.

(ii) Admin and Logistics. To cater for the requirements of the Force Signal Company in respect of the following.

(aa) Accn

(ab) Rations

(ac) Water

(ad) Furniture

(ae) Daily Amenities

(iii) Transport maintenance. Provision of a light repair workshop for the maintenance and upkeep of the contingent owned vehicles and vehicles on loan from UNAMIR.

(e) MEDICAL. Maintenance of a fully equipped and manned Medical Inspection Room to meet requirements of First Aid in case of minor injuries/ailments.

(f) ADDITIONAL RESPONSIBILITIES BEING SHOULDERED BY THE FORCE SIGNAL COMPANY.

(i) Manning of the Force HQ Reception Desk.

(ii) Manning of the Camp Commandant's Office at the Force HQ.

(iii) Provision of security guard at the comm compound.

(iv) Provision of Security Guards at Traffipro Annexe.

(v) Provision of Security Guards at INDIA HOUSE.

SOP FOR SECURITY ORDERGENERAL

1. The need for maintaining the highest standard of security in a unit is of utmost importance. All ranks must realise that security of information and classified documents is essential in peace and war. It must be the concern of every Officer, JCO and OR of a unit.

2. Moreover it is equally important to guard against rumour mongering, spreading of disinformation, subversive literature, careless talk and unauthorised photography.

3. Unit Security Officer. The Company security officer will be detailed in Company Part I Order from time to time and his principal duties are :-

(a) To supervise the security training of the unit.

(b) To ensure that the security standing orders, are made known to, understood and obeyed by all ranks, in the Company.

(c) To carry out periodical check by asking all ranks questions on security matters.

(d) To carry out surprise check of Identity Cards/IAB-64 and civilian passes.

(e) To bring all irregularities to the notice of the Officer Commanding.

ORDERS

4. A visitor's book will be maintained at the main gate. No visitors will be allowed to enter without giving their particulars in this book. The Company Security Officer will check this book weekly, and submit it monthly to the Officer Commanding for his perusal.

5. If any persons are found within the unit lines, who have NOT entered in the normal way and who are behaving in a suspicious manner, they can be detained by any Officer, JCO or OR. If this occurs during working hours, the Officer Commanding will be informed immediately. After working hours the company Security Officer or Orderly Officer will be informed. they will of-course immediately contact the mil police and hand the case over. Under no circumstances must the detained person be locked up in the Guard Room.

6. When checking visitors for their bonafies, only the following types of identification documents will be accepted:-

(a) Identity Cards

These are three kinds:-

- (i) Identity cards/Pay books (IAB-64) issued to defence service personnel.
- (ii) Identity cards issued to civilians working in the Defence Department and Government Department.
- (iii) UNAMIR Identity Cards.

These cards/IAB-64 should bear all the particulars of the person concerned and should include a passport size photograph of the holder. On checking, the photograph will be examined to see if it resembles the visitor. Then questions can be put to the visitors to verify some of the particulars shown in the Card/IAB-64.

(b) Passes. Issued to civilians employed. These bear particulars of the holder and can be verified in the same manner as in (a) above.

(c) Permits. Issued temporarily by UNAMIR Headquarters to persons for the purpose of visiting installations, to be checked according to the particulars entered therein.

Communication with the press or strangers

7. No communication with the press is permitted. Any one wishing to do so will first obtain written permission from the Officer Commanding of the Company.

Subversive Literature

8. Attempts may some-times be made to cause discontentment in the rank and file of the Army by some mischievous elements through subversive literature or other propaganda. All ranks must be on guard against such attempts. If any such literature is found in the Company, it will be handed over to the Company Security Officer immediately. If such literature is given to any one elsewhere he will hand it over to the Company Security Officer on return to the unit lines.

Testimonials

9. Regulations forbid the giving of testimonials to any firms in respect of any service, or for the quality of commodities provided by them. Letters of recommendation to private servants is permitted but such letters will not show the writers unit.

Censorship.

10. If and when censorship becomes essential, then separate orders will be published as an annexure to these orders. However, it is considered desirable that all ranks should know what is meant by censorship and what censorship entails.

11. Censorship is NOT a pleasant job. It entails the opening and reading by unit/higher formation censors, of all letters coming in and going out from all ranks in a unit/formation. This is principally resorted to only in times of war. It is absolutely necessary, because no matter how careful one may think he is, a little slip made in a letter which may be just what the enemy needs.

12. When censorship is imposed, the following points will be observed in this company, in addition to the prevailing standing orders on the subject :-

- (a) Only the correct name and address of the Company will be shown on all correspondence.
- (b) No information having even the slightest bearing on Military matters will be mentioned in any correspondence.
- (c) Unit post boxes will be placed near the Orderly Room.

13. Any infringement of these instructions will be dealt with very severely.

Careless talks

14. "Careless talks COSTS lives". This statement is true in war as well as in peace. All ranks must be very careful of what they say, NOT only to strangers but also to friends. Because friends may talk and tell their friends, and their friends and this is how information leaks out. OR : indulging in careless talk or spreading false rumours must be checked or reported to SJCO.

Photographs

15. Photographs of the Camp layout of a unit/ installation, such as Signal Centre, Transmitting Station, Exchange, MT Park etc, can give away a lot of information. No photographs of such installations of this company may be taken without the permission of the Company Security Officer. Any stranger who is seen trying to take photographs of any of the above place will be detained by any rank who sees him and will be brought to the Company Security Officer, along with the camera.

Diaries

16. All ranks are permitted to keep diaries, but attention is drawn to the Official Secret Act, under which they are liable to prosecution even after they have left the service for disclosure of forbidden information. Only purely personal happenings or other information of personal nature should be kept in diaries.

Identity Cards/IAB-64

17. Officers Identity Cards will NOT be kept in wallets or note books. They will be kept in a separate self addressed envelope tied with a piece of string to some part of the clothing. Loss of an Identity card or IAB-64 will be reported in writing immediately to the Officer Commanding Company, giving full details for the loss. Any loss of IAB-64 will be reported immediately by the individual to his section commander who will institute a search for it and also report the loss to the Officer Commanding Company.

18. No vehicle except those vehicles which are detailed for certain specific urgent duties will leave the MT Park at night with the authority of Orderly Officer. A vehicle IN and OUT register will be maintained in MT Park for all out going/incoming vehicles.

Security of Information

19. Personnel employed in the comm centre will ensure that there are NO breaches of security, which give out any information.

20. This supersedes all previous orders on the subject.

VN Khadilkar
(VN Khadilkar)
Capt
2IC
for OC

SOP FOR QUARTER GUARD

1. Introduction. Quarter guard is of paramount importance in the Army during peace and war. The status of the unit, discipline, military and physical bearing of pers, security etc may be adjudged by the QG. According to the area, Op location, enemy threat, insurgency locality, KLP (Key Loc Point) and ILP (Interm Loc Point) of unit/fmn its role, the type of guard/sentries, its composition, time of mount/dismount of guards/sentries, dress of guards/sentries will differ and as such, formation of QG, guards and sentries are notified in formation/unit standing orders. These orders are published regularly in daily routine orders for its implementation.

Keeping in view the above, the guards of QG have been distributed in three main categories. They are :-

- (a) Ceremonial Guard.
- (b) Tactical Guard.
- (c) Ceremonial Guard for VIP/VVIP.

DUTIES OF QUARTER GUARD, COMMANDER OF 1 (I) UN FORCE HQ SIG COY

2. As the QG is the show piece of the unit and it directly reflects the standard of unit during peace and war, therefore, the QG Guard Commander has an important role in QG functions.

3. The main duties of QG Guard Commander are as enumerated below :-

- (a) He will directly function under the 2IC. He will be a NCO by rank (Hav only). The publication of duties are done in daily routine orders.
- (b) He will ensure that guards are present at the mount/dismount location well in advance of the guard mounting time. He will also ensure that the guards are as per their names published in daily routine orders.
- (c) He will check the turn out of the guards, ensure correctness of their arms and amn (if issued). Any discrepancy noticed by him will be reported directly to duty NCO at the time of mounting/dismounting of guards.
- (d) As a copy of security orders and unit standing orders pertaining to QG is kept in QG the guard cdr will read the contents in front of the guards (before mounting) and explain to the guards their duties.
- (e) He will ensure that all sentries are well conversant with their duties, areas of responsibility and they must know their tours of duty.

(f) He will ensure that the guards/sentries of QG will not leave the QG loc under any circumstances until properly relieved.

(g) He will be responsible for the safety of pers on duty and safe custody of their arms/amm, kot, amm dump/point and RTC and area of responsibility as mentioned in Unit Standing Order.

(h) He will change the sentries every two hour or as mentioned in Unit Standing Orders.

(j) He will turn out the guard on the following occasions :-

- (i) Inspecting Officer.
- (ii) Officer Commanding.
- (iii) Second-in-Command.
- (iv) Garrison Field Officer.
- (v) SJCO/JA/Orderly Officer.
- (vi) When a contingent passes through the unit area.
- (vii) When a dead body passes in front of the guard.

(k) He will fully responsible for the discipline of the guards.

(l) He will maintain Guard Cdrs diary and other docus kept in Guard Room.

(m) He will ensure that the Guard Room, the surrounding area of QG is neat and tidy.

4. Duties of Quarter Guard Commander when handling a prisoner are as under.

(a) If a prisoner is kept in QG cell, he will handle the prisoner as per the Unit Standing Orders. Nobody is allowed to meet the prisoner without the written permission of the 2IC/OC.

(b) The guard cdr will ensure that food is supplied to all guards/sentries and prisoners (if any) as per the time given in standing orders and a note will be made of all events in the guard cdrs diary.

(c) The In/Out register of prisoners will be properly maint by Guard Cdr. He shall not accept/release any prisoner in custody without written permission from 2IC/OC.

(d) He will search the prisoner who is ordered to be taken into custody and remove all valuable items, cash, smoking items, blade, razor, knife etc and the same will be deposited with the auth pers as notified in Standing order/orders by 2IC/OC from time to time. A proper record of the same will be maint and the same will be returned to the individual on release from custody.

(e) He will carry out surprise check during day and night to ensure alertness of sentries on duty and prisoners activity in the cell.

5. Additional duties of Quarter Guard Commander are enumerated below .

(a) The guard cdr will ensure that guards are paying compliments to all offrs/JCOs of own contingent as given in standing orders/contingent orders and other contingent/formations pers/dignitaries as per their identity and rank structure as ordered by 2IC/OC.

(b) He will maint the Key Issue/Deposit register and ensure that the keys are deposited/issued to auth pers only.

(c) The guard cdr will org full guard of honour when flag is hosited/lowered at Reveillie/Retreat. He will also adopt the procedure as described in unit standing orders/orders received from time to time from 2IC/OC pertaining to hoisting of half mast flags as and when ordered.

(d) During day, the on duty guard will be issued with rifle/amn (if ordered) and the remaining guards rifle /amn will be kept in rack/box with proper lock or as mentioned in standing order.

(e) At night all rifles/amn of respective guards will be issued to the individuals. He will ensure that all sentries have properly secured the rifle with chain. The amount of amn to be issued to sentries will be according to unit standing order.

(f) He will properly brief all sentries about their duties and challenging procedure during night and action to be taken in case of any eventuality.

(g) The guard cdr will ensure that the RTC, Kot Amn pt/dumps will be opened/closed by the auth pers only.

(h) The guard cdr will personally check the seal of kot, amn pt/dumps RTC abd ensure correctness in all respects.

(j) The guard cdr will brief all sentries regarding action to be taken in case of fire.

(k) In case of any difficulty or any unusual occurence, he will immediately contact :-

- (i) Orderly Officer
- (ii) SJCO
- (iii) 2IC

(l) The above said duties of guard cdr are applicable to all type of guard cdrs as mentioned in categories of guards.

(m) In case of tactical guard, the guard cdr will function according to standing orders.

(n) In case of ceremonial VIP/VVIP guards the security/safety of VIP/VVIP, area of responsibility, special tasks will be as per the standing orders issued by unit/contingent/Force HQ from time to time and the guard cdr will function directly under the staff officers/LO/other officers specified by VIP/VVIP.

(o) At the end of the tour of guard cdr duty, he will ensure that all the guards have deposited their rifles/amm.

(p) The QG guard cdr will responsible for any lapses occurred during his tour of duty.

(q) The guard cdr will not allow any press/news reporters to take photographs of the area of QG.

(r) He will ensure that unauth pers are not granted access to QG.

SOP FOR FIRE ORDERGeneral

1. These order will be read out and explained in the presence of the SJCO to all OR on 1st, 2nd and 3rd of each month, in parts at the Roll call parades. The Coy Duty JCO will also be present. The Number present at these parades will be reported by the Duty JCO on his report form.

2. These orders will be displayed in all barracks, stores, cook houses and the Signal Centre

Fire Precautions

3. The fire fighting precautions as detailed below will at all times be strictly observed :-

(a) Fires are NOT permitted in the vicinity of Government buildings, except in authorised fire places.

(b) If for any reason fire is authorised in a building, the senior NCO or soldier responsible will ensure that the same is put out before the building is closed for the night or before the lights off time whichever is earlier.

(c) No fire under any circumstances will be un-attended.

(d) Cigarettes butts or lighted match sticks will not be thrown away anywhere, but they will be carefully extinguished and then discarded in an ash tray or other receptacles provided for the purpose.

(e) Smoking in any of the following places is strictly forbidden :-

(i) Store room.

(ii) Battery charging shop and battery room.

(iii) MT Garage.

(iv) Inside a vehicle whether stationary or in motion.

(v) Inside or within 500 feet of FOL dumps, fuel store or fueling points.

(vi) Wksp where combustible materials like wood, etc is used.

(vii) Standby engine room.

(viii) Arms kot and ammunition cell.

4. Care will be exercised to avoid risk of fire when oil stoves or lamps are in use.
5. If a chimney catches fire, the fuel will be raked out at once and precautions taken to stop a draught.
6. Fire works in confines/barracks or camps are prohibited.
7. Empty packing cases or inflammable material will not be stocked against the outer walls of a building or enclosures.
8. Roofs and walls of cook house will be kept clear of soot and chimneys swept by the MES once a month under arrangements or QM.

FOL

9. (a) A copy of the coy fire order "NO SMOKING" notice and any order regarding the storage of FOL must be kept on the walls of each FOL stores.
- (b) No person is to be allowed to enter stores containing petrol or carbides with matches in his pocket or hobnails in his boots.
- ~~(c) In the case of fire in the petrol store, only chemical fire extinguishers or sand or earth will be used to put out fire. Water will not be used.~~
- (d) No naked lights or hurricane lamps will be used in store containing FOL or empty containers.
- (e) There should be a place where matches can be placed away from the stores.
- (f) Night work will not be done in a petrol stores as lights, other than electric may thoughtlessly be used.
- (g) Any container showing sign of leakage will NOT be used for storing FOL.

Vehicles

10. (a) During loading and unloading smoking, fire or naked lighters will not be permitted within 100 yards of the vehicles. In no case smoking will be allowed by any person attending vehicles.
- ((b) No matches or other goods of a nature likely to cause fire or explosion will be carried. Drivers or escort may however carry matches or cigarettes only in metal tins. Neither the driver nor the escort or any other person is to smoke while in the vehicles. The vehicle may however be halted if smoking is desired and a clear distance of 30 yards from the vehicle is necessary, before a person is permitted to smoke.

(c) Petrol will be allowed in the tank only. Spare cans will not normally be carried.

(d) Explosives will NOT be carried in the drives cabin.

(e) When white PHOSPHORUS ammunition is being transported a sufficient supply of water, ie, one bucket per vehicle will be carried.

Ammunition

11. ((a) Smoking fires and prohibited articles such as matches, lighters, tobacco etc is strictly prohibited near the building containing explosives.

(b) Cotton rags wastes or any such articles which are liable to spontaneous combustion will not be kept in the ammunition stores, except for the purpose of immediate use therein and will always be removed at the close of the days work.

(c) Undergrowth will not be allowed to grow within 30 feet of any building containing ammunition or explosives.

(d) Dry leaves, out grass and glass of any description will be cleared from the vicinity of the explosives store house.

(e) Ammunition and explosives which have deteriorated or found to be in dangerous condition will be immediately removed to an isolated position.

(f) After fire caused by spontaneous ignition of an explosive there may be considerable quantities of combustible cases present and it is important with a view to avoid a further explosion from such a cause, to ensure that the building concerned is well ventilated at the earliest opportunity.

Responsibility

12. 1 (I) UN FORCE HQ SIG COY will be responsible for dealing with all fires that might break out in the unit area.

Fire Fighting Organisation

13. This will consist of the following for :-

(a) Fire fighting officer.

(b) Assistant fire fighting officer.

(c) Fire fighting picquets.

Duties of the Fire Fighting Officer

14. He will responsible for:-

- (a) The efficiency of fire picquet and will hold fortnightly fire practices and a record to this effect will be put up to OC for signature as soon as the practice is over.
- (b) To ensure that the coy fire orders are fully complied with by all concerned.
- (c) Adequate supply of serviceable fire fighting eqpt.
- (d) Training of all personnel in fire fighting duties.
- (e) He is responsible for the upkeep and serviceability of all fire fighting equipment on charge of the unit.

Duties of Assistant Fire Fighting Officer

- (a) A JCO/Senior NCO will be detailed in Coy Part I Order as an assignment fire fighting officer.
- (b) He will assist the Coy's Fire Fighting Officer for the upkeep of fire points and bring to his notice any cases of non compliance of FIRE ORDERS or FIRE PRECAUTIONS.
- (c) He will ensure that fire equipment is in serviceable condition at all times.

Duties of Fire Picquet

16. (a) A fire picquet of one NCO and 9 OR will be mounted weekly on each Monday. Their names will be published in Coy Part I Order.
- (b) The tour of duty of the fire picquet will be from reveille Monday till reveille the following Monday.
 - (c) Personnel detailed will not leave Coy lines throughout the tour of duty and the NCO i/c party will keep himself informed the whereabouts of his men at all times.
 - (d) Personnel detailed will not be granted any late passes or leave or absence without having been relieved properly.
 - (e) The fire fighting officer will parade his party at 0900 hours on each Monday and ensure that they know to handle the fire fighting equipment.

Fire Alarm Arrangements

17. The arrangements for the fire alarm will consist of whistle signals which will be short and sharp and repeated till such time sufficient strenght to control the fire has not been assembled, loud calls of 'FIRE' or 'AAG' will be given by all to alert others of the danger.

SOP - DUTIES OF RP

1. The RP of 1 (I) UN Force HQ Sig Coy will function directly under RP NCO. The detailment of duties on various RP posts will be done by RP NCO in consideration with SJCO, who is also the Assistant Security Officer of the coy. A proper record/roster will be maintained by RP NCO.
2. The tenure of duty will be 0600hrs to 1330hrs and 1330h to 1830h for morning RP and evening RP respectively. After 1830hrs the post will be handed over to guard/pqt reporting on duty.
3. A proper handing/taking over register will be maintained between RP to RP and RP to guard/pqts.
4. He will be smart, in good turn out and wear RP badge during his tour of duty.
5. He will not leave his post under any circumstances until properly relieved.
6. He will be vigilant at all times.
7. The following registers will be kept in RP Post and be maintained:-
 - (a) RP Handing/Taking over register.
 - (b) Out pass register.
 - (c) Visiter Book.
 - (d) Visiter slip.
 - (e) Veh IN/OUT register.
 - (f) Guest register.
 - (g) Civ employee IN/OUT register.
 - (h) Arms/Amn IN/OUT register.
 - (j) Auth letters file (to carry stores from Coy loc).
8. A tele/intercom will be provided in RP post and the RP will ensure the serviceability of tele/intercom.
9. He will check the identity/passess of visitors/civilians and also visiting pers of other contingent.
10. He will be polite and behave well to all pers.
11. He will pay compliments to all superiors, visitors, civil dignitaries press/news agency pers, and all visitors of other contingent.

12. All visiting press pers/news agency pers/reporters of world news will be directed to report to OC/2IC only with prior appt. In case of any insistance from reporters, the RP will directly contact OC/2IC on tele. All reporters will be properly entered and guided to the right loc.

13. He will be fully conversant with all security orders issued by Asst Security Offr/Security Offr/OC from time to time.

14. He will report any unusual occurance during his duty to Asst Security Offr/Security Offr.

15. He will properly guide/direct the visitor to the right loc/place of visit/office and ensure that the visitor does not visit other offices/place other than mentioned in the visitor's slip.

16. He will issue visitor slips to all visitors and prior appt will be taken from concerned offr.

17. He will not stop the VIP/VVIP/flag cars approaching our unit loc and such matters will be immediately reported to 2IC/OC on tele or by any other fast means.

18. All vehs will be throughly checked before allowing to move out from Main Gate except OC's veh and flag cars.

19. He will ensure that no stores are carried outside Main Gate without proper authority.

20. In case of any emergency such as fire hazard, or protection requirement to/from nearby contingent, he will properly guide all pers to the right loc.

21. He will immediately report to Asst Security Offr/Security Offr regarding any pers roaming in/around our perimeter in a suspicious manner.

22. In addition to the above duties, he will also carry out addl duties given by RP NCO/SJCO/2IC/OC from time to time.

23. All records/registers mentioned at ser 7 will be put up daily at 0900hrs by RP NCO to Asst Security Offr/Security Offr for inspection.

SOP FOR FLYING PICQUET

1. Composition : The flying picquet will comprise of the following :-
 - (a) Picquet Commander - NCO
 - (b) Sentries - 3 OR
2. Duration : The flying picquet will commence duty at 1800h every evening and will go off duty at 0600h every morning.
3. Area of Responsibility : The flying picquet will be responsible for the entire unit area at Mercury Base excluding the Quarter Guard and the Main Gate. The area will be protected by means of a patrolling sentry. The beat of the patrolling sentry will be as under.
 - (a) Officer's Mess, FOL bladder and upto the fencing in the straight line.
 - (b) Along the fencing upto the Dhobi ghat.
 - (c) In front of the tradesmen's hut, cook house upto the MT.
 - (d) From front of the living accn upto the Main Gate.
4. Procedure for Patrolling : The sentry will observe the following during his beat :-
 - (a) Check the wall/fencing for any breakage or attempts to cut the wire.
 - (b) Check the locks on stores/containers as he passes them.
 - (c) Establish verbal contact with the sentries at the Quarter Guard and the Main Gate, every time he passes the picquets.
 - (d) He will challenge any movement at night unless the movement is from the unit lines to the bathrooms.
 - (e) He will not permit any movement of vehs from unit lines without permission from the MTO.
 - (f) He will be alert at all times and will immediately alert all sentries with the help of a whistle.

**SOP FOR
DUTY CLERK**

SOP DUTY CLERK

1. The duty clerk of 1 (I) UN Force HQ Sig Coy will directly function under Head Clerk of the Coy and a duty roster will be maintained centrally for this purpose.
2. The publication of particulars of duty clerk will be done in daily routine orders of the Coy.
3. The tenure of duty clerk will be 24 hrs i.e. 0700hrs to 0700hrs of the next day. He will be relieved for lunch and dinner break from 1300 hrs to 1400 hrs and 1800 hrs to 2000 hrs respectively by the next duty; duty clerk published in daily routine orders.
4. A proper handing/taking over ^{/for} record will be maintained by the duty clerk.
5. The duty clerk will not leave the Orderly room/Coy Office under any circumstances until properly relieved. A duty runner will be detailed centrally to assist him.
6. He will personally attend all incoming calls on tele and messages will be noted for compliance in the incoming tele register as per the following format :-

<u>Msg Ser No</u>	<u>Date and Time</u>	<u>Originated By</u> <u>(Contingent)</u>	<u>Addsd to</u> <u>(Contingent)</u>
<u>Text</u>	<u>Tele/Fax No</u>	<u>Msg Passed By</u> <u>Appt</u>	<u>Time of Receipt</u>
<u>Action by</u> <u>Duty Clerk</u>	<u>Sig of Head</u> <u>Clerk</u>	<u>Sig of 2IC</u>	<u>Sig of OC</u>
<u>Remarks</u>			

7. He will also maintain an outgoing tele log register pertaining to tele/fax msgs to contingents as per the following format :-

<u>Msg Ser No</u>	<u>Date and Time</u>	<u>Previous ref to</u> <u>msg received/</u> <u>transmitted</u>	<u>Originated</u> <u>by</u>
<u>Addsd to</u>	<u>Tele/Fax No</u>	<u>Duration of</u> <u>X-mission</u>	<u>Time of</u> <u>Clearance</u>
<u>Sig of Duty Clerk</u>	<u>Sig of Head Clerk</u>	<u>Sig of 2IC</u>	
<u>Sig of OC</u>	<u>Remarks</u>		

8. If the msg is handed over personally by the pers of other contingent in the orderly room, the duty clerk will read it carefully and if the text of the msg is found of urgent nature, the same will be directly communicated to 2IC/OC on tele or by sending the mail through duty runner.

9 . If 2IC/OC is away on duty, the contents of msg will be immediately communicated to the available offr of the Coy. In case of any difficulty, he will inform the head clerk or comn JCO or duty JCO of that day.

10. The duty clerk will receive all msgs/logs handed over by Force HQ comn centre and proper record the same in the mail register. If the msg received is of urgent nature, he will take action as per para 8 and 9 above.

11. As the Coy office/Orderly room is out of bound for all ranks except on duty, the duty clerk will be fully responsible for any unauth entry of pers in coy office.

12. The duty clerk will be held responsible for all security lapses during his tenure of duty in orderly room.

13. He will attend promptly to tele calls and be polite while answering.

14. He will ensure that no classified info is passed on tele. He will be fully conversant with the security aspects.

15. The duty clk will ensure the serviceability of the tele.

16. In case of any difficulty inmaterialising the calls/fax, the matter will be reported to duty offr and he can directly contact comn JCO or Comn Offr of Force HQ Comn Centre.

17. A complete up to date list of tele/fax nos of important appt pers/civ dignateries/UN offrs/other contingents will always be kept in the orderly room.

18. A proper record will be maintained in coy office regarding msg x-mitted through fax/ISD/INMARSAT and the same will be put up daily morning at 0900hrs to 2IC/OC.

19. A tape recorder with blank cassettes will be kept in coy office for recording of msg/conversation received in local/other languages for interpretation. On such occasions, the matter will be directly reported to 2IC/OC.

20. The destruction of waste papers will be carried out by the duty clerk in the presence of duty offr at 0600hrs every day.

21. He will properly brief the duty clerk taking over regarding all events that have occurred before leaving the orderly room at 0700hrs.

22. The off duty clerk will report to duty at his routine place at 1000hrs.

23. He will open packets classified upto 'restd' only. Packets classified above restd will be handed over to head clerk.

24. The electronic typewriter will be kept under lock and key when not in use.

25.* If ~~the~~ ~~com~~ptrs are used in orderly room, adequate data/comptr security measures should be adopted.



UNITED NATIONS
ASSISTANCE MISSION IN RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

FROM : G 3 PLANS *for* **5000.7 (Plans)**
TO : DISTRIBUTION LIST
DATE : 20 Nov 95
SUBJECT : AMENDMENT TO UNAMIR SOPs

1. Please find enclosed the latest version of UNAMIR Force SOP part four (4), Air Operations. It supersedes the Air Operations SOP sent vide letter dated 24 Oct 95.
2. For necessary action.

Distribution :

Internal :

FORCE COMMANDER
DFC/COS
OPS BRANCH
MILITARY PERSONNEL BRANCH
LOGISTICS BRANCH
PLANS SECTION
CAMP COMMANDANT
MIL OB GP HQ
INDBATT
GHANCOY 1
GHANCOY 2
MALICOY
MALAWICOY
NICOY
FORCE ENGR COY
FORCE SIG COY
95 CMSG
NORMED
HAC

FORCE PROVOST MARTIAL
FORCE MP COY
HUMAN RIGHTS LO
CANADIAN HELICOPTER UNIT

External :

SRSG OFFICE
CAO (OFFICE ADMIN AND MANAGEMENT)
UN HQ NEW YORK (DPKO)

PART FOUR

AIR OPERATIONS - ROTARY WING

GENERAL

1. Air support for UNAMIR is provided by a commercial firm (Canadian Helicopters International) under contract for three Bell 212s. When operating under UN responsibility these aircraft are called "United Nations Aircraft" and are placed under operational command of the FC through G3 Air. The CAO maintains operational control through the Civilian Air Operations Officer (C Air Ops). The G3 AIR is responsible for the coordination, planning and execution of UNAMIR rotary air taskings. Chief Air Operations is responsible for the supervision and administration of all air assets and for ensuring that operations are correctly tasked and flown in accordance with the UN mandate for the Mission.

TASKING PRIORITY

2. Support helicopter tasking is decided by using the following system of priorities:

- a. Priority - 1: CASEVAC, Search and Rescue (SAR) and other urgent or immediate missions.
- b. Priority - 2: MEDEVAC of stabilized casualties. Operational deployment of troops in support of the UN mandate in Rwanda. VIP tasks.
- c. Priority - 3: Routine UNAMIR support tasks including, recce and surveillance missions, air patrols, troop redeployment, photo-recce and administrative tasks.
- d. Priority 4: Routine UN tasking for other agencies.
- e. Priority 5: NGO humanitarian support operations.

AIR TASK REQUESTS AND FORMATS

3. All personnel/units are to bid for helicopter support using an AIR TASK REQUEST form at least 48 hours in advance of the task. Taskings for Monday are to be submitted by Friday. All requests will be considered in order of priority and merit by G3 AIR and scheduled based on aircraft availability. The task will have to be recommended by G3 AIR and approved by both the FC, through DCOS Ops, and CAO, through Chief Air Ops. An Air Task number (date + sequential number) will be assigned to the tasking. Tasking number zero one (date +01) is reserved for CASEVAC/MEDEVAC responses. The format for an air task request is

at Annex A with a message format at Annex B.

4. By 1600 hrs the day before the requested task is due to be flown, an **AIR TASK ORDER** will be produced by G3 Air specifying the nature and detail of the task. This form is then distributed to UNAMIR/MILOB duty officers, helicopter company and Chief Air Ops. Requesting units can contact G3 AIR or UNAMIR/MILOB Duty Officers by 1600 hrs the day prior to the tasking to confirm support for their air task request. The format for an air task order is at Annex C.

PERSONNEL AUTHORIZED TO EMBARK UNAMIR HELICOPTERS

5. In accordance with AIR OPS memo 538 dated 5 Oct 95, the following table outlines the various forms/authorizations that are to be completed by UNAMIR, NON-UNAMIR and NON-UN personnel when requesting helicopter support. All forms are to be completed and presented to G3 Air one day prior to the requested helicopter flight. Any request which has incomplete paper work, will not be authorized.

6. **HELICOPTER PASSENGER AUTHORIZATION REQUIREMENTS TABLE**

PASSENGER	AIR TASK REQUEST FORM	REQUESTING LETTER	NON-UNAMIR MOV OF PERS (MOP) FORM	GENERAL RELEASE WAVIER
UNAMIR	YES	NO	NO	NO
OTHER UN AGENCIES	YES	YES	YES	NO
NON-UNAMIR NON-UN	YES	YES	YES	YES

7. As an organization may be required to reimburse UNAMIR for a portion of the flight, the Requesting Letter must be stamped and signed by an authorized individual of the requesting organization, a sample Request Letter enclosed at Annex D. For all NON-UNAMIR cases, all of the completed paperwork shall be forwarded to the office of the CAO for final approval. A sample MOP and General release waivers are enclosed at Annex E.

8. The only exception to the above table is when NGOs, RPA LO, and personnel from other UN Agencies must accompany UNAMIR personnel in order to aid UNAMIR personnel in the performance of their duty. In the instances of where the personnel are located in the field, then the requirement for the Requesting Letter is waived. All other paperwork must still be submitted prior to the flight and only one representative from a single organization

will be considered for these flights. If more than one representative will be on the flight, then a letter from the organization acknowledging a Cost Recovery will be required.

PASSENGER MANIFESTING

9. All UNAMIR helicopter flights shall have passengers **manifested** (names and UN ID numbers recorded) prior to proceeding on the flight. Manifesting is used for cost recover and in the event of accident, an accurate list of personnel on-board.

10. Manifesting is to be done through four CONSECUTIVE methods. First, the Air Task request form will have the initial list of passenger names. Second, by contacting G3 Air Ops or if unavailable UNAMIR/MILOBs duty officers and changing or adding the name of person to the Air Task Request form. Third, in the event of a last minute change, contacting the unit duty officer, who in turn will contact G3 Air to correct the passenger manifest. Fourth, the helicopter pilot will confirm the name of individuals prior to their boarding the helicopter. If a person replaces another person on the flight, the pilot will transmit the person's UN ID Number to the helicopter base unit. Additional passengers will be refused entry.

11. In Kigali, passengers will report twenty (20) minutes prior to flight departure for manifesting. Passengers not manifested five (5) minutes prior to departure, will be considered to have missed the helicopter and will not be taken on the flight.

12. In the field, passengers should be at the helicopter pick up point at least twenty (20) minutes prior to the scheduled arrival time of the helicopter. During pick up taskings, the helicopter scheduled may be varied due cancellations and/or other passengers arriving late for their pick up.

DUTIES AND RESPONSIBILITIES

13. G3 AIR is responsible to DCOS Ops and Air Ops for the efficient running of UNAMIR Helicopter Air Operations within the Mission Area. In particular G3 Air is responsible for the following:

- a. Advising the FC on the use of Support Helicopters (SH) within the Mission Area.
- b. Advising all UNAMIR units/sections on the use of SH assets.
- c. Staffing matters involving SH and air assets within UNAMIR.
- d. Liaising and coordinating with the Rwandese Civil Aviation Authority.

- e. Liaising and coordinating air assets with the civilian Air operations Officer in UNAMIR, including providing timely information on tasking and mission profiles.
- f. Writing and updating all relevant air SOPs and directives in cooperation with Chief Air Ops.
- g. Tasking and coordinating SH assets within the Mission area.
- h. Maintaining and updating an HLS register within the Mission area.

AIRCRAFT CAPABILITIES AND LIMITATIONS

14. The capabilities and limitations of the BELL 212 are listed below, however it should be noted that these figures are subject to greater constraints when operating the helicopter at higher altitude and higher temperatures, such as those encountered in western Rwanda. If the aircraft are tasked to fly over longer ranges, less payload will be available. The normal limitations are as follows:

- a. Maximum number of passengers:
 - (1) 7 normally.
 - (2) 6 during hot weather.
 - (3) 3 stretchers and three passengers/AME team.
- b. Average airspeed: 100 Kts or 185 Km/Hr.
- c. Endurance to be used for planning purposes:
 - (1) With maximum load: 2 Hr.
 - (2) With a very reduced pax load and 2 auxiliary fuel tank: 3 Hr 30.
- d. Readiness for urgent missions with one helicopter:
 - (1) Daily between 06 Hr and 17 Hr: take off within 30 min.
 - (2) When a higher state of readiness has been ordered by the FC: take off immediately.
- e. Comms: VHF/AM (band-width: 118.000 - 135.975 Mhz).
VHF/FM (band-width: 150.000 - 179.999 Mhz).
HF SSB (band-width: 2.100 - 29.999 hz).
- f. Nav aids: NDB, VOR and GPS.
- g. During night operations, Instrument Flight Rules will

be used.

h. Maximum flight altitude without supplementary oxygen: 10,000 ft above sea level.

i. Allocated flying hours: 60 hrs/month/hel.

TASK CAPABILITIES

15. Helicopters may be tasked within the Mission area for the following operations:

- a. CASEVAC/MEDEVAC/Search and Rescue (SAR).
- b. Transportation of VIPs.
- c. Troop deployment and redeployment.
- d. Recce.
- e. Surveillance and Border Patrols.
- f. Resupply.
- g. Top Cover for convoys.

CASEVAC AND MEDEVAC

16. CASEVAC is the emergency transportation of injured personnel, who may be in **imminent danger of death**. MEDEVAC is the emergency transportation of injured personnel, who are **NOT** in imminent danger of death but **require increased health services**. UNAMIR medical SOPs define and determine the methods to be used to CASEVAC a casualty, this includes a standardized format for casualty requests.

17. When a request for a CASEVAC/MEDEVAC mission is received by the HQ Duty Officer, he will carry out the following actions:

- a. Notify the Force Medical Officer (FMO), call sign M93 on channel 4, G3 AIR call sign 93H on channel 4 and Air Ops, call sign WZ1 on channel 11.
- b. Determine all the details of the incident in accordance with Annex A to the medical CASEVAC SOP and pass them to the FMO, G3 Air and Air Ops.
- c. Inform DCOS Ops about the progress of the incident.

18. The FMO will carry out the following actions:

- a. Gather as much information as possible about the incident.
 - b. Determine whether a helicopter CASEVAC/MEDEVAC is appropriate.
 - c. If a helicopter CASEVAC is necessary, despatch the Aero Medical Evacuation (AME) Team to the helicopter site immediately and inform G3 AIR of the medical implications of flying the casualty. It should be noted that large pressure (higher altitudes) variations can seriously harm injured personnel in certain circumstances.
 - d. If a helicopter MEDEVAC is necessary, the FMO will ascertain if adequate medical attention (two persons) will accompany the patient from the pick up point to Kigali. If no medical attention is to accompany the patient, the FMO will arrange for an AME team to accompany the helicopter from Kigali.
 - e. Arrange for an ambulance to pick up the casualty once recovered by the helicopter. If time is essential, the helicopter will land in front of the control tower at Kigali Airport with the casualty(ies). If time is NOT essential, the helicopter will recover at the Presidential Hangar.
19. The G3 AIR will carry out the following actions:
- a. Alert the SAR/CASEVAC standby helicopter crew.
 - b. Brief the crew with as much information about the detail and location of the incident as possible.
 - c. If required, alert the MILOBs at the pick-up point or drop-off point for their possible assistance.
 - d. When known, advise the medical staff of the estimated time of return of the helicopter to Kigali.
 - e. Monitor the progress of the mission until completion of mission.
 - f. Keep the C Air Ops O appraised on all matters pertaining to SAR/CASEVAC/MEDEVAC taskings.

SAR MISSIONS

20. A SAR mission will be implemented for any aircraft within the Mission area that is either overdue or transmits a MAYDAY call. Overdue action will be taken for any aircraft, 1 hour after its specified endurance is reached. If a helicopter on task fails to land at its designated location, overdue action will be taken 1 hour after its last reported ETA.

4-1-6
NOV 95

21. A SAR mission is to be requested via G3 AIR and Air Ops:
 - a. For fixed wing aircraft by ATC/AOC.
 - b. For helicopters, by the Flight Commander of the helicopter unit.
22. The Mission has a very limited SAR capability at night due to aircraft limitations and terrain considerations.
23. A SAR mission can be implemented for missing vehicles/personnel along a briefed route, should no other means be available.
24. Should the G3 AIR not be available, C Air Ops/DCOS OPS/G3 Ops may task a helicopter for a SAR/CASEVAC/MEDEVAC mission directly.

RECCE MISSION

25. A recce mission is flown to collect information of a general nature and to confirm specific information.
26. In order to reduce aircraft flying time and to gain maximum benefit for those requesting the recce mission, the following procedures are to be followed:
 - a. Plan your recce route before requesting the helicopter tasking.
 - b. Include sufficient details of the recce route (map number, grid coordinates) in the Air Task request form. Failure to submit details will prevent the pilot from calculating the fuel requirement for your recce.
 - c. Prior to the flight, mark your recce route on a second map and give it to the pilot of the aircraft. Brief the pilot on the route marked on the second map. The pilot will return your map at the end of the flight.
27. Helicopter recce mission limitations are:
 - a. Normal recce flights should be conducted at 150 meters above terrain.
 - b. Low level flight for closer object view below 75 meters over habited area is not permitted.
 - c. The best recce view is either to the front or to the sides of the aircraft. The pilot should be informed of the preferred side for observation.
 - d. To allow for a larger quantity of fuel to be taken for

longer flights, the most suitable number of recce passengers is four.

HELICOPTER LANDING SITES

28. Helicopter landing sites (HLSs) should be chosen using the following criteria:

a. A clear open area, free of obstructions and loose material. Definition of loose material includes any material that may be blown around or be effected by the helicopter wind during the helicopter landing or departure phases. Most wind blown materials come from areas located too close to the helicopter landing site such as garbage pits (in particular loose plastic bags), construction sites and clothes drying areas.

b. Clear approach and departure paths. Tall trees and electrical power lines are to be avoided where possible. If unavoidable, the helicopter passenger load may be reduced to four or five passengers at that landing site.

c. The minimum dimensions are 35x35m, cleared to ground level. An HLS for night use should be at least 100x50m in size.

d. Slope of the helicopter landing area should be minimal and should not exceed 6 degrees by day and 3 degrees by night.

e. The landing site should be as secure as possible, especially if an aircraft is to shut down for some time. In the case of a shutdown, you will be required to provide and post guards.

29. A record of HLSs will be held in Air Ops and at the helicopter detachment operations room.

MARKING HLSs

30. Landing sites should be obvious from the air and may be designated as follows:

a. The site should be marked with a large white H in the centre, individual landing points within a large HLS may then be marked by secure marker panels or by marshallers.

b. The helicopter will try to approach into wind and a windsock, flag or smoke will assist the pilot in determining the wind direction. Smoke should not obscure the HLS when the helicopter is on its approach.

c. A night landing site should be well lit and clearly designated. In an emergency the area may be illuminated by using crossed vehicle headlights placed 35m apart downwind of the landing point, Annex F.

NIGHT OPERATIONS

31. Currently night flying is to be flown according to Instrument Flight Rules (IFR). IFR flight severely limits the night capability of the Bell 212 helicopters. In IFR flight, the maximum safety altitude in western Rwanda may exceed 10,000 ft. This altitude will require supplementary oxygen for the flight crew. This supplementary oxygen is not available in Rwanda. The Bell 212 may not therefore be able to carry out night operations over the mountains in western Rwanda.

32. The Bell 212 is not equipped with Night Vision Goggles (NVG) and therefore has a limited ability to conduct rescue missions at night.

HELICOPTER SAFETY DRILLS

33. Troops/passengers may only approach the helicopter from the front or right quadrants. When the helicopter engine is at idle, a member of the crew will direct troops/passengers to enter the helicopter. All weapons are to be made safe and magazines are to be removed. No loose articles are to be carried into the rotor area and headgear should be removed and secured. Radio aerials are to be removed and stowed. Radios are not to be used inside the aircraft.

34. During flight, smoking is prohibited and troops/passengers are to secure their seat belts at all times.

35. Troops are to wait until directed by a crew member before deplaning. On touchdown the pilot will inform the chalk commander of his exact position and heading if so requested.

RESTRICTED FLIGHT AREAS

36. Overflying the RPA firing range (south eastern Rwanda), VOLCANO NATIONAL PARK and the AKAGERA NATIONAL PARK is not permitted without authorization. When overflight is authorized, flight below 1000 feet above ground level is not permitted.

37. Unless landing, flight over built up areas is restricted to 1000 feet above ground level or higher.

38. Flight over downtown Kigali, Kanombe Military Camp (east of Kanombe airport) and between the camp and the airport runway is prohibited.

39. Using the Rwandan military street plan map of Kigali, "downtown Kigali" restricted flying area encompasses the hill containing the area north of Hotel Mille Colline, Rwandan National Bank, Kigali Central Hospital on the west, Nyarugenge complex on the south and the eastern slope of the hill containing boulevard l'O.U.A. (main boulevard leading to downtown from the airport).

4-1-10
NOV 95

AIR TASK REQUEST FORM (1 NOV 95)

Annex A To
Air Ops SOP
Part 4

IDENTITY OF APPLICANT

1. A. Name.
- B. Branch or Section.
- C. Location, Building, Room Number.
- D. Telephone Number or method of Contact.

FLIGHT REQUEST

2. A. Date of task
- B. Return date
- C. Task description (incl reason or special instruction/info).

3. A. Passengers. (UN ID NUMBER, NAME)

- | | |
|-----|-----|
| (1) | (5) |
| (2) | (6) |
| (3) | (7) |
| (4) | |

- B. Luggage (weight).

<p>4. Pick Up Point (PUP).</p> <p>A. FROM TIME Call sign</p>	<p>4. Drop of Point (DOP)</p> <p>B. TO TIME Call sign</p>
<p>5. RETURN FLIGHT PUP</p> <p>A. FROM TIME Call sign</p>	<p>5. RETURN FLIGHT PUP</p> <p>B. TO TIME Call sign</p>

6. AUTHORIZING AGENT _____ APPOINTMENT _____

DATE SIGNED:

7. RECOMMENDATION BY G3 AIR. _____

Signature G3 AIR

CASEVAC OPERATIONAL SPACE AVAL COST RECOVER

8. FLIGHT AUTHORIZED

Comments: _____

Comments: _____

This mission request is a valid
operational requirement and
meets the UNAMIR mission mandate.
FC Through DCOS Ops _____

This mission meets UNAMIR
requirements and is cost
approved.
CAO through Air Ops _____

GENERAL RELEASE FORM LIABILITY ON ACCOUNT OF USE OF UN HELICOPTERS

I, the undersigned, hereby recognize that my use of or travel on aircraft provided by the United Nations that is scheduled to depart from _____ for _____ on _____ 199_____ is solely for my own convenience and benefit and make take place in areas or under conditions of special risk. In consideration of being permitted to use or travel with these helicopters, I hereby:

- a. Assume all risks and liabilities during such use or travel.
- b. Recognize, subject to the provisions of this release, that neither the United Nations nor any of its officials, employees or agents are liable for any loss, damage, injury or death that may be sustained by me during such use or travel,
- c. Agree, for myself as well as for my dependents, heirs and estate, to hold harmless the United Nations and all its officials, employees and agents from any claim or action on account of any such loss, damage, injury or death.
- d. Agree, for myself as well as for my dependants, heirs, and estate, that in any case of loss, damage, injury, or death, the liability of the United Nations, if any, shall be limited and shall, as applicable, not exceed the lower of: (i) the amounts of the insurance coverage maintained for this purpose by the United Nations; (ii) the compensation payable to the staff of the United Nations; (iii) the limitations on the amounts recoverable by passengers under the provisions of the Warsaw Convention.
- e. Further agree, for myself as well as for my dependants, heirs and estate that we shall look first to any insurance taken out by myself or provided by my employer or the carrier covering such loss, damage, injury or death, and that compensation shall be payable by the United Nations only to the extent that limits provided under paragraph (c), above, exceed the amounts recovered from such insurance.

(Passenger signature)

(Print name of passenger)

(Date)

(revised 16 November 1994)

(Witness signature)

(Print name of Witness)

(Date)



UNAMIR - MINUAR

File No 5000.7 (PLANS)

To: DISTRIBUTION LIST

From: G3 PLANS

Date: 24 Oct 95

Subject: AMENDMENT TO UNAMIR FORCE SOPs

1. Please find enclosed the latest version of the UNAMIR Force SOP Part four (4), Air Operations.
2. For necessary action.

DISTRIBUTION LIST

INTERNAL

FORCE COMMANDER
DEPUTY FORCE COMMANDER
COS
OPERATIONS BRANCH
MILITARY PERSONNEL BRANCH
LOGISTICS BRANCH
~~PLANS BRANCH~~
CAMP COMMANDANT
MILITARY OBSERVER GROUP HEADQUARTERS
NICOY
GHANCOY 1 & 2
MALICOY
MALAWICOY
INDBATT
FORCE ENGINEER COMPANY
COMPOSITE MISSION SUPPORT GROUP (CMSG)
NORMED
HUMANITARIAN ASSISTANCE CELL (HAC)
FORCE PROVOST MARSHAL
MILITARY POLICE COMPANY
HUMAN RIGHTS LIAISON OFFICER

EXTERNAL

CAO (DIV. OF ADMIN. AND MANAGEMENT)
SRSG OFFICE
UNITED NATIONS HQ NEW YORK (DPKO)

UN RESTRICTED

UNAMIR FORCE SOPs

PART FOUR

AIR OPERATIONS - ROTARY WING

SECTION 1 -	AIR OPERATIONS
ANNEX A -	AIR TASK REQUEST FORM
ANNEX B -	EXAMPLE AIR TASK REQUEST MESSAGE FORMAT
ANNEX C -	EXAMPLE HELICOPTER TASK ORDER
ANNEX D -	NON-UNAMIR EXAMPLE PASSENGER REQUEST LETTER
ANNEX E -	AUTHORIZED MOVEMENT OF PERSONNEL FORM/ GENERAL RELEASE FROM LIABILITY FORM
ANNEX F -	EMERGENCY NIGHT LANDING DIAGRAM

UN RESTRICTED

UN RESTRICTED

PART FOUR

AIR OPERATIONS - ROTARY WING

GENERAL

1. Air support for UNAMIR is provided by a commercial firm (Canadian Helicopters International) under contract for five Bell 212s. When operating under UN responsibility these aircraft are called "United Nations Aircraft" and are placed under command of the FC. The G3 AIR is responsible for the coordination, planning and execution of UNAMIR rotary air taskings. Civilian Air Operations is responsible for the supervision and administration of all air assets and for ensuring that operations are correctly tasked and flown in accordance with the UN mandate for the Mission.

TASKING PRIORITY

2. Support helicopter tasking is decided by using the following system of priorities:

- a. Priority - 1: CASEVAC, Search and Rescue (SAR) and other urgent or immediate missions.
- b. Priority - 2: MEDEVAC of stabilized casualties. Operational deployment of troops in support of the UN mandate in Rwanda. VIP tasks.
- c. Priority - 3: Routine UNAMIR support tasks including, recce and surveillance missions, air patrols, troop redeployment, photo-recce and administrative tasks.
- d. Priority 4: Routine UN tasking for other agencies.
- e. Priority 5: NGO humanitarian support operations.

AIR TASK REQUESTS AND FORMATS

3. UNAMIR personnel/units are to bid for helicopter support using an AIR TASK REQUEST form at least 48 hours in advance of the task. Taskings for Monday are to be submitted by Friday. All requests will be considered in order of priority and merit by G3 AIR and scheduled based on aircraft availability. The task will have to be recommended by G3 AIR and approved by both the FC, through DCOS Ops, and OIC Administration, through Civilian Air Ops. An Air Task number (date + sequential number) will be assigned to the tasking. Tasking number zero one (date +01) is reserved for CASEVAC/MEDEVAC responses. The format for an Air

UN RESTRICTED

task request is at Annex A with a message format at Annex B.

4. By 1600 hrs the day before the requested task is due to be flown, an **AIR TASK ORDER** will be produced by G3 Air specifying the nature and detail of the task. This form is then distributed to UNAMIR/MILOB duty officers, helicopter company and Civilian Air Ops. Requesting units can contact G3 AIR or UNAMIR/MILOB Duty Officers by 1600 hrs the day prior to the tasking to confirm support for their air task request. The format for an air task order is at Annex C.

PERSONNEL AUTHORIZED TO EMBARK UNAMIR HELICOPTERS

5. In accordance with AIR OPS memo 538 dated 5 Oct 95, the following table outlines the various forms/authorizations that have to be completed by UNAMIR, NON-UN and NON-UNAMIR personnel when requesting helicopter support. All forms have to be completed and presented to G3 Air prior to the helicopter flight.

6. HELICOPTER PASSENGER AUTHORIZATION REQUIREMENTS TABLE

PASSENGER	AIR TASK REQUEST FORM	REQUESTING LETTER	NON-UNAMIR MOV OF PERS (MOP) FORM	GENERAL RELEASE WAVIER
UNAMIR	YES	NO	NO	NO
OTHER UN AGENCIES	YES	YES	YES	NO
NON-UNAMIR NON-UN	YES	YES	YES	YES

7. UN Agencies and NON-UN personnel requesting helicopter services require a letter of explanation from the organization, sample Passenger Request Letter Annex D. As the organization may be required to reimburse UNAMIR for a portion of the flight, the letter must be signed by an authorized individual of the requesting agency. The following two forms must also be submitted at the same time, the "Authorized Movement of NON-UNAMIR Personnel" (MOP) form and located on the reverse side, the "GENERAL RELEASE FROM LIABILITY" form, Annex E. Rwandese officials require all of the above documentation and require written authorization from the CAO.

8. Exception to the above table is allowed when:

- a. NGOs, RPA LO, and personnel of other UN Agencies are

UN RESTRICTED

required to assist Formed Troops\MILOBs in the performance of their duty. In order to validate this exception, these personnel must have their names included on the original air task request form and have signed a "MOP and GENERAL RELEASE FROM LIABILITY" form (as required) faxed to G3 Air.

b. There is very little time to contact G3 AIR/UNAMIR duty officer. Air tasking and "MOP and GENERAL RELEASE FROM LIABILITY" forms are to be forwarded as soon as possible to G3 AIR.

PASSENGER MANIFESTING

9. All UNAMIR helicopter flights shall have passengers manifested (names and UN ID numbers recorded) prior to proceeding on the flight. Manifesting is used for cost recover and in the event of accident, an accurate list of personnel on-board.

10. Manifesting is to be done through four CONSECUTIVE methods. First, the Air Task request form will have the initial list of passenger names. Second, by contacting G3 Air Ops or if unavailable UNAMIR/MILOBs duty officers and changing or adding the name of person to the Air Task Request form. Third, in the event of a last minute change, contacting the unit duty officer, who in turn will contact G3 Air to correct the passenger manifest. Fourth, the helicopter pilot will confirm the name of individuals prior to their boarding the helicopter. If a new name is added, the pilot will transmit the person's UN ID Number to the helicopter base unit.

11. In Kigali, passengers will report twenty (20) minutes prior to flight departure for manifesting. Passengers not manifested five (5) minutes prior to departure, will be considered to have missed the helicopter and will not be taken on the flight.

12. In the field, passengers should be at the helicopter pick up point at least twenty (20) minutes prior to the scheduled arrival time of the helicopter. During pick up taskings, the helicopter scheduled may be varied due cancellations and/or other passengers arriving late for their pick up.

DUTIES AND RESPONSIBILITIES

13. G3 AIR is responsible to DCOS Ops and Air Ops for the efficient running of UNAMIR Helicopter Air Operations within the Mission Area. In particular G3 Air is responsible for the following:

a. Advising the FC on the use of Support Helicopters (SH) within the Mission Area.

UN RESTRICTED

- b. Advising all UNAMIR units/sections on the use of air resources.
- c. Staffing matters involving SH and air assets within UNAMIR.
- d. Liaising and coordinating with the Rwandese Civil Aviation Authority.
- e. Liaising and coordinating air assets with the civilian Air operations Officer in UNAMIR, including providing timely information on tasking and mission profiles.
- f. Writing and updating all relevant air SOPs and directives in cooperation with Civilian Air Ops.
- g. Tasking and coordinating SH assets within the Mission area.
- h. Maintaining and updating an HLS register within the Mission area.

AIRCRAFT CAPABILITIES AND LIMITATIONS

14. The capabilities and limitations of the BELL 212 are listed below, however it should be noted that these figures are subject to greater constraints when operating the helicopter at higher altitude and higher temperatures, such as those encountered in western Rwanda. If the aircraft are tasked to fly over longer ranges, less payload will be available. The normal limitations are as follows:

- a. Maximum number of passengers:
 - (1) 7 normally.
 - (2) 6 during hot weather.
 - (3) 3 stretchers and three passengers/AME team.
- b. Average airspeed: 100 Kts or 185 Km/Hr.
- c. Endurance to be used for planning purposes:
 - (1) With maximum load: 2 Hr.
 - (2) With a very reduced pax load and 2 auxiliary fuel tank: 3 Hr 30.
- d. Readiness for urgent missions with one helicopter:
 - (1) Daily between 07 Hr and 17 Hr: take off within 30 min.
 - (2) When a higher state of readiness has been ordered by the FC: take off immediately.

UN RESTRICTED

- e. Comms: VHF/AM (band-width: 118.000 - 135.975 Mhz).
VHF/FM (band-width: 150.000 - 179.999 Mhz).
HF SSB (band-width: 2.100 - 29.999 hz).
- f. Nav aids: NDB, VOR and GPS.
- g. During night operations, Instrument Flight Rules will be used.
- h. Maximum flight altitude without supplementary oxygen: 10,000 ft above sea level.
- i. Allocated flying hours: 75 hrs/month/hel

TASK CAPABILITIES

15. Helicopters may be tasked within the Mission area for the following operations:

- a. CASEVAC/MEDEVAC/Search and Rescue (SAR).
- b. Transportation of VIPs.
- c. Troop deployment and redeployment.
- d. Recce.
- e. Surveillance and Border Patrols.
- f. Resupply.
- g. Top Cover for convoys.

CASEVAC AND MEDEVAC

16. CASEVAC is the emergency transportation of injured personnel, who may be in **imminent danger of death**. MEDEVAC is the emergency transportation of injured personnel, who are **NOT** in imminent danger of death but **require increased health services**. UNAMIR medical SOPs define and determine the methods to be used to CASEVAC a casualty, this includes a standardized format for casualty requests.

17. When a request for a CASEVAC/MEDEVAC mission is received by the HQ Duty Officer, he will carry out the following actions:

- a. Notify the Force Medical Officer (FMO), call sign M93 on channel 4, G3 AIR call sign 93H on channel 4 and Air Ops, call sign WZ1 on channel 11.
- b. Determine all the details of the incident in accordance with Annex A to the medical CASEVAC SOP and pass them to the

UN RESTRICTED

FMO, G3 Air and Air Ops.

c. Inform DCOS Ops about the progress of the incident.

18. The FMO will carry out the following actions:

a. Gather as much information as possible about the incident.

b. Determine whether a helicopter CASEVAC/MEDEVAC is appropriate.

c. If a helicopter CASEVAC is necessary, despatch the Aero Medical Evacuation (AME) Team to the helicopter site immediately and inform G3 AIR of the medical implications of flying the casualty. It should be noted that large pressure (higher altitudes) variations can seriously harm injured personnel in certain circumstances.

d. If a helicopter MEDEVAC is necessary, the FMO will ascertain if adequate medical attention (two persons) will accompany the patient from the pick up point to Kigali. If no medical attention is to accompany the patient, the FMO will arrange for an AME team to accompany the helicopter from Kigali.

e. Arrange for an ambulance to pick up the casualty once recovered by the helicopter. If time is essential, the helicopter will land in front of the control tower at Kigali Airport with the casualty(ies). If time is NOT essential, the helicopter will recover at the Presidential Hangar.

19. The G3 AIR will carry out the following actions:

a. Alert the SAR/CASEVAC standby helicopter crew.

b. Brief the crew with as much information about the detail and location of the incident as possible.

c. If required, alert the MILOBs at the pick-up point or drop-off point for their possible assistance.

d. When known, advise the medical staff of the estimated time of return of the helicopter to Kigali.

e. Monitor the progress of the mission until completion of mission.

SAR MISSIONS

20. A SAR mission will be implemented for any aircraft within the Mission area that is either overdue or transmits a MAYDAY call. Overdue action will be taken for any aircraft, 1 hour after its specified endurance is reached. If a helicopter on task fails

UN RESTRICTED

to land at its designated location, overdue action will be taken 1 hour after its last reported ETA.

21. A SAR mission is to be requested via G3 AIR and Air Ops:

- a. For fixed wing aircraft by ATC/AOC.
- b. For helicopters, by the Flight Commander of the helicopter unit.

22. The Mission has a very limited SAR capability at night due to aircraft limitations and inhospitable terrain.

23. A SAR mission can be implemented for missing vehicles/personnel along a briefed route, should no other means be available.

24. Should the G3 AIR not be available, Air Ops or in extremes the HQ Duty Officer may task a helicopter for a SAR/CASEVAC/MEDEVAC mission directly.

RECCE MISSION

25. A recce mission is flown to collect information of a general nature and to confirm specific information.

26. In order to reduce aircraft flying time and to gain maximum benefit for those requesting the recce mission, the following procedures are to be followed:

- a. Plan your recce route before requesting the helicopter tasking.
- b. Include sufficient details of the recce route in the Air Task request form. Failure to submit details will prevent the pilot from calculating the fuel requirement for your recce.
- c. Prior to the flight, mark your recce route on a second map and give it to the pilot of the aircraft. Brief the pilot on the route marked on the second map. The pilot will return your map at the end of the flight.

27. Helicopter recce mission limitations are:

- a. Normal recce flights should be conducted at 150 meters above terrain.
- b. Low level flight for closer object view below 75 meters over habited area is not permitted.
- c. The best recce view is either to the front or to the sides of the aircraft. The pilot should be informed of the

UN RESTRICTED

preferred side for observation.

d. To allow for a larger quantity of fuel to be taken for longer flights, the most suitable number of recce passengers is four.

HELICOPTER LANDING SITES

28. Helicopter landing sites (HLSs) should be chosen using the following criteria:

a. A clear open area, free of obstructions and loose material. Definition of loose material includes any material that may be blown around or be effected by the helicopter wind during the helicopter landing or departure phases. Most wind blown materials come from areas located too close to the helicopter landing site such as garbage pits (in particular loose plastic bags), construction sites and clothes drying areas.

b. Clear approach and departure paths. Tall trees and electrical power lines are to be avoided where possible. If unavoidable, the helicopter passenger load may be reduced to four or five passengers at that landing site.

c. The minimum dimensions are 35x35m, cleared to ground level. An HLS for night use should be at least 100x50m in size.

d. Slope of the helicopter landing area should be minimal and should not exceed 6 degrees by day and 3 degrees by night.

e. The landing site should be as secure as possible, especially if an aircraft is to shut down for some time. In the case of a shutdown, you will be required to provide and post guards.

29. A record of HLSs will be held in Air Ops and at the helicopter detachment operations room.

MARKING HLSs

30. Landing sites should be obvious from the air and may be designated as follows:

a. The site should be marked with a large white H in the centre, individual landing points within a large HLS may then be marked by secure marker panels or by marshallers.

b. The helicopter will try to approach into wind and a windsock, flag or smoke will assist the pilot in determining the wind direction. Smoke should not obscure the HLS when

UN RESTRICTED

the helicopter is on its approach.

c. A night landing site should be well lit and clearly designated. In an emergency the area may be illuminated by using crossed vehicle headlights placed 35m apart downwind of the landing point, Annex F.

NIGHT OPERATIONS

31. Currently night flying is to be flown according to Instrument Flight Rules (IFR). IFR flight severely limits the night capability of the Bell 212 helicopters. In IFR flight, the maximum safety altitude in western Rwanda may exceed 10,000 ft. This altitude will require supplementary oxygen for the flight crew. This supplementary oxygen is not available in Rwanda. The Bell 212 may not therefore be able to carry out night operations over the mountains in western Rwanda.

32. The Bell 212 is not equipped with Night Vision Goggles (NVG) and therefore has a limited ability to conduct rescue missions at night.

HELICOPTER SAFETY DRILLS

33. Troops/passengers may only approach the helicopter from the front or right quadrants. When the helicopter engine is at idle, a member of the crew will direct troops/passengers to enter the helicopter. All weapons are to be made safe and magazines are to be removed. No loose articles are to be carried into the rotor area and headgear should be removed and secured. Radio aerials are to be removed and stowed. Radios are not to be used inside the aircraft.

34. During flight, smoking is prohibited and troops/passengers are to secure their seat belts at all times.

35. Troops are to wait until directed by a crew member before deplaning. On touchdown the pilot will inform the chalk commander of his exact position and heading if so requested.

RESTRICTED FLIGHT AREAS

36. Overflying the RPA firing range (south eastern Rwanda), VOLCANO NATIONAL PARK and the AKAGERA NATIONAL PARK is not permitted without authorization. When overflight is authorized, flight below 1000 feet above ground level is not permitted.

37. Unless landing, flight over built up areas is restricted to 1000 feet above ground level or higher.

38. Flight over downtown Kigali, Kanombe Military Camp (east of Kanombe airport) and between the camp and the airport runway is


UN RESTRICTED

prohibited.

39. Using the Rwandan military street plan map of Kigali, "downtown Kigali" restricted flying area encompasses the hill containing the area north of Hotel Mille Colline, Rwandan National Bank, Kigali Central Hospital on the west, Nyarugenge complex on the south and the eastern slope of the hill containing boulevard l'O.U.A. (main boulevard leading to downtown from the airport).

4-1-10

UN RESTRICTED

This mission meets UNAMIR requirements and is cost approved.
CAO through Air Ops 

ANNEX B TO
AIR OPS SOP
Part 4

EXAMPLE AIR TASK MESSAGE
TO BE SUBMITTED TO G3 AIR

IDENTITY OF APPLICANT

1.A. Maj ALILI.
B. MILOBS SECTOR 3A - OPS OFFICER
C. KIBUYE ENT HOTEL
D. Call on 11232 OR MOTOROLA CH 10 CALL SIGN CB3A/CBOA

FLIGHT REQUEST

2.A. (DATE PUP) 31 AUG 95
B. RETURN FLIGHT SAME DAY
C. (REASON FOR TASK) - RECCE OF WESTERN EDGE OF GISHWATI
FOREST,
(SPECIAL DETAILS) ON SHEET 7, RECCE GRIDS 1122, 3322, 3344,
1144.
ONE LANDING FOR 30 MIN. ESTIMATE 1.5 HOURS

3.A.(1)M1111 MAJ AAAA MILOB
(2) M2222 CAPT BBBB MILOB
(3) C333 ASP YYYYY CIVPOL
(4) CPL XXXX RPA LO
(5) 44555 MARIE ZZZZ UNHCR
(6) M8888 HHHHHH MALAWICOY GUARD
B. 20 KGS RATIONS

4.A. FROM KIBUYE AT 0930 HRS, CALL SIGN CB3A
B. TO GIGIYE (1221), 30 MIN STOP

5.A. FROM GIGIYE TO FOREST RECCE
B. RETURN TO KIBUYE AT 1115 HRS

UNAMIR HELICOPTER TASKING ORDER

TUESDAY, 26 SEPT 95

#	ETD	ETA	ROUTING	AIR TASK#	TOTAL PAX	PAX REMARKS
1	0900	0915	KIG - MAA	2	5	LT COL CASTRO, WILSON, NZAMBA, MARA, MR BULLING
	1000	1010	MAA - RUSHASH	2	5	RUSHASHI - SHT 9 - S 01 43.6 E29 51.4
	1045	1050	RUSH - TARE	2	5	TARE SHT 9 - S 01 42.9?R E 29 54.5
	1050	1105	TARE - KIG	2	5	
	1300	1330	KIG - KAR	11	5	RAKEKA, SOBEC, ANGLIN, STAKISLAUS, FRANCIS
	1430	1500	KAR - KIG	11	5	RAKEKA, SOBEC, ANGLIN, STAKISLAUS, FRANCIS
2	0810	0840	KIG - GIK	10	4	CAPT SHASTRI, HAMDIMI, BABU-LALA, MOAL CHAMEL
	0845	0900	GIK - GIT			POS
	0905	0920	GIT - MAS	4	7	GUPTA, GABRIEL, COLLET, TAKEK, UIRISTINA, KAZUNSU, NTUNGWA
	0940	0950	MAS - MURAMA	4	7	MURAMA - SHT 31 S 02 16.25 E 29 42.01
	1010	1020	MURA - MUKING	4	7	MUKINGI - SHT 22 S 02 09.25 E 29 44.6
	1040	1050	MUKI - GIT	4	7	
	1055	1110	GIT - GIK			POS
	1115	1145	GIK - KIG	10	4	CAPT SHASTRI, HAMDIMI, BABU-LALA, MOAL CHAMEL
	1300	1330	KIG - GIS	7	1	KALADHARANG
	1335	1350	GIS - KIB	3	3(+2)	SWANEY + 1 (TO GUARD HELI AT KIB)
	1355	1415	KIB - SHG		2(-1)	
	1420	1440	SHG - KIB		1	
	1450?	1505	KIB - GIS		2(+1)	SWANEY
	1510	1540	GIS - KIG			POS
3	1000	1015	KIG - KBG	5	1	CAPT JOSEPH
	1020	1030	KBG - RURENGE	5	7	PROTAIS, INVANZI, MTUNDA, MANSEL, YADAV, BATOALA, TROUTRE
	1030	1115	RUREN - KAK	5	7	BORDER FLT, LOW LEVEL ONLY DURING BRIDGE/CROSSING RECCE
	1115	1200	KAK - KBG	5	7	FLY ALONG WESTERN PARK EDGE
	1205	1220	KBG - KIG	5	1	RURENGE SHT 27 - S 02 01 E 30 50.3
	1330	1400	KIG - BUT	6.12	5	DOC OPS, G3 OPS, SOO MILOB, WO2 EDET; YUSUF
	1405	1430	BUT - SHG		1(-4)	
	1435	1445	SHG - KAM	7	2(+1)	S/M KALADHARANG
	1455	1505	KAM - KRA	8	3(+1)	MAJ KAPTUROVICH
	1510	1550	KRA - KIG	12	2(-1)	

CONTACT G3 AIR (11161) OR UNAMIR (11150)/MILOB OPS (11060) AT HQ FOR FLIGHT INFORMATION

ANNEX D TO
AIR OPS SOP
Part 4

SAMPLE COPY OF LETTER REQUESTING HELICOPTER FLIGHT
(WITH REIMBURSEMENT COST)

YOUR ORGANIZATION
FULL ADDRESS
PHONE NUMBER

SUSAN MATTHEW CHIEF ADMINISTRATIVE OFFICER
UNAMIR - KIGALI

Sir, I am requesting assistance for (names of individuals) to fly on a UNAMIR helicopter flight from _____ to _____ on the _____ 95. The purpose of the trip is (state reason for trip).

It is fully understood that (name of Organization) will reimburse UNAMIR HQ for the cost of travel once the fare is set by UN New York.

SIGNATURE OF AUTHORIZED AGENCY MEMBER (For Rwandese - only one of three authorized signatures are required)

Agency Stamp (ORIGINAL COPY ONLY)

EXAMPLE DE LETTRE DE COUVERTURE

VOTRE ORGANIZATION
ADRESSE
NO DE TELEPHONE

SUSAN MATTHEW CHEF DE l'ADMINISTRATION
MINUAR - KIGALI

Monsieur, nous sollicitons votre assistance pour l'utilisation du vol de la MINUAR vers _____ du _____ par (nom du passager) en date du (date de depart). Le but de ce voyage est (raison de voyage).

Nous serions très heureux de bien vouloir agréer notre demande, il est entendu que (nom de l'organisation) paiera les dépenses du voyage à la MINUAR une fois que le montant aura été fixé par New York.

signature autorisée & cachet de l'agence (pour les Rwandais - Seulement une des trois signatures autorisée est nécessaire)



MOVEMENT OF NON-UNAMIR
PERSONNEL

PLEASE PRINT CLEARLY

..... TITLE SURNAME FIRST NAME
..... NATIONALITY ORGANIZATION CONTACT NO
..... PASSPORT No	 SIGNATURE

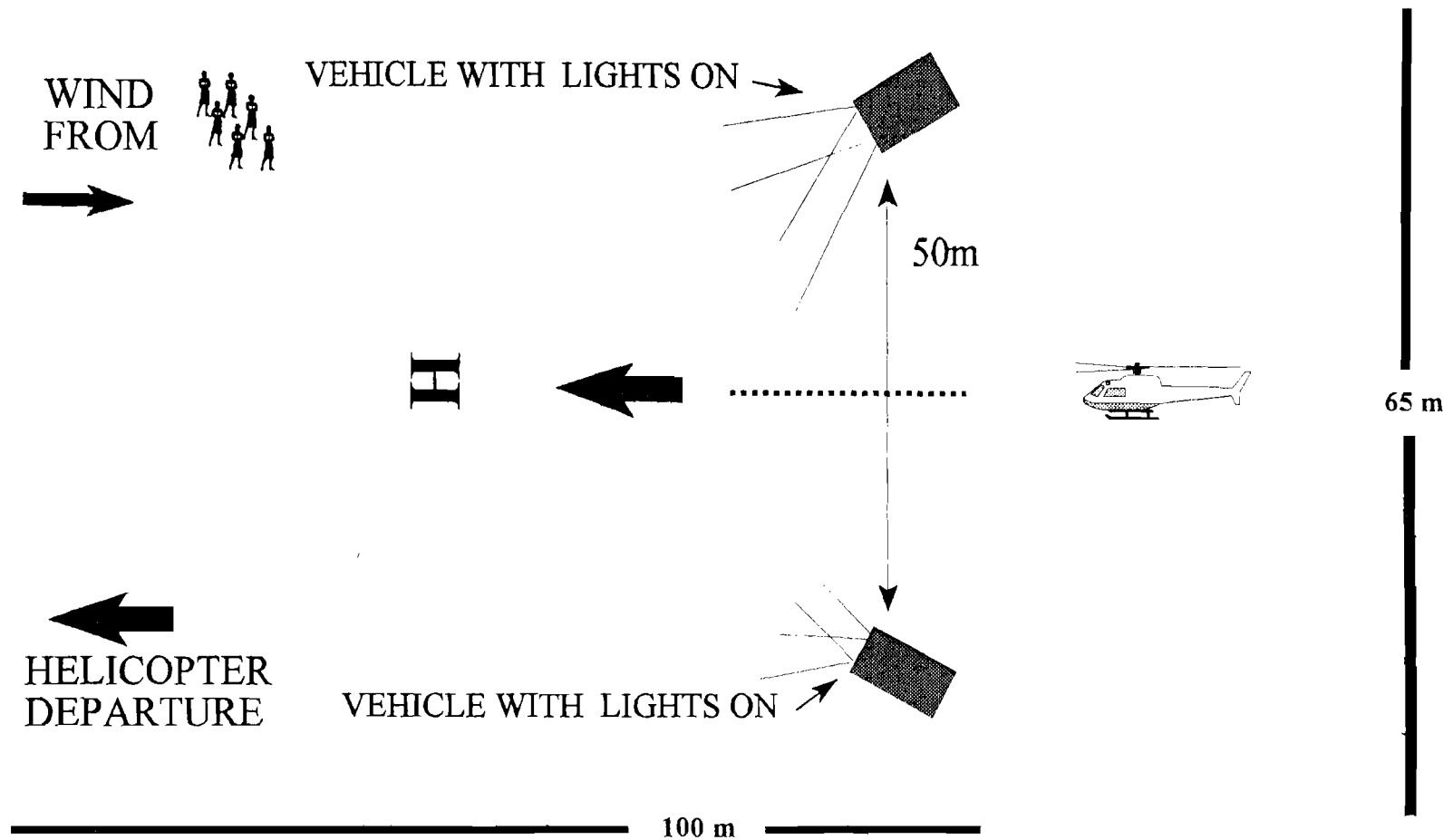
TRAVEL FROM	TRAVEL TO	DATE : DD/MM/YY
RETURN FROM	TRAVEL TO	DATE : DD/MM/YY

AUTHORITY IS HERBY GIVEN TO THE ABOVE MENTIONED
PERSON TO UTILIZE A UNAMIR FLIGHT.

FC / CAO

THIS DOCUMENT IS NOT A GUARANTEE OF A FLIGHT.
ALL WILL BE TREATED ON A SPACE
AVAILABLE NON-INTERFERENCE BASIS AND IN ACCORDANCE WITH THE PRIORTY SYSTEM.

EMERGENCY NIGHT LANDING PROCEDURE





Plans 2
3
A.13/10

File No 5000.7 (PLANS)

To: DISTRIBUTION LIST

From: G3 PLANS


Date: 10 Oct 95

Reference: Letter 5000.7 (G3 PLANS) dated 2 Oct 95

Subject: AMENDMENT TO UNAMIR FORCE SOPs

1. Please find enclosed an AIDE-MÉMOIRE for Duty Officer and G1 Staff in case of death or serious injury of a UNAMIR member. This document is to be added to the UNAMIR SOP - Part 7 (Medical). That part was overlooked in the distribution on the latest version of Part 7 on 2 Oct.

2. For necessary action.

for  LT (A)
S.C. Dadhwal
LCol
G3 Plans

DISTRIBUTION LIST

INTERNAL

Force Commander
Deputy Force Commander
COS
Operations Branch
Military Personnel Branch
Logistics Branch
~~Plans Branch~~
Camp Commandant
Military Observer Group Headquarters
NICOY
GHANCOY 1 & 2
MALICOY
MALAWICOY
INDBATT
Force Engineer Company
Composite Mission Support Group (CMSCG)
NORMED
G3 AIR

Humanitarian Assistance Cell (HAC)
Force Provost Marshall
Military Police Company
Human Rights Liaison Officer

EXTERNAL

CAO (Div. of Admin. and Management)
SRSG Office
United Nations HQ New York (DPKO)

UN RESTRICTED

AIDE MEMOIRE FOR DUTY OFFICERS AND G1 STAFFS

ACTION TO BE TAKEN IN CASE OF THE DEATH OF
OR SERIOUS INJURY TO A MILITARY MEMBER OF UNAMIR

IMMEDIATE ACTIONS

1. When information is received that a military member of UNAMIR has died or suffered serious injury, immediate action are to be taken by:
 - a. The Duty Officer outside normal working hours, until he is relieved of the task by FMO or a member of staff.
 - b. FMO and staff during normal working hours.
 - c. Preferred contact in all cases is Med Ops.
2. It is however likely that the first information will be received by the Duty Officer and whether in normal working hours or not, he is to handle the matter until it can be passed to FMO or a member of his staff not below the rank of Major. Note, however, that the Ops staff retains responsibility for the preparation and submission of the Special Incident Report (See paragraph 6a).
3. When acknowledging the initial information, advise the unit concerned of the need to provide, by the fastest available means, the information necessary to complete the NOTICAS (See below) - but note that casualty details should not be passed over insecure radio nets.
4. Although it is likely that much information that will be required in due course will not be available, immediately inform those listed at annex A, giving all known relevant details.
5. In the case of death, advise the unit that they should advise their national headquarters of the incident and that the notification of next of kin will be the responsibility of the unit headquarters; they must report back when the next of kin have been informed. HQ UNAMIR must be advised when this has taken place as the name of the deceased will not be released in any public statement before this confirmation has been received. CMPO must, therefore advise Public Affairs Office when it is confirmed that next of kin have been informed.
6. Start to prepare:
 - a. Special Incident Report. This is the notification of the occurrence through the operational chain of command. It will be cleared and submitted to New York by DCOS (Ops).
 - b. Preliminary NOTICAS. There may be a conflict between the need to pass information to HQ UN as quickly as possible and the knowledge that the necessary information is not available. This dilemma is solved by the passage of the preliminary NOTICAS message, which takes the same format as the NOTICAS message, except the heading. Those details which have been confirmed are to be included; the remainder is to be given as "To follow".

UN RESTRICTED

UN RESTRICTED

NOTIFICATION OF CASUALTY

7. Unit MO is to prepare the formal Notification of Casualty (NOTICAS) in accordance with Annex B. The serial No is to be the next number from a sequential list he is to maintain. When all the details are known and confirmed, it is to be passed to CMPO (through FMO) for his action and transmission to CAO then to HQ UN.

ADDITIONAL CONSIDERATIONS IN CASE OF DEATH

8. In the event of the death of a member of UNAMIR, there are clearly other matters which need to be addressed. While this aide memoire does not attempt to set out full procedures, its aim is to serve as a check list of points to be considered. Note that full particulars may be found in the UN Field Administration Manual, Chapter 9.

9. The remains are to be transported by the most appropriate and dignified means by air or by road to the UN medical facility in Kigali (currently NORMED) where they will be held until taken out of Rwanda.

10. An ad hoc committee to include the Chief Finance Officer (or a representative), the Legal Advisor, the Force Medical Officer, a representative from Movement Control, a member of CMPO's staff and a representative of the contingent concerned (can be a staff officer of that nationality) is to be formed under the CAO's direction to review the situation; ensure that all relevant details have been passed to HQ UN; determine the disposal of the remains (including ensuring that full movement arrangements have been made to the home country and have been promulgated as necessary); consider ceremonial (see para 18); and appoint an escort (see para 15).

11. Autopsy. FMO is to be consulted as to the requirement for an autopsy. This is to be confirmed as early as possible as it will affect flight timings from Nairobi. The Autopsy could, if required on legal or medical grounds, be carried out in Nairobi.

12. Coffin and UN Flag. Obtained through Log Plans, together with 6' x 9' UN Flag, with which the coffin shall be draped during ceremonial and movement. The flag is to be interred or otherwise disposed of with the remains; it may be given to the next of kin after the funeral ceremonies or, if they do not wish to retain it, the escort is to return it to Log Plans.

13. Funeral Director. UAMIR has an open contract with a funeral director in Nairobi who may be contracted through FCT or LO Nairobi. This company will receive the remains from the aircraft at Nairobi airport, transport them to their own premises, carry out the necessary further preparations for the remainder of the journey, arrange for an autopsy if required, and finally, deliver the remains back to Nairobi airport for the outbound flight.

14. Travel Arrangements. Arrangements for the movement of the remains from Kigali to Nairobi should be made with Air Ops. Experience shows that if it is intended to perform some ceremony

UN RESTRICTED

UN RESTRICTED

at the airport, it will be preferable to choose a time fairly late in the day, after the day's main movements have taken place. Onward movement from Nairobi will be arranged by the UNAMIR Travel Office.

15. Escort. Note the following:

- a. Must be an officer, preferably senior to the deceased (although this may not always be possible) and will be from the same contingent as the deceased. If there are more than one deceased it will be necessary to have equal number of escort officers.
- b. Accompanies the remains on their journey (travelling on the same aeroplane) and is responsible for their safe custody and dignified handling throughout.
- c. Represents the Force Commander at the funeral rites and ceremonies in the home country.

16. Documentation. Three documents are required for the movement of the remains from Kigali to Nairobi:

- a. The passport of the deceased.
- b. A death certificate, which must conform to certain requirement - FMO is aware of the requirements.
- c. A certificate - obtained from the Rwandan Ministry of Health - declaring that the body is free from certain diseases.

17. Customs Clearance. With this documentation, there should be no difficulties clearing customs. It may be helpful, though, to make prior arrangements with the Customs authorities, with the assistance of Movement Control.

18. Ceremonial. The airport authorities have been helpful in allowing UNAMIR to conduct a short ceremony as the remains are placed into the aircraft which will fly them to Nairobi. Clearly the maximum notice and flexibility that can be shown on our part will allow the authorities to give us greater latitude in our activities; KIA is an international airport, we have no right to unlimited free access airside and we must respect the authorities wish to maintain security; otherwise, we shall not be able to conduct the kind of event we would wish. An example format, which has been used successfully, is attached at Annex C, but it may be necessary to adapt this to meet the sensitivities of the religious and national customs of the deceased.

19. United Nations Medal. If the deceased has not previously been awarded the United Nations Medal with UNAMIR ribbon, action should be taken to make an exceptional award, as allowed in the Regulations. The medal should be available for any ceremonial which may be arranged.

SUMMARY

20. When a member of UNAMIR dies, there will be much to be done and it will need to be done quickly. It is important that all

UN RESTRICTED

UN RESTRICTED

concerned are aware of the part that they have to play. Accurate and timely notification of the necessary information is the key.

Annexes:

A. Personnel to be notified Immediately on Receipt of Notification of Death or Serious Injury.

B. NOTICAS Format.

C. Possible form of Ceremonial.

UN RESTRICTED

UN RESTRICTED

ANNEX A TO
AIDE-MÉMOIRE
PART 7

PERSONNEL TO BE INFORMED IMMEDIATELY ON RECEIPT OF
NOTIFICATION OF DEATH OR SERIOUS INJURY

1. MA to FC
2. MA to DFC
3. COS
4. DCOS (Sp)
5. DCOS (Ops)
6. FMO
7. CMPO
8. Provost Marshall
9. CAO
10. Public Affairs Office

UN RESTRICTED

UN RESTRICTED

ANNEX B TO
AIDE-MÉMOIRE
PART 7

NOTICAS FORMAT

- A. NOTICAS No:
- B. UNAMIR
- C. Service Number:
- D. UN ID Card No:
- E. Rank:
- F. Last Name (Given Names):
- G. Sex:
- H. Nationality:
- I. Next of kin (Name, address and relationship):
- J. Category (e.g. contingent member, MILOB etc):
- K. On duty at the time of the occurrence (Yes or No):
- L. Date of occurrence:
- M. Time (local):
- N. Place:
- O. Type of casualty (death, injury or illness):
- P. Cause of casualty:

UN RESTRICTED

UN RESTRICTED

ANNEX C TO
AIDE-MÉMOIRE
PART 7

CEREMONIAL PROCEDURE FOR FUNERAL SERVICES
CONDUCTED FOR UNITED NATIONS PERSONNEL

1. In the event that a funeral service is conducted for United Nations Personnel it will either be a Contingent "family" Ceremony or a Force Ceremony. The Ceremonial procedure to be followed for a Force event is given below:

Serial	Command	Given by	Action	Remarks
1.				1. Escorts Party and Band form up in the assembly area under command of Escort Comd. To be drawn for the contingent/contingents concerned or provided by Kigali Bn. 2. Biers in place 3. Mourners briefed by CMPOL or his staff
2.	Escorts Attention	Escort Comd	National Drill	Band complies with commands
3.	Escorts Shoulder Arms	Escort Comd	National Drill	
4.	Band by the centre, Escorts by the Left, Quick March	Escort Comd	National Drill	Band and Escorts step off together and march to predesignated positions. Band and Escorts mark time.
5.	Band and Escorts - Halt	Escort Comd	National Drill	
6.	Band and Escorts will Advance - Left Turn	Escort Comd	National Drill	
7.	Escorts - Order Arms	Escort Comd	National Drill	
8.	Escorts - stand at ease	Escort Comd		1. Parade Commander takes Command. 2. Band acts on Command. 3. Bearer Party moves to start position (Provided by contingents of deceased)
9.	Escorts - Attention	PDE Comd		1. Band acts on Command.
10.	Bearer Party - Slow March	OIC Bearer Party		
11.	Bearer Party - Halt	OIC Bearer Party		1. Given when rear of veh carrying the coffin is level with the bier.

UN RESTRICTED

UN RESTRICTED

12.	Bearer Party - Inwards Turn	OIC Bearer Party		
13.	Bearer Party - Remove Coffin	OIC Bearer Party		1. Depending on the vehicle that is used to transport the coffin, the bearer party is to remove the coffin as smoothly as possible. 2. Once the coffin has been removed, the vehicle is to depart from the service area back to the assembly area.
14.	Bearer Party - Prepare to lift - Lift	OIC Bearer Party	Lift the coffin evenly until it is just above the level of the shoulder, turn the body towards the feet end of the coffin and at the same time take the weight of the coffin on the inside shoulder.	
15.	Coffin Right or Left	OIC Bearer Party	Using short steps in a forward and sideways motion rotate the coffin in the required direction until it is positioned feet foremost, towards the direction of subsequent movement. Bearers are to be halted on completion of this movement.	
16.	Slow March	OIC Bearer Party	Bearers are to step off with the inside foot to avoid rocking of the coffin. Paces should be short and while the step is to be maintained, bearers must not attempt to carry out a ceremonial slow march. Heads must be held erect and bearers must not look down.	
17.	Bearer Party - Halt	OIC Bearer Party		
18.	Prepare to lower	OIC Bearer Party	Bearers remove the inner hand from their opposite number's shoulder and bring it close to their own shoulder at the same time. Turn inwards and place the outside hand underneath the coffin.	
19.	Lower	OIC Bearer Party	All bearers assists in lowering the coffin until it is supported at full arms length and then by small side paces the coffin is positioned centrally on the bier.	
20.	Bearer Party - Attention	OIC Bearer Party	Bearers return to the position of attention.	
21.	Bearers One Pace Step Back - March	OIC Bearer Party		

UN RESTRICTED

UN RESTRICTED

22.	Bearer Party Outwards Turn	OIC Bearer Party		
23.	Escorts - General Salute - Present Arms	PDE Comd	National Drill	Band play United Nations National Anthem.
24.	Escorts - Shoulder Arms	PDE Comd	National Drill	
25.			Service is conducted (if required)	Order of service handed out before event.
26.	Escorts - General Salute - Present Arms	PDE Comd	National Drill	1. Buglers sound Last Post 2. All military pers in uniform are to salute
27.	Escorts - Shoulder Arms	PDE Comd	National Drill	Given on completion of last Post
28.	Bearer Party - Inwards Turn	OIC Bearer Party		
29.	Bearer Party One Step Forward - March	OIC Bearer Party		
30.	Bearer Party Prepare to lift - Lift	OIC Bearer Party	As for Serial 14	
31.	Bearer Party Slow March	OIC Bearer Party	Bearer Party marches the coffin to a position where it can be placed aboard the aircraft	
32.	Bearer Party - Halt	OIC Bearer Party		
33.	Bearer Party - Prepare to lower	OIC Bearer Party	As for serial 18	
34.	Bearer Party - Lower	OIC Bearer Party	1. Bearer Party assists in lowering the coffin until it is supported in a position to be loaded onto the aircraft. 2. Using short side steps and the assistance of the air crew the coffin is loaded onto the aircraft	
35.	Bearer Party - Attention	OIC Bearer Party		
36.	Bearer Party Move to the Right in File - Right Turn	OIC Bearer Party		
37.	Bearer Party - Quick March	OIC Bearer Party	Bearer Party marches to the Right Flank of the Escort Party. Halt and Left turn.	
38.	Escort Party - Move to the Left in File - Left Turn	PDE Comd		All contingents act on command

UN RESTRICTED

UN RESTRICTED

39	Escort Party - Quick March	PDE Cond		1. All contingent march back to the assembly area. 2. Contingents are halted and fallen out to return to duty.
----	-------------------------------	-------------	--	--

UN RESTRICTED

un temps voisin de l'action de flagrant délit existe. C'est-à-dire dans les deux jours après le commisssion de l'infraction.

B) LES CONDITIONS DES TEMPS VOISINS

- 1) Il faudrait que l'individu soit poursuivi par la clameur publique (bruits circulant dans les quartiers par exemple)
- 2) Il est trouvé porteur d'objet laissant penser qu'il a participé à l'infraction
- 3) Il est trouvé porteur des traces(l'auteur d'un viol par exemple)

C) CAS ASSIMILES

* **1er CAS ASSIMILE:** C'est la requisition du chef de maison. On entend par chef de maison celui qui est présent sur les lieux (chef de famille, son épouse, son fils aîné ou son domestique)

* **2ème CAS ASSIMILE: LA DECOUVERTE D'UN CADAVRE**

Le Gendarme peut se trouver en présence d'un cadavre dont la mort est inconnue ou suspecte. Dans ce cas, peu importe la notion du temps. Le cadavre peut être décomposé ou réduit en état squelettique. L'OPJ peut toujours agir en flagrant délit.

D) LES POVOIRS DE L'OPJ EN FLAGRANT DELIT

- * Transport sur les lieux
- * Constatations de l'infraction
- * Recherche de l'auteur, les traces et indices
- * perquisitions pour saisir et placer sous scelles les objets ayant servi à la commission de l'infraction.
- * Procède à l'audition des témoins qu'il peut contraindre à rester à sa disposition (garde à vue)
- * Procède à des interrogatoires des suspects. Enfin, il doit mener son enquête de flagrant sans relâche.

E) DIRECTION DE L'ENQUÊTE DE FLAGRANT DELIT.

Le plus souvent c'est l'OPJ qui dirige les enquêtes de flagrant délit mais peut se faire seconder par des gendarmes APJ et aussi par les spécialistes pour les relevés des empreintes, prélèvements etc...(section de recherches, brigade de recherches).

07

UNited Nations

ASSISTANCE MISSION IN RWANDA



NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

Plans 2
3
6/10

File No 5000.7 (PLANS)

To: DISTRIBUTION LIST

From: G3 PLANS *[Signature]*

Date: 2 Oct 95

Subject: AMENDMENT TO UNAMIR FORCE SOPs

-
1. Please find enclosed the latest version of the UNAMIR Force SOP Part Seven (7), Sections 1-6.
 2. For necessary action.

DISTRIBUTION LIST

INTERNAL

Force Commander
Deputy Force Commander
COS
Operations Branch
Military Branch Personnel
Logistics Branch
Plans Branch
Military Observers Group Headquarters
NICOY
GHANCOY 1 & 2
MALICOY
MALAWICOY
INDBATT
Force Engineer Company
Composite Mission Support Group (CMSG)
Medical Company
G3 Air
Humanitarian Assistance Cell (HAC)
Force Provost Marshall
Military Police Company
Human Rights Liaison Officer

EXTERNAL

CAO (Div. of Admin. and Management)
SRSG Office
United Nations HQ NEW YORK (DPKO)

UNAMIR FORCE SOP

PART SEVEN

MEDICAL

CONTENTS

SECTION ONE	-	COMMAND AND CONTROL
SECTION TWO	-	RESPONSIBILITIES OF KEY PERSONNEL
SECTION THREE	-	REPORTS AND RETURNS
SECTION FOUR	-	FUNCTIONING OF THE MED BR OP ROOM
SECTION FIVE	-	EVACUATION AND REPATRIATION
SECTION SIX	-	HEALTH LOGISTICS

SECTION ONE - COMMAND AND CONTROL

GENERAL

1. This SOP details the method of comd and con of Medical Branch. Medical Branch is responsible to the FC on all matters affecting the health of UNAMIR.
2. **Role.** The role of Medical Branch is the co-ordination of all medical support to the force and to Humanitarian Support relief in Rwanda. It also provides advice to the FC on matters designed to promote health and prevent disease.
3. **ORBAT.** Med Branch is organised as follows:
 - a. Force Med Officer (FMO);
 - b. G3 Med (Ops) - Health Operations (SO2 Hlth Ops);
 - c. G4 Med (Log) - Health Logistics (SO2 Hlth Log);
 - d. SO Med;
 - e. F Health Officer; and
 - f. Chief Clerk (CCLK).
4. From time to time other staff members will be attached to Med Br. These may be liaison off/representatives from the Force Medical Units as follows:
 - a. Norwegian Medical Centre (NORMED);
 - b. 95 CMSG.
5. An advisory position of FHO on Med Br is held by the senior Pvnt Med Officer from 95 CMSG.

METHOD AND SUCCESSION OF COMMAND

6. FMO will normally exercise comd of Med Br from Force HQ. However he/she may temporarily exercise comd from another loc. The succession of comd in Med Br is as follows:
 - a. G3 Med (Ops);
 - b. SO Med (Admin Offr);
 - c. G4 Med (Log);
 - d. Senior Medical Officer from NORMED.

ORDERS GROUPS

7.The Med Br OGP will comprise all members and attached personnel. A representative of each Medical unit will usually be required to attend.

RECON GROUP

8.The composition of the R GP will generally be as follows:

- a.FMO;
- b.Representative from Med Br (usually Lo);
- c. Linguist;
- d. Int rep;
- e. Med asst;
- f. Driver; and
- g. Protection party

9.Variations to the above list will be made based on the situation and task.

DISTRIBUTION OF ORDERS/PLANS AND DIRECTIVES

10.The distribution list for orders, plans and directives is as per UNAMIR distribution list. All health units under comd or in spt of UNAMIR are to submit an info copy of orders and plans to Med Br.

LIAISON

11.Liaison between Med Br and health units is frequently required for comd and con purposes. Initiative should be taken to arrange contact without direction.

12.LOs will be used as follows:

- a.to convey orders and future intentions of the FMO;
- b.to provide info on the situation to the FMO;
- c.to interface with other UN authorities, NGO and government offices.

13.LOs are to attend all conferences at their own HQ whenever possible, as well as attending O Gp of the HQ to which they are attached.

14.An Aide Memoire for LOs is at Annex A.

UN RESTRICTED

ANNEX A TO
UNAMIR SOPs
PART 7 SECTION 1

AIDE MEMOIRE FOR LIAISON OFFERS

1. Liaison Offers are to:

a. Before Departure.

- (1) Be prep to spend the night away from HQ.
- (2) Check comms and SOI details
- (3) Take with them the latest SITREP from the HQ.
- (4) Inform HQ of their whereabouts.
- (5) Check their routine with the Ops Room and the latest grid ref of the HQ unit they are visiting.
- (6) Know the next likely loc of the HQ.
- (7) Inform the HQ/unit they are visiting of their ETA.

b. At the Destination

- (1) Obtain latest SITREP and pass on latest info.
- (2) Advise parent HQ of ETD and ETA as soon as known.

A-1/1

UN RESTRICTED

SECTION TWO - RESPONSIBILITIES OF KEY PERSONNEL

GENERAL

1. All personnel within Med Br are responsible to the FMO for the smooth functioning of the Branch. While each has a specialist field, all should be prepared to assist in the functioning of the Branch as a whole.

Responsibilities. Responsibilities of key personnel are as follows:

a. **Force Medical Officer (FMO):**

- (1) Plans, directs, and advises and supervises all activities related to the medical support plan. Provides medical expertise to the Force Commander (FC) and to all contingent Senior Medical Officers (SMedOS) of the mission.
- (2) Conducts initial and on-going deployment medical assessments and surveys. Gathers and distributes information of general medical situation in the operational area and of medical threats.
 - (a) Assesses the local medical facilities and advises on their suitability.
 - (b) Evaluates and coordinates medical support received from Host Nation Support.
- (3) Oversees medical standards of all medical care functions. This will also include inspections of military medical facilities in-theatre.
- (4) Ensures all military medical units extend their services to the UN civilian support staff, and other UN staff members assigned to that particular mission.
- (5) Recommends Holding/Evacuation Policies to FC, and to UN HQ.
- (6) Provides guidelines for MEDEVACS and coordinates inter and intra-theatre MEDEVACS.
- (7) In concert with UN HQ, and the FC, provides guidance in the treatment of non-UN force personnel.

UN RESTRICTED

(8) Responsible for coordination of medical matters with Non-Government Organizations (NGOs), Private Organizations (PVOS), and with local medical authorities.

(9) Responsible for collection of medical information/statistical reporting as required by UN HQ.

(10) Resolves clinical differences between national contingents.

(11) Responsible for the economic considerations for all of the above.

b. **G3 Med (Ops)**. Responsible to the FMO for:

(1) The overall co-ordination of the Med Br Ops Rm;

(2) Assisting in preparation of orders and plans;

(3) Keeping the FMO informed of the loc, situation and capabilities;

(4) The co-ordination of all evacuation matters;

(5) The co-ordination of all repatriation matters as they apply to Med Br;

(6) Compilation of med ops returns; and

(7) Medical advisor to F Comd in absence of FMO.

c. **G4 Med (Log)**. Responsible to the FMO for:

(1) The overall supervision of medical procurement and resupply to units;

(2) The provision of advice on health logistics matters;

(3) Assisting in the preparation of orders and plans;

(4) Keeping the FMO informed of all health resupply;

(5) Compilation of medical logistics returns

d. **SO Med Admin**. Responsible to FMO for:

(1) 2IC functions in HQ Med Section;

7-2-2

UN RESTRICTED

UN RESTRICTED

- (2) Advises med staff officers, NORMED staff and contingent RAP's on med admin matters;
- (3) Overall coord of activities between med ops and med logistics;
- (4) Supervises staff and functions of orderly room;
- (5) Pers admin for HQ Med Section staff;
- (6) Overall coord of Med reports and med policy and procedures;
- (7) Participates in duty roster for Med Br Ops.

e. **Force Health Officer** Responsible to the FMO for:

- (1) The provision of health advice to staff and national contingents on preventive measures;
- (2) Inspection and auditing of national measures to ensure international standards are maintained in the area of:
 - (a) food;
 - (b) water; and
 - (c) sanitation.
- (3) The co-ordination of mission dependant preventive medicine services such as regional spraying or vector control;
- (4) Reporting on, and maintaining standards of occupational Health and Safety as they apply to national contingents.

f. **WO CLK ADMIN.** Responsible to the FMO for:

- (1) Maintenance, receipt, dispatch, correspondence and filing daily;
- (2) Assisting in Medical Evacuation procedures both tactical and strategic;
- (3) Assisting in repatriation of UN military personnel on medical grounds;
- (4) Ensuring all periodical reports and returns completed at end of each week and each month;

7-2-3

UN RESTRICTED

UN RESTRICTED

- (5) Ensuring weekly medical treatment reports collated and necessary action taken;
- (6) Collate and distribute weekly and monthly treatment statistics;
- (7) Perform the duties of Medical Branch Duty Officer when required;
- (8) Resupply as necessary office equipment and stationary;
- (9) Carrying out daily general administration;
- (10) Assisting FMO, FHO and G4 Med Log when required;
- (11) Assisting G3 Med Ops with medical operations duties as required.

g. **L0 Representatives from Force Medical Units**
Responsible to the FMO for:

- (1) All co-ordination matters between their unit and Med Br;
- (2) Assisting G3 Med (Ops) and G4 Med (Log) as required.

UN RESTRICTED

ANNEX A TO
UNAMIR SOPs
PART 7 SECTION 2

DUTY STATEMENT - WO CLK ADMIN

MEDICAL BRANCH HQ UNAMIR

Duties:

1. Maintain, receipt, dispatch, correspondance and filing, daily.
2. Assist in Medical Evacuation procedures both tactical and strategic.
3. Assist in Repatriation of UN military personnel on medical grounds.
4. Ensure all periodical reports and returns completed at end of each week and each month.
5. Ensure weekly Medical Treatment reports collated and necessary action taken.
6. Collate and distribute weekly and monthly treatment statistics.
7. Perform the duties of Medical Branch Duty Officer when required.
8. Ensure necessary items are available for daily sitrep.
9. Resupply as necessary office equipment and stationary.
10. Sub Account holder.
11. Carry out daily general administration.
12. Assist FMO, FHO and G4 Med Log when required.
13. Assist G3 Med Ops with medical operations duties as required.

A-1/1

UN RESTRICTED

UN RESTRICTED

SECTION THREE - REPORTS AND RETURNS

General

1. The FMO is required to submit periodic reports and returns to both Force HQ and HQ UN NY. To assist in this reporting, medical establishments are required to provide information to Med Branch on a regular basis. The requirements for reports and returns are laid down as follows:

Annexes:

A. Medical Operations Returns

7-3-1

UN RESTRICTED

UN RESTRICTED

ANNEX A TO
UNAMIR SOPs
PART 7 SECTION 3

MEDICAL OPERATIONS
SCHEDULE OF REPORTS, RETURNS AND TIMINGS

Serial/ Appendix	Title of Report/ Return	Correct as at	Originator		Sent To	By Time	Means of Transmission	Remarks
			Medical Unit	Medical Branch				
1	Daily Medical SITREP	Midnight	(Levels 2 and 3 only)		Medical Branch	0800 following day	Hard Copy	
2	Weekly Medical SITREP	Midnight on Sunday	Level 1 only		Medical Branch	0800 following day	Hard Copy	
3	Location levels and capabilities return	Last day of the month	(Levels 2 and 3 only)	X	Unit to Med Br Med Br to UN NY	1st of following month	Hard copy fax or message	Initial notification to be made by verbal means
4	Medical Flash Report	ASAP	ALL		Med Branch	ASAP after incident	Hard copy fax or message	
5	Medical Treatment Report	Midnight Sunday of each week	ALL	X	Med Branch	0800 hrs Monday	Hard copy fax or message	
6	Health Surveillance Report	Midnight on Sunday of each week	level 1 only		Med Branch	1200 Monday	Hard Copy	

A-1/1

UN RESTRICTED

DAILY MEDICAL SITUATION REPORT
LEVELS 2 AND 3 ONLY

Purpose of Medical Situation Report (MEDSITREP): To inform medical staff at operational level headquarters of the Health Service situation.

1. From:
2. To:
3. Info:
 - a. DTG of release.
 - b. Report as at (DTG)
 - c. Medical evacuation status:
 - (1) Number of pers unit supporting.
 - (2) Number of patients treated since last report.
 - (3) Number of patients admitted since last report.
 - (4) Number of patients evacuated since last report.
 - (5) Number of patients returned to duty since last report.
 - (6) Number of patients died since last report.
 - (7) Number of patients presently held.
 - (8) Number of patients awaiting evacuation.
 - d. Hospital status:
 - (1) Name of unit/org (1).
 - (2) Number of operational beds (2).
 - (3) Number of available beds (10). (NORMED)
 - (4) Significant personnel shortages.
 - (5) Significant events/activities.

e. Medical logistic situation - Significant shortages of medical and dental (Class 8) supply items.

f. Mass casualty situation (As required)

(1) Cause.

(2) Location (name/grid reference).

(3) Number of casualties.

(4) Unit(s) affected.

4. Epidemic situation (As required)

(1) Disease.

(2) Location (name/grid reference).

(3) Number of patients.

(4) Unit(s) affected.

a. Remarks:

Notes:

1. Repeat as necessary.
2. Beds supported by personnel and equipment to provide treatment appropriate to unit role.
3. Beds that are operational and NOT occupied by patients.

UN RESTRICTED

APPENDIX II TO
ANNEX A

WEEKLY MEDICAL SITUATION REPORT
LEVEL ONE ONLY

Purpose of Medical Situation Report (MEDSITREP): To inform medical staff at operational level headquarters of the Health Service situation.

1. From:
2. To:
3. Info:
 - a. DTG of release.
 - b. Report as at (DTG)
 - c. Medical evacuation status:
 - (1) Number of pers unit supporting.
 - (2) Number of patients treated since last report.
 - (3) Number of patients admitted since last report.
 - (4) Number of patients evacuated since last report.
 - (5) Number of patients returned to duty since last report.
 - (6) Number of patients died since last report.
 - (7) Number of patients presently held.
 - (8) Number of patients awaiting evacuation.
 - d. Hospital status:
 - (1) Name of unit/org (1).
 - (2) Number of operational beds (2).
 - (3) Number of available beds (10. (NORMED)
 - (4) Significant personnel shortages.
 - (5) Significant major equipment deficiencies.
 - (6) Significant events/activities.

A-II-1/2

UN RESTRICTED

e. Medical logistic situation - Significant shortages of medical and dental (Class 8) supply items.

f. Mass casualty situation (As required)

(1) Cause.

(2) Location (name/grid reference).

(3) Number of casualties.

(4) Unit(s) affected.

4. Epidemic situation (As required)

(1) Disease.

(2) Location (name/grid reference).

(3) Number of patients.

(4) Unit(s) affected.

a. Remarks:

Notes:

1. Repeat as necessary.

2. Beds supported by personnel and equipment to provide treatment appropriate to unit role.

3. Beds that are operational and NOT occupied by patients.

UN RESTRICTED

APPENDIX III TO
ANNEX A

LOCATION, LEVEL, CAPABILITIES - level 2 and 3 only
(Report is requested on the first of every month)

Date of report:_____

Name of Mission/medical
unit_____

Change in location, level, capabilities:
NO - see former report
YES - see report below

1. Organization:

Name, rank, title of
header_____

Location:_____
Point of
contact:_____

Phone
number:_____

Other communication system (numbers, radio frequencies,
call sign
etc):_____

Next airfield or
helicopter/distance:_____

2. Personnel:

physicians/specialists:_____

nurses:_____

medics:_____

other:_____

total:_____

3. Beds and/or cots:total:_____

surgical:_____

maximum number in case of mass casualty:_____

A-III-1/3

UN RESTRICTED

4. Medical capability:
specialities _____

isolation ward: _____

5. Intensive care unit: ICU
beds: _____
equipment: _____

6. Surgical capability:
specialities: _____

operating rooms: _____

operating teams: _____

7. Laboratory capabilities:
microbiology: _____

virology: _____

parasitology: _____

8. X-RAY:
skeleton: _____

abdominal: _____

ultrasound: _____

others: _____

9. Blood bank: screening
methods: _____

10. Dental
Capability: _____

11. Other special
capabilities: _____

12. Preventative medicine
assets: _____

13. Veterinarian
service: _____

14. Medevac capability:
ground: (number of ambulances): _____
air: (number of aircraft (Capacity and location) _____

request procedures incl. phone number or frequencies:

Medical Flash Report

(Report must be submitted immediately, with follow-up reports as soon as additional information is available)

Mission/Unit: _____ Date of report: __/__/__
Type of incident: _____
Place of incident: _____
Time of incident: _____

DEAD	DNBI	DOW	KIA	TOTAL
Military UN				
Civil UN				
Local hired UN				
Military Observers				
Civil Police				
Civilians				

WOUNDED, INJURED, SICK	DNBI	NBI	WIA	TOTAL
Military UN				
Civil Un				
Local hired UN				
Military Observers				
Civil Police				
Civilians				

DNBW = dies as result of non-battle wound/injury
DOW = died in hospital as result of battle wound/injury
KIA = killed in action (dies out of hospital)
DNBI = disease and non battle injury
NBI = non battle injury
WIA = wounded in action

Diagnoses of infectious disease outbreak or other illnesses:

Verified: _____
Decisions made: _____

Additional information: _____

UN RESTRICTED

APPENDIX V TO
ANNEX A

UNITED NATIONS MEDICAL SUPPORT

MEDICAL TREATMENT REPORT - DIAGNOSES

(Monthly - for previous month)

DATE OF REPORT:		OUTPATIENT	INPATIENT	MEDICAL EVACUATION	REPATRIATION	DEATH
MISSION: UNIT						
INJURIES						
- WEAPONS, MINES, ETC						
- TRAFFIC						
- SPORT/OTHER ACCIDENTS						
NON INFECTIOUS DISEASES						
- CARDIOVASCULAR						
- PULMONARY (EXCEPT TBC)						
- GASTROINTESTINAL						
- URO-GENITAL (EXCEPT VENEREAL)						
- ARTHRITIS & MUSCULOSKELETAL						
- NEUROLOGICAL						
- EYE						
- ENT						
- SKIN						
- ABUSE (ALCOHOL & DRUGS)						
- TUMOURS						
INFECTIOUS DISEASES						
- UPPER RESPIRATORY INFECTION						
- DIARRHOEA						
- DYSENTERY						
- TUBERCULOSIS						
- INFLUENZA						
- TYPHOID FEVER						
- HEPATITIS (A,B,C)						
- DENGUE FEVER						
- CHOLERA						
- POLIOMYELITIS						
- MENINGITIS						
PARASITIC DISEASES						
- MALARIA						
- AMOEBIASIS						
- GIARDIASIS						
- LEISHMANIASIS						
- PEDICULOSIS						
- SCABIES						
- ASCARIASIS						
- ENTEROBIASIS						
- ANCHYLOSTOMIASIS						
- TAENIA						
- ECHINOCOCUS						
- BILHARZIASIS						
- FILARIASIS						
SEXUALLY TRANSMITTED DISEASES						
- GONORRHOEA						
- SYPHILIS						
- CHANCROID						
- HIV/AIDS						
GYNECOLOGICAL						
- VAGINITIS						
- PID						
- PREGNANCY						
- OTHER						
POISONING						
- ACCIDENTAL						
- CHEMICAL/BIOLOGICAL AGENTS						
BITES						
- DOG						
- SNAKE						
- SCORPION						
- CONSULTATIONS						
- VACCINATIONS						
- EXAMINATIONS						
- DENTAL						
- FILLINGS						
- OTHER						

A-V-1/3

UN RESTRICTED

APPENDIX X

UN RESTRICTED

WEEKLY HEALTH SURVEILLANCE REPORT

LEVEL 1F/CY LOCATION: REPORT PERIOD:

SERIAL	DIAGNOSTIC CATEGORIES	PERS	REMARKS
	GENERAL DIAGNOSTIC CATEGORIES		
A	DERMATOLOGICAL ILLNESSES (DER)		
B	OPHTHALMIC ILLNESSES/INJURIES (EYE)		
C	RESPIRATORY ILLNESSES (RES)		
D	GASTRO-INTESTINAL ILLNESSES (G-I)		
E	MEDICAL ILLNESSES (MED)		
F	SURGICAL INJURIES (SUR)		
G	ORTHOPAEDIC INJURIES:		
	SPORTS INJURIES (OSP)		
	OTHER INJURIES (OOI)		
	OTHER (OTH)		
H	HEAT/COLD INJURIES (H/C)		
I	ANIMAL BITES (BIT)		
J	SEXUALLY TRANSMITTED DISEASES (STD)		
K	UNEXPLAINED FEVER (FEV)		
L	PSYCHIATRIC ILLNESSES (PSY)		
M	SUBSTANCES ABUSE (ABU)		
N	DENTAL (DEN)		
O	GYNAECOLOGICAL ILLNESSES (GYN)		
P	MISCELLANEOUS (MIS)		
	SPECIAL DIAGNOSTIC CATEGORIES:		
	COMMENTS/REMARKS		

UN RESTRICTED

ANNEX B TO
UNAMIR SOPs
PART 7 SECTION 2

PERSONNEL
SCHEDULE OF REPORTS, RETURNS AND TIMINGS

SERIAL/APPENDIX	TITLE OF REPORT /RETURN	CORRECT AS AT	ORIGINATOR		SENT TO	BY TIME	MEANS OF TRANSMISSION	REMARKS
			MEP UNIT	MEP ER				

MEDICAL LOGISTICS
SCHEDULE OF REPORTS, RETURNS AND TIMINGS

SERIAL/APPENDIX	TITLE OF REPORT /RETURN	CORRECT AS AT	ORIGINATOR		SENT TO	BY TIME	MEANS OF TRANSMISSION	REMARKS
			MED UNIT	MED BR				

SECTION FOUR - FUNCTIONING OF THE OPS ROOM**General**

1. The Med Br Ops room is to be manned throughout UNAMIR HQ working hours. It is located in room 2077 of UNAMIR HQ. Manning of Ops room will be a minimum of one person at all times. After hours, manning will be via motorola by rostered duty offr, call sign M93D on channel 4.

2. G3 Med (Ops) is responsible for formulating the duty officer roster. He is also responsible for briefing oncoming duty officers before they mount duty.

Responsibilities

3. The responsibilities of the duty officer are at Annex A. He is the representative of the FMO after hours and should be prepared to give an up to date brief/sitrep at any time. A handover procedure checklist is also contained in Annex A.

Duty Logs

4. Duty officers are to maintain a duty log, a copy of which is at Annex B. Details are to include a summary of voice, radio, telephone info received/sent.

Communications

5. Contact telephone numbers as follows:

a. **Working hours:**

(1)	FMO	-	11105 c/s M9 ch 4
(2)	G3 Med (Ops)	-	11116 c/s M93 ch 4
(3)	SO Med	-	11116 c/s M92 ch 4
(4)	G4 Med (Log)	-	11116 c/s M94 ch 4
(5)	NORMED	-	11731 c/s NORMED ch 4
(6)	Air Ops	-	11161 c/s 93HA ch 4

b. **After working hours:**

(1)	Duty Offr	-	c/s M93D ch 4
(2)	FMO	-	11711 c/s M9 ch 4
(3)	G3 Med (Ops)	-	83869 c/s M93 ch 4
(4)	G4 Med (Log)	-	11028 c/s M94 ch 4

Annexes: A. Duty Officers Responsibilities
B. Duty Officer's Log

DUTY OFFICERS RESPONSIBILITIES

Duty Offr

1. All Ops Cell Duty Offr are responsible for the gen op of the ops cell and handling all occurrences. Duty Offr are to understand fully the med plan and must ensure it is being implemented properly. Duty Offr are to make the FMO/G3 Med (Ops) aware of any significant occurrences that may jeopardize the execution of the plan.
2. The on-coming Duty Offr must be fully briefed by the off-going Duty Offr on the following:
 - a. Activities up to the present time;
 - b. Current sit;
 - c. Future intentions;
 - d. Outstanding action;
 - e. Codeword and nick names;
 - f. Comm state, codes SOI and Net diagrams; and
 - g. Loc of FMO and G3 Med (Ops)
3. The Duty Offr is to:
 - a. Record occurrences in the duty log in sufficient details to be understood
 - b. Cfm accuracy of all locstats given and sent;
 - c. Follow up late returns from units;
 - d. Submit reports and returns IAW section three of this SOP;
 - e. Be prepared to brief on current sit as req;
 - f. Spr maint and tidiness of the Ops Cell; and
 - g. Brief the relief Duty Offr.

DUTY LOG

DATE: PERIOD FROM: HRS TO: HRS

SERIAL	TIME	TO	TEXT	ACTION BY DO	CP ACTION COMPLETED

SECTION FIVE - EVACUATION AND REPATRIATION

General

1. This SOP is divided into three areas;
 - a. Casualty Evacuation;
 - b. Medical Evacuation; and
 - c. Medical Repatriation.

CASUALTY EVACUATION

General

2. Casualty evacuation (CASEVAC) is the process of moving any person who is wounded, injured or diseased to and or between medical treatment facilities. It includes surface evacuation and aeromedical evacuation (AME).
3. The purpose of this SOP is to define the casualty evacuation process and to describe the procedures in the evacuation of all casualties.

Evacuation Priorities

4. All cas and especially those with major injuries require special consideration of their individual treatment and evacuation needs. Consequently the following priorities are assigned to cover this requirement:
 - a. Priority one. Pri one cas are those whose life is immediately threatened. Rapid evacuation, urgent resuscitation and or surgery are required.
 - b. Priority two. Pri two cas are those whose life or limb is in serious jeopardy. Evacuation to allow early resuscitation and or surgery is required.
 - c. Priority three. Pri three cas are those for whom neither life nor limb are in serious jeopardy. Evacuation should be as soon as possible.

Types of Evacuation

5. Aeromedical evacuation (AME). AME is the movement of patients to a medical facility by air transportation. It may be by fixed wing or rotary wing aircraft. AME is the preferred means of evacuation for all priority one and two casualties. Priority three mode of evac to be assigned according to distance, weight and aircraft availability, after consultation with medical authority.

6. Road evacuation. Is the movement of patients to a medical facility by any road means. Road evacuation is the preferred means for pri three casualties. This should be by dedicated ambulance.

Casualty Regulation

7. Casualty regulation in the AOR is necessary to ensure that the most appropriate evacuation assets are used. The control of casualty evacuation also ensures that the casualty is transported to the most appropriate medical facility. This is a med ops function.

CASEVAC Procedures

8. Request for CASEVAC. All CASEVAC request will be transmitted on the force command net and should be in the message format described at Annex A. This format is to be repeated in all unit SOPs.

9. Casualty Regulation. All requests for CASEVAC will be transmitted to Ops Br HQ UNAMIR. Casualty regulation will be conducted by Medical Branch, HQ UNAMIR. Ops staff will consult Medical Branch for advice on the most suitable means of evacuation and the destination of the casualty. The use of the AME dedicated aircraft will be authorised by the FMO or his representative. The use of other aircraft requires authorization by SO2, G3 Air or duty offr Air Ops on the advice of FMO. Procedures with respect to CASEVAC are outlined at Annex B.

10. AME. If AME is the preferred means of evacuation then the:

- a. AME medical team will be drawn from 95 CMSG Med elements/NORMED. The roster for the on-line AME team will be maintained by med br. The team will be dispatched from the providing unit location to KIGALI airfield.
- b. Aircrew will be notified of the CASEVAC request by Air Ops staff.
- c. Air Ops staff should also advise the control tower at KIGALI airport and gain clearance for the AME team to approach the CASEVAC aircraft; and
- d. Receiving medical facility will be notified of incoming cas by Med Br.

11. Road Evac. Will be used for all pri three cas that occur in the KIGALI area. The process of arranging road evac will be:

UN RESTRICTED

- a. Road evac from RAP to NORMED facilities will be provided by NORMED or INDBATT assets;
and
- b. NORMED will be tasked by Med Br to conduct road evacuation.

12. Reporting. The receiving medical facility is to notify Ops Br on the completion of the CASEVAC task.

MEDICAL EVACUATION

GENERAL

13. Medical evacuation (MEDEVAC) is the movement of any person to a medical facility beyond those provided by UNAMIR. Strategic MEDEVAC generally occurs when the UNAMIR medical facility is unable to provide the services or level of care required in-theatre.

14. The purpose of this SOP is to define the procedures for MEDEVAC.

ELIGIBILITY

15. As MEDEVAC is usually at UN expense the MEDEVAC will be to either the nearest suitable destination or that which is most economical. The FMO/CAO will decide the most appropriate location to use. As a guide the following locations are acceptable for use by UN missions in Africa or the Middle East:

a. Africa:

- (1) Nairobi;
- (2) Harare;
- (3) Abidjan;
- (4) Dakar; or
- (5) Johannesburg.

b. Middle East:

- (1) Amman;
- (2) Jerusalem; or
- (3) Cairo.

16. There are basically three means for MEDEVAC out of UNAMIR theatre, namely:

7-5-3

UN RESTRICTED

UN RESTRICTED

- a. By dedicated UNAMIR Fixed Wing Aircraft. At present UNAMIR does not have access to a dedicated aircraft. When available this aircraft will be stationed at Kigali International Airport (KIA).
- b. By Opportunity Aircraft. Regular scheduled UNAMIR flights operating between Kigali and other locations will generally be used for routine MEDEVAC. Other aircraft flying into Kigali may also be considered; chartered flying ambulance service may be authorized in some circumstances.
- c. Swiss Air Ambulance. In 1989 the government of Switzerland made available to the UN, air ambulance facilities for the evacuation and repatriation of UN personnel. The organization which provides the service is La Garde Aerienne Suisse de Sauvetage (REGA). More detail about this service will be provided later in this SOP.

MEDEVAC/PATIENTS APPOINTMENTS/LAB SPECIMENS TO NAIROBI

17. MEDEVAC must be approved by CAO/FC at UNAMIR HQ. Requests to CAO will be made by the FMO. When initial request is made, a medical report for the patients condition is to be sent. the CAO will then request for final approval from UNNY.

18. In the event of an emergency, the CAO may authorize the MEDEVAC on the advice of the FMO. When available, all details of the MEDEVAC are to be forwarded to UNNY HQ.

RESPONSIBILITIES DURING MEDEVAC PROCEDURE/PATIENT APPOINTMENTS/LABORATORY SPECIMENS

19. Contingent. Will provide passport, money, all med documents and personal effects of the patients to the escort while being conveyed to NAIROBI.

20. NORMED. For all MEDEVAC from Kigali to Nairobi, NORMED will play the fol roles:

- a. Provide medical evaluation of the patient's condition, patient stabilization as required, and initiation of MEDEVAC request if clinically indicated.
- b. NORMED attending physician to contact the accepting specialist in Nairobi and arrange the date of appt/hospitalisation.
- c. NORMED to provide early info to Med Ops at UNAMIR HQ of the need to evacuate the patient providing info about his med report, the receiving specialist and equipment/med pers needed to accompany the patient.

7-5-4

UN RESTRICTED

UN RESTRICTED

- d. In case of sample for investigation NORMED to info Med Log about the type of sample and investigation required as per SOP. (enclosed as Annex A & B to MEDEVAC Procedures)
- e. For out-patient appts the appt date, specialist name and address are to be forwarded to Med Ops.
- f. NORMED to obtain daily SITREP of patient's condition from the specialist in NAIROBI and info FMO Office.

21. FMO's OFFICE

- a. Is to provide advance info to FCT regarding an intended MEDEVAC.
- b. On confirmation of the Flt schedule Med Ops is to fax the memo to FCT regarding the patient, arrangement for hospitalization, transportation of patient from airport to the specialist hospital, the type of plane and its ETA at Nairobi. FCT to arrange accn for the escort(s).
- c. CASEVAC Coordinator will coord activities at NORMED including patient preparation, passport and personal effects. CASEVAC Coord will relay clinical information to Med Ops, who will coord Air Ops response.
- d. Med Ops to cfm the expected time of departure of the a/c from Kigali to Nairobi in order to direct NORMED to move the patient/sample to the airport.
- e. The movement of personnel (MOP) Form to be completed for patient and escorts and then the completed forms and the copy of a memo fax to FCT be given to the travel unit at Trafipro.
- f. In emergency cases the FCT will be info at short notice and he is expected to respond immediately.

22. FCT

- a. Cfm arrangements with the Specialist Hosp and accompany patient to hospital.
- b. Collect patient and/or samples from the airport and deliver to the receiving medical unit in Nairobi. Coord with Movcon Nairobi as required.
- c. Arrangement accn for the escort(s).

7-5-5

UN RESTRICTED

UN RESTRICTED

- d. Liaise with Movcon Nairobi to arrange return journey for the escort(s).
- e. Collect results of investigation on samples and give to movcon to be fwd to NORMED and/or relay results to NORMED by telephone if urgently required.

23.MOVCON

a.MOVCON Kigali is to liaise with MOVCON Nairobi who will collect the passport/visas of patient and escort for processing and arrangement of return journey for the escort(s).

b.MOVCON Nairobi is responsible for collection and safe custody of samples until collected from them by FCT.

USE OF REGA AIRCRAFT

24.The use of REGA evacuation means involves special authorization procedures to those outlined above. Once it has been established that an air ambulance is required the FMO will immediately advise CAO. The request from FMO is to include the following details:

a.Evacuation

From:To:

Date evacuation required:

b.Details of patient

NAME:

Date of birth:

Nationality:

Nature of illness/injury:

Present Location:

c.Attending Medical Officer:

Name:

Address:

Contact Number:

d.UN Contact: (Usually CAO)

Name:

Appointment:

Contact Number: (incl Fax)

25.CAO will review the request and advise REGA, who will in turn advise UNAMIR of details. At the completion of the evacuation the FMO is to inform the CAO for his nec actions.

26.There is a monetary ceiling on the use of the REGA facility. Before a request to use REGA is made, all options especially the use of scheduled flights should be

7-5-6

UN RESTRICTED

UN RESTRICTED

examined. Countries who organize their own evacuation without correctly requesting it should be aware that the UN may not reimburse costs.

27. REGA provides all evacuation teams and equipment. Countries are not required to provide escorts or evacuation teams.

REPATRIATION

GENERAL

28. The administration procedures for Repatriation are contained in Personnel Branch SOP. The information detailed below provides guidance on Medical Procedures.

29. Repatriation on medical grounds will normally be at UN expense. It is required when the person concerned:

- a. Will not be fit for duty within 30 days including the time for hospitalisation;
- b. Requires treatment which is not available in the mission area: or
- c. Requires special treatment in a national institution.

AUTHORIZATION

30. Repatriation on medical grounds is to be authorised by the FC on the recommendation of the FMO. The standard format for requests is contained in Personnel Branch SOP.

31. Once the FC authorises the repatriation the CAO may approve and proceed with the arrangement for having the individual repatriated. The CAO will consider the urgency of the requirement and the most economical means. The CAO will either make the arrangements through UNAMIR HQ or task the contingent to do so through their national agencies if this is considered most efficient.

MEDICAL BRANCH RESPONSIBILITIES

32. Medical Branch will receive the repatriation request from the unit concerned and the FMO will make a recommendation on the request before passing it to Personnel Branch. Once approved, Medical Branch will only become involved in the co-ordination of patient preparation and movement between UNAMIR medical facility and the departure airfield.

33. The UNAMIR medical facility will be responsible for providing transport to the airport. Medical Branch is to co-ordinate liaison between contingents/units.

7-5-7

UN RESTRICTED

UN RESTRICTED

Annexes:

- A. CASEVAC REQUEST PROFORMA
- B. CASEVAC procedures

7-5-8

UN RESTRICTED

UNAMIR II MEDICAL SOP - SOP CASUALTY EVACUATION
CASEVAC REQUEST

Purpose

1. The purpose of this form is to standardise the format of CASEVAC requests. This proforma is to be used when requiring a CASEVAC REQUEST.

Time Received:..... Time Completed:.....

Serial	Description of Serial	Actual CASEVAC Information
A.	STATUS AND NAME(S) OF CAS 1. 2. 3.	
B.	UNIT NAME	
C.	CALLSIGN & FREQ/LL OF UNIT	
D.	PRIORITY OF CASUALTIES	
E.	NUMBER OF CASUALTIES LYING	
F.	NUMBER OF CAS WALKING	
G.	NATURE OF INJURY OR ILLNESS	
H.	GRID REFERENCE AND DESCRIPTION OF LOCATION OF CASUALTY	
I.	REQUIREMENT FOR SPECIAL EQUIPMENT	
J.	TACTICAL SECURITY AT PICKUP POINT	
K.	ANY ADDITIONAL REMARKS INCLUDING MARKING AND APPROACH TO LZ	

UNAMIR MEDICAL SOP - CASUALTY EVACUATION

CASEVAC REQUEST

Purpose

1. The purpose of this form is to standardise the format of CASEVAC requests. This proforma is to be used when requiring CASEVAC Request

Time Received: _____

Serial	Description of Serial	Actual CASEVAC Information
A	Unit Name	
B	Callsign and Frequency of Unit	
C	Priority of Casualty	
D	Number of Casualties - Lying	
E	Number of Casualties - Walking	
F	Nature of Injury or Illness	
G	Grid Reference and Description of location of Casualty	
H	Requirement for Special Equipment	

CASEVAC PROCEDURES

1. Monitor comd net for CASEVAC request.
2. On receipt of CASEVAC request, Duty Offr Ops notify Medical Branch. (Medical Branch advises on means of evacuation and the destination of the casualty.) Med Br will carry out the following actions:
3. AME
 - a. Task AME team to move to airfield. Tasking is to include all details of CASEVAC request.
 - b. Notify Air Ops to task aircraft.
 - c. Notify receiving medical facility of CASEVAC.
4. ROAD EVAC:
 - a. Task NORMED to conduct road evac. Tasking is to include all details of CASEVAC request.
5. Reporting:
 - a. Air Ops to inform Med Br when CASEVAC has commenced and when it is completed.



UNITED NATIONS
ASSISTANCE MISSION IN RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

Out Going Fax NO. ***/95

Page 1 of 4 File 538-13-1

TO: MR Y. DIMETROS SAO UNAMIR NAIROBI	FROM: MS SUSAN MATTHEW CAO UNAMIR KIGALI
ATTN: Dave Driggers MOVCON Nairobi MAJ Pratap Shashank/MAJ NG Chowdhury UNAMIR FORCE COORD TEAM	DATE: 95
FAX NO: FAX NO: 254 2 622 668 FAX NO: 254 2 218 016	PHONE: INT + 250 84270 Ext 11116
INFO: NAIROBI HOSPITAL PATHOLOGY DEPT Fax No. *****	FAX NO: INT + 250 86877
Internal dist: DCMO, NORMED, WELFARE OFFR, MOVCON KIGALI	DRAFTED BY: MAJ J.O.Y. ABEBRESE G4 Med Log
Subject: <u>MEDICAL PATHOLOGY TESTING - NAIROBI</u>	
REFERENCE: DCMO MINUTE WELFNBO1 OF 1 MAR 95	

PRIORITY

1. UNAMIR PATHOLOGY TESTS THAT ARE BEYOND THE SCOPE OF NORMED ARE REFERRED TO NAIROBI HOSPITAL PATHOLOGY DEPT.
2. MED BR REQUESTS MILOB LOC NAIROBI UNDERTAKE HANDLING OF SAMPLES IN NAIROBI.
3. PROCEDURES AS FOL:
 - A. NORMED HAS REQ MED BR ARRANGE MOV OF SAMPLES (COPY ENC).
 - B. MED BR HAS ARRANGED AIR MOV FOR ***** 95 (COPY OF MOVREQ ENC).
 - C. **FOR ACTION AUSMED.** CONSIGNMENT IS TO BE DELIVERED TO KIGALI AIRPORT POC KEVIN STORK (DELTA MIKE 7 CHANNEL 11) NLT *****HR *****95
 - D. **FOR ACTION UNAMIR MOVCON NAIROBI.** REQ SAMPLE BE HELD (REFRIGERATE IF COLLECTION WILL BE DELAYED BEYOND 1400HR) FOR COLLECTION BY MILOB, MILOB IS MAJ NASIM CHOWDHURYI/MAJ PRATAP SHASHANK PH 622598, FAX 622668
 - E. **FOR ACTION MILOB NAIROBI.** REQ MILOB COLLECT SAMPLES FM AIRPORT POC DAVE DRIGGERS 622700 AND ARRANGE RAPID TPT TO PATHOLOGY DEPT NAIROBI HOSP. A LETTER TO NAIROBI REQUESTING THAT THE TESTING BE PERFORMED IS ATTACHED WITH THIS FAX AND SHOULD ACCOMPANY DELIVERY. THIS FAX CONFIRMS MY EARLIER TELEPHONE ADVICE.
 - F. **NAIROBI HOSPITAL PATHOLOGY DEPT.** PLEASE UNDERTAKE THE PATH TESTING ON THE SAMPLES THAT WILL BE DELIVERED TO YOU IN ACCORDANCE WITH THE ATTACHED LETTER AND THE REQUEST FORMS ENCLOSED WITH THE SAMPLES.



UNITED NATIONS
ASSISTANCE MISSION IN RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

Out Going Fax NO. ***/95

Page 1 of 2 File 6500-1-1

TO: MR Y. DIMETROS SAO UNAMIR NAIROBI	FROM: MS SUSAN MATTHEW CAO UNAMIR KIGALI
ATTN: 1. MOVCON NAIROBI 2. UNAMIR LOGISTICS NAIROBI	DATE: 95
FAX NO: FAX NO: 254 2 622 668	PHONE: INT + 250 84270 Ext 11116
INFO: UNAMIR Procurement GI GIRI Fax No: 254 2 622 065	FAX NO: INT + 250 86877
Internal dist: PROCUREMENT SECTION CONTROL, CILM , MOVCON KIGALI, 95 CMSG	DRAFTED BY: MAJ J.O.Y. ABEBRESE G4 Med Log
Subject: GAS CYLINDERS FOR REFILL IN NAIROBI (BOC GASSES_EX EAST AFRICA OXYGEN)	
REFERENCE: IOR Requisition LOG-20265 AMD 1 of 17 Jul 95	

PRIORITY

AAA PLEASE FIND ENCLOSED A COPY OF THE AIR MOVEMENT REQUEST FOR MEDICAL GAS CYLINDERS THAT REQUIRE URGENT REFILL. THE 60 EMPTY CYLINDERS REQUIRE MOVEMENT FROM KIGALI UNAMIR CARGO TERMINAL TO NAIROBI AND TESTING AND REFILLING BY BOC GASSES UNDER CONTRACT AS PER REFERENCE A.

BBB THE GAS TYPES AND CYLINDERS SIZES ARE AS FOLLOWS:
01 X MEDICAL AIR, SIZE G
18 X OXYGEN, SIZE G
08 OXYGEN, SIZE D
25 X OXYGEN, SIZE C
01 X ENTENOX, SIZE C
07 X NO2, SIZE C

CCC THE CYLINDERS ARE PACKED ON THREE PALLETS:
PALLET A 2M X 1.5M X 1.5M 850 KG
PALLET B 2M X 1.5M X 1.5M 600 KG
PALLET C 2M X 1.5M X 1.5M 200 KG

DDD THE CYLINDERS ARE TO BE MOVED TO KIGALI AIRPORT UNAMIR TERMINAL
**** 95 BY 95 CMSG

SECTION 6 - HEALTH LOGISTICS

HEALTH LOGISTICS REPORTS AND RETURNS

1. Health logistics reports and returns are detailed in the schedule at Annex A and are to be submitted in signal or written format in accordance with the schedule.
2. Commodity codes are to be used when practicable. Commodity codes for level one medical supplies are listed at Annex B.

STOCK LEVELS

3. In general terms stock levels within theatre are determined by operational activity levels, the total strength/dependency of the Force, and the ability of the civil infrastructure to provide support.
4. All units will deploy with 90 days Class VIII medical stock for organic levels one and two medical facilities. Subsequently a minimum of 14 days stock is to be held and maintained at all times by units deployed in the field.
5. Force Class VIII stock for 60 days is to be held and maintained at the Force Medical Unit pharmacy. The management of this stock is to be the responsibility of HQ UNAMIR (G4 MED). Dispersing of pharmaceuticals is to be carried out at the Force Medical Unit pharmacy.

REPLENISHMENT PROCEDURES

6. Demand Replenishment. Units are to submit message demands to HQ UNAMIR (G4 MED), in the format at Annex C, for routine and urgent replenishment of medical supplies. Demands will be staffed by HQ UNAMIR to Force Medical Unit pharmacy for issue. Routine demands will normally be satisfied within 7 days and supplies will be made available for collection by the demanding unit from Force Medical Unit pharmacy.
7. Items which are peculiar to or specific to a National contingent's requirements are to be procured through National lines of supply at that Nation's expense.
8. Demands for items which are not held in Force stock are to be staffed by G4 Med to CSUPO for local procurement action.
9. Items required by UNAMIR, which are to be procured through donor Nation supply channels are to be the subject of IOR Requests for Medical Supplies raised by HQ UNAMIR (CAO) and will be subject to reimbursement from the UN.

7-6-1

UN RESTRICTED

10. Force Stock Replenishment. Force Stock will be replenished through UN sources under local purchase arrangements every 60 days. G4 Med is to submit a Request for Supplies, covering the relevant inventory, to CSUPO six weeks prior to the required delivery date.

11. Humanitarian Supplies. Request for humanitarian medical supplies are to be submitted to HQ UNAMIR (G4 MED) utilising requisition forms issued separately by G4 MED. Humanitarian medical supplies and pharmaceuticals will be procured through Non Government Organizations and other agencies under arrangements advised by G4 MED. UN medical supplies are not to be utilized for humanitarian relief other than under those circumstances directed by the FMO.

BLOOD SUPPLY

12. Force blood stock is to be maintained at the NORMED pathology laboratory. NORMED is to maintain the capacity to store 40 units of blood. Force blood stock levels will be directed by the FMO.

13. Replenishment of blood and perishable blood reagents is to occur every 21 days under arrangements advised by G4 MED through Red Cross Netherlands. NORMED is to be responsible for the safe transit of blood and blood reagents from the airhead to the laboratory.

HANDLING OF THERMO-LABILE MEDICAL SUPPLIES

14. Personnel responsible for the procurement, storage, handling and movement of thermo-labile (temperature sensitive) medical supplies are to ensure that such supplies are packaged and stored at the prescribed temperature before, during and after transit. Furthermore, such supplies are to be handled expeditiously to prevent damage from temperature fluctuation caused by undue delays. Medical advice is to be sought wherever necessary in relation to the handling of thermo-labile medical supplies.

MEDICAL GASES

15. replenishment of medical gases is to occur every 14 days under arrangements advised by G4 MED.

16. Units requiring medical gas replenishment are to deliver empty gas cylinders to the Force Medical Unit pharmacy. Cylinders will be re-filled by the UN contractor in NAIROBI and subsequently returned to the Force Medical Unit pharmacy within 14 days. Collection of cylinders from the Force Medical Unit pharmacy is to be a unit responsibility.

REPAIR OF MEDICAL EQUIPMENT

17. First line repair of medical equipment is to be a unit responsibility. Requests for the repair of equipment requiring second line repair are to be submitted, on an EMEFIX form, to HQ UNAMIR (G4 EME). Equipment which is beyond the capability of UNAMIR to repair is to be repaired or replaced through National contingent arrangements. Medical equipment is only to be repaired and maintained by appropriately qualified medical equipment technicians.

SCHEDULE OF HEALTH LOGISTICS REPORTS AND RETURNS

Serial (a)	Return/Report (b)	Format (c)	Time (d)	From (e)	To (f)
1.	Message Demand	Message	When req.	Units	HQ UNAMIR
2.	Request for Humanitarian Medical Supplies	Form	When req.	Units	HQ UNAMIR
3.	EMEFIX	Message	When req.	Units	HQ UNAMIR

UN RESTRICTED

ANNEX B TO
UNAMIR SOPs
PART 7 SECTION 6

MEDICAL SUPPLY COMMODITY CODES

(To be issued)

B-1/1

UN RESTRICTED

FORMAT FOR MEDICAL RESUPPLY MESSAGE DEMAND

PRECEDENCE

FROM:

TO:

FORMAT (EXPLANATION)

SUBJECT: DEMAND FOR MEDICAL SUPPLIES
(OPDEM/PRIDEM/MAINTDEM)

- A. UNIT/LOCATION AND DEMAND NUMBER
- B. REASON FOR DEMAND (UNAMIR or Humanitarian use.)
- C. ITEM/S DESCRIPTION AND QUANTITY (Generic description of item/s.)
- D. COLLECTION/DELIVERY REQUIREMENTS (Units will normally be required to collect.)
- E. LATEST DATE/TIME SUPPLIES REQUIRED (BRAVO time zone.)
- F. SIGNALS AT DEMANDING LOCATION (Frequency and Call Sign.)

Notes:

- 1. OPDEM - Operationally urgent demand required up to 6 hours.
- 2. PRIDEM - Priority demand required up to 24 hours.
- 3. MAINTDEM - Maintenance demand required up to 7 days.
- 4. OPDEM and PRIDEM normally passed over radio communications net or facsimile.
- 5. MAINTDEM normally passed in written format.

5000-7
PA

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR

File: 640-1-4

MED : 958/95

To : G3 PLANS

From: FMO

Date: 07 Sep 95

Subject: AMENDMENT TO UNAMIR FORCE SOPs

Reference:

A. DCOS(SP) 4000.1(LOG-3) dated 6 Apr 95. (Copy Attached)

1. Enclosed are amendments to the UNAMIR Force SOP Part Seven (7) Sections, 1-6 for your information and appropriate action.

2. Submitted for urgent action, please.

YD GUNAT
YD GUNAT
Lt-Cdr
for FMO

G3 OPS/PLANS

1. Cause this amendment to be made to our SOP and draw the attention of our Ops Room members (DOs) to the AIDE MEMOIRE FOR DUTY STAFFS

/bu
5/10

UNITED NATIONS



NATIONS UNIES

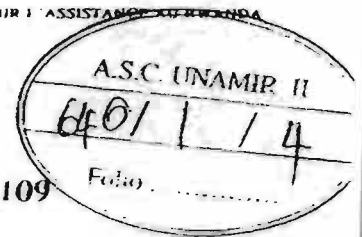
ASSISTANCE MISSION FOR RWANDA

MISSION POUR L'ASSISTANCE AU RWANDA

From: Col K M Tutt
DCOS (Sp)
HQ UNAMIR

[Handwritten signature]

Ext 11109



To: List D, Those listed at Annex A, Duty Officer File, FMO, CMPO

File Reference: 4000.1/LOG-3

Date: 6 Apr 95

Subject: ACTIONS IN CASE OF DEATH OF A MILITARY MEMBER OF UNAMIR

Reference:

A. DCOS(Sp) letter of 14 Dec 95.

1. Reference A was an excellent instruction put out on a limited distribution.
2. That instruction has now been updated to take account of contingent changes and is attached on a Force wide distribution for retention in your "I pray I do not need it, but need to know where to find it file". It will in due time become part of UNAMIR SOP Part 8.

UN RESTRICTED

AIDE MEMOIRE FOR DUTY OFFICERS AND G1 STAFFS

ACTION TO BE TAKEN IN CASE OF THE DEATH OF
OR SERIOUS INJURY TO A MILITARY MEMBER OF UNAMIR

IMMEDIATE ACTIONS

1. When information is received that a military member of UNAMIR has died or suffered serious injury, immediate action are to be taken by:

- a. The Duty Officer outside normal working hours, until he is relieved of the task by FMO or a member of staff.
- b. FMO and staff during normal working hours.
- c. Preferred contact in all cases is Med Ops.

2. It is however likely that the first information will be received by the Duty Officer and whether in normal working hours or not, he is to handle the matter until it can be passed to FMO or a member of his staff not below the rank of Major. Note, however, that the Ops staff retains responsibility for the preparation and submission of the Special Incident Report (See paragraph 6a).

3. When acknowledging the initial information, advise the unit concerned of the need to provide, by the fastest available means, the information necessary to complete the NOTICAS (See below) - but note that casualty details should not be passed over insecure radio nets.

4. Although it is likely that much information that will be required in due course will not be available, immediately inform those listed at Annex A, giving all known relevant details.

UN RESTRICTED

5. In the case of death, advise the unit that they should advise their national headquarters of the incident and that the notification of next of kin will be the responsibility of the unit headquarters; they must report back when the next of kin have been informed. HQ UNAMIR must be advised when this has taken place as the name of the deceased will not be released in any public statement before this confirmation has been received. CMPO must, therefore advise Public Affairs Office when it is confirmed that next of kin have been informed.

6. Start to prepare :

- a. Special Incident Report. This is the notification of the occurrence through the operational chain of command. It will be cleared and submitted to New York by DCOS (Ops) ✓
- b. Preliminary NOTICAS. There may be a conflict between the need to pass information to HQ UN as quickly as possible and the knowledge that the necessary information is not available. This dilemma is solved by the passage of the preliminary NOTICAS message, which takes the same format as the NOTICAS message, except the heading. Those details which have been confirmed are to be included; the remainder is to be given as 'To follow'.

NOTIFICATION OF CASUALTY

7. Unit MO is to prepare the formal Notification of Casualty (NOTICAS) in accordance with Annex B. The Serial No is to be the next number from a sequential list he is to maintain. When all

UN RESTRICTED

the details are known and confirmed, it is to be passed to CMPO (through FMO) for his action and transmission to CAO then to HQ UN.

ADDITIONAL CONSIDERATIONS IN CASE OF DEATH

8. In the event of the death of a member of UNAMIR, there are clearly other matters which need to be addressed. While this aide memoire does not attempt to set out full procedures, its aim is to serve as a check list of points to be considered. Note that full particulars may be found in the UN Field Administration Manual, Chapter 9.

9. The remains are to be transported by the most appropriate and dignified means by air or by road to the UN medical facility in Kigali (currently NORMED) where they will be held until taken out of Rwanda.

10. An ad hoc committee to include the Chief Finance Officer (or a representative), the Legal Advisor, the Force Medical Officer, a representative from Movement Control, a member of CMPO's staff and a representative of the contingent concerned (can be a staff officer of that nationality) is to be formed under the CAO's direction to review the situation; ensure that all relevant details have been passed to HQ UN; determine the disposal of the remains (including ensuring that full movement arrangements have been made to the home country and have been promulgated as necessary); consider ceremonial (see para 18); and appoint an escort (see para 15).

UN RESTRICTED

11. Autopsy. FMO is to be consulted as to the requirement for an autopsy. This is to be confirmed as early as possible as it will affect flight timings from Nairobi. The Autopsy could, if required on legal or medical grounds, be carried out in Nairobi.

✓ 12. Coffin and UN Flag. Obtained through Log Plans, together with a 6' x 9' UN Flag, with which the coffin shall be draped during ceremonial^{ies} and movement. The flag is not to be interred or otherwise disposed of with the remains; it may be given to the next of kin after the funeral ceremonies or, if they do not wish to retain it, the escort is to return it to Log Plans.

13. Funeral Director. UNAMIR has an open contract with a funeral director in Nairobi who may be contacted through FCT or LO in Nairobi. This company will receive the remains from the aircraft at Nairobi airport, transport them to their own premises, carry out the necessary further preparations for the remainder of the journey, arrange for an autopsy if required, and finally, deliver the remains back to Nairobi airport for the outbound flight.

14. Travel Arrangements. Arrangements for the movement of the remains from Kigali to Nairobi should be made with Air Ops. Experience shows that if it is intended to perform some ceremony at the airport, it will be preferable to choose a time fairly late in the day, after the day's main movements have taken place. Onward movement from Nairobi will be arranged by the UNAMIR Travel Office.

15. Escort. Note the following:

- a. Must be an officer, preferably senior to the deceased (although this may not always be possible) and will be from the same contingent as the deceased. If there are more than one deceased it will be necessary to have an equal number of escort officers.
- b. Accompanies the remains on their journey (travelling on the same aeroplane) and is responsible for their safe custody and dignified handling throughout.
- c. Represents the Force Commander at the funeral rites and ceremonies in the home country.

16. Documentation. Three documents are required for the movement of the remains from Kigali to Nairobi:

- a. The passport of the deceased.
- b. A death certificate, which must conform to certain requirement - FMO is aware of the requirements.
- c. A certificate - obtained from the Rwandan Ministry of Health - declaring that the body is free from certain diseases.

17. Customs Clearance. With this documentation, there should be no difficulties clearing customs. It may be helpful, though, to make prior arrangements with the Customs authorities, with the assistance of Movement Control.

18. Ceremonial. The airport authorities have been helpful in allowing UNAMIR to conduct a short ceremony as the remains are placed into the aircraft which will fly them to Nairobi. Clearly the maximum notice and flexibility that can be shown on our part will allow the authorities to give us greater latitude in our activities; KIA is an international airport, we have no right to unlimited free access airside and we must respect the authorities wish to maintain security; otherwise, we shall not be able to conduct the kind of event we would wish. An example format, which has been used successfully, is attached at Annex C, but it may be necessary to adapt this to meet the sensitivities of the religious and national customs of the deceased.

19. United Nations Medal. If the deceased has not previously been awarded the United Nations Medal with UNAMIR ribbon, action should be taken to make an exceptional award, as allowed in the Regulations. The medal should be available for any ceremonial which may be arranged.

SUMMARY

20. When a member of UNAMIR dies, there will be much to be done and it will need to be done quickly. It is important that all concerned are aware of the part that they have to play. Accurate and timely notification of the necessary information is the key.

UN RESTRICTED

Annexes:

- A. Personnel to be Notified Immediately on Receipt of Notification of Death or Serious Injury.
- B. NOTICAS Format.
- C. Possible form of Ceremonial *funerals*

UN RESTRICTED

UN RESTRICTED

ANNEX A TO
AIDE MEMOIRE

PERSONNEL TO BE INFORMED IMMEDIATELY ON RECEIPT OF
NOTIFICATION OF DEATH OR SERIOUS INJURY

1. MA to FC ✓
2. MA to DFC ✓
3. COS ✓
4. DCOS (Sp) ✓
5. DCOS (Ops) ✓
6. FMO ✓
7. CMPO ✓
8. Provost Marshall ✓
9. CAO ~
10. Public Affairs Office ✓

UN RESTRICTED

UN RESTRICTED

ANNEX B TO
AIDE MEMOIRE

NOTICAS FORMAT

- A. NOTICAS No:
- B. UNAMIR
- C. Service Number:
- D. UN ID Card No:
- E. Rank:
- F. LAST NAME (Given names):
- G. Sex:
- H. Nationality:
- I. Next of kin (Name, address and relationship):
- J. Category (e.g. contingent member, MILOB etc):
- K. On duty at the time of the occurrence (Yes or No):
- L. Date of occurrence:
- M. Time (Local):
- N. Place:
- O. Type of casualty (Death, injury or illness):
- P. Cause of casualty:

UN RESTRICTED

UN RESTRICTED

ANNEX C TO
AIDE MEMOIRE

CEREMONIAL PROCEDURE FOR FUNERAL SERVICES
CONDUCTED FOR UNITED NATIONS PERSONNEL

1. In the event that a funeral service is conducted for United Nations Personnel it will either be a Contingent "family" Ceremony or a Force Ceremony. The Ceremonial procedure to be followed for a Force event is given below:

Serial	Command	Given by	Action	Remarks
1.				1. Escort Party and Band form up in the assembly area under command of Escort Comd. To be drawn for the contingent/contingents concerned or provided by Kigali Bn. 2. Biers in place. 3. Mourners briefed by CMPOL or his staff.
2.	Escorts Attention	Escort Comd	National Drill	Band complies with commands
3.	Escorts Shoulder Arms	Escort Comd	National Drill	
4.	Band by the Centre, Escorts by the Left, Quick March	Escort Comd	National Drill	Band and Escorts step off together and march to pre-designated positions. Band and Escorts mark time.
5.	Band and Escorts - Halt	Escort Comd	National Drill	
6.	Band and Escorts will Advance - Left Turn	Escort Comd	National Drill	
7.	Escorts - Order Arms	Escort Comd	National Drill	

UN RESTRICTED

UN RESTRICTED

8.	Escorts - Stand at ease	Escort Comd		1. Parade Commander takes Command. 2. Band acts on Command. 3. Bearer Party moves to start position (Provided by contingents of deceased)
9.	Escorts - Attention	PDE Comd		1. Band acts on Command.
10.	Bearer Party - Slow March	OIC Bearer Party		
11.	Bearer Party - Halt	OIC Bearer Party		1. Given when rear of veh carrying the coffin is level with the bier.
12.	Bearer Party - Inwards Turn	OIC Bearer Party		
13.	Bearer Party - Remove Coffin	OIC Bearer Party		1. Depending on the vehicle that is used to transport the coffin, the bearer party is to remove the coffin as smoothly as possible. 2. Once the coffin has been removed, the vehicle is to depart from the service area back to the assembly area.
14.	Bearer Party - Prepare to lift - Lift	OIC Bearer Party	Lift the coffin evenly until it is just above the level of the shoulder, turn the body towards the feet end of the coffin and at the same time take the weight of the coffin on the inside shoulder.	
15.	Coffin Right or Left	OIC Bearer Party	Using short steps in a forward and sideways motion rotate the coffin in the required direction until it is positioned feet foremost, towards the direction of subsequent movement. Bearers are to be halted on completion of this movement.	
16.	Slow March	OIC Bearer Party	Bearers are to step off with the inside foot to avoid rocking of the coffin. Paces should be short and while the step is to be maintained, bearers must not attempt to carry out a ceremonial slow march. Heads must be held erect and bearers must not look down.	
17.	Bearer Party - Halt	OIC Bearer Party		
18.	Prepare to lower	OIC Bearer Party	Bearers remove the inner hand from their opposite number's shoulder and bring it close to their own shoulder at the same time. Turn inwards and place the outside hand underneath the coffin.	

UN RESTRICTED

UN RESTRICTED

19.	Lower	OIC Bearer Party	All bearers assist in lowering the coffin until it is supported at full arms length and then my small side paces the coffin is positioned centrally on the bier.	
20.	Bearer Party - Attention	OIC Bearer Party	Bearers return to the position of attention.	
21.	Bearers One Pace Step Back - March	OIC Bearer Party		
22.	Bearers Party Outwards Turn	OIC Bearer Party		
23.	Escorts - General Salute - Present Arms	PDE Comd	National Drill *	Band play United Nations National Anthem.
24.	Escorts - Shoulder Arms	PDE Comd	National Drill	
25.			Service is conducted (if required)	Order of service handed out before event.
26.	Escorts - General Salute - Present Arms	PDE Comd	National Drill	1. Buglers sound Last Post 2. All military pers in uniform are to salute
27.	Escorts - Shoulder Arms	PDE Comd	National Drill	Given on completion of Last Post
28.	Bearer Party - Inwards Turn	OIC Bearer Party		
29.	Bearer Party One step Forward - March	OIC Bearer Party		

UN RESTRICTED

UN RESTRICTED

30.	Bearer Party Prepare to Lift - Lift	OIC Bearer Party	As for Serial 14	
31.	Bearer Party Slow March	OIC Bearer Party	Bearer Party marches the coffin to a position where it can be placed aboard the aircraft	
32.	Bearer Party - Halt	OIC Bearer Party		
33.	Bearer Party Prepare to lower	OIC Bearer Party	As for serial 18	
34.	Bearer Party - Lower	OIC Bearer Party	1. Bearer Party assists in lowering the coffin until it is supported in a position to be loaded onto the aircraft. 2. Using short side steps and the assistance of the air crew the coffin is loaded onto the aircraft.	
35.	Bearer Party - Attention	OIC Bearer Party	.	
36.	Bearer Party Move to the Right in File - Right Turn	OIC Bearer Party		
37.	Bearer Party - Quick March	OIC Bearer Party	Bearer Party marches to the Right Flank of the escort party. Halt and Left turn	
38.	Escort Party - Move to the Left in File - Left Turn	PDE Comd		All contingents act on command
39.	Escort Party - Quick March	PDE Comd		1. All contingents march back to the assembly area. 2. Contingents are halted and fallen out to return to duty.

UN RESTRICTED

UN RESTRICTED

SECTION ONE - COMMAND AND CONTROL

GENERAL

1. This SOP details the method of comd and con of Medical Branch. Medical Branch is responsible to the FC on all matters affecting the health of UNAMIR.
2. Role. The role of Medical Branch is the co-ordination of all medical support to the force and to Medical support to Humanitarian relief in Rwanda. It also provides advice to the FC on matters designed to promote health and prevent disease.
3. ORBAT. Med Branch is organised as follows:
 - a. Force Med Officer (FMO);
 - b. G3 Med (Ops) - Health Operations (SO2 Hlth Ops);
 - c. G4 Med (Log) - Health Logistics (SO2 Hlth Log);
 - d. SO Med.
 - e. F Health Officer; and
 - f. Chief Clerk (CCLK).
4. From time to time other staff members will be attached to Med Br. These may be liaison offrr/representatives from the Force Medical units as follows:
 - a. Norwegian Medical Centre (NORMED);
 - b. 95 CMSG.
5. An advisory position of FHO on Med Br is held by the senior pvnt Med Officer from 95 CMSG..

UN RESTRICTED

METHOD AND SUCCESSION OF COMMAND

6. FMO will normally exercise comd of Med Br from Force HQ. However he/she may temporarily exercise comd from another loc. The succession of comd in Med Br is as follows:

- a. G3 Med (Ops).
- b. SO Med (Admin Offr).
- c. G4 Med (Log).
- d. Senior Medical Officer from NORMED.

ORDER GROUPS

7. The Med Br OGP will comprise all members and attached personnel. A representative of each Medical unit will usually be required to attend.

RECON GROUP

8. The composition of the R GP will generally be as follows:

- a. FMO.
- b. Representative from Med Br (usually Lo).
- c. Linguist.
- d. Int rep.
- e. Med asst.
- f. Driver, and
- g. Protection party.

9. Variations to the above list will be made based on the situation and task.

UN RESTRICTED

DISTRIBUTION OF ORDERS/PLANS AND DIRECTIVES

10. The distribution list for orders, plans and directives is as per UNAMIR distribution list. All health units under comd or in spt of UNAMIR are to submit an info copy of orders and plans to Med Br.

LIAISON

11. Liaison between Med Br and health unit is frequently required for comd and con purposes. Initiative should be taken to arrange contact without direction.

12. LOs will be used as follows:

- a. To convey orders and future intentions of the FMO;
- b. To provide info on the situation to the FMO;
- c. To interface with other UN authorities, NGO and government offices.

13. LOs are to attend all conferences at their own HQ whenever possible, as well as attending O Gp of the HQ to which they are attached.

14. An Aide Memoire for LOs is at Annex A.

UN RESTRICTED

ANNEX A TO
UNAMIR SOPs
PART 7 SECTION 1

AIDE MEMOIRE FOR LIAISON OFFERS

1. Liaison Offers are to:

a. Before Departure.

- (1) Be prep to spend the night away from HQ.
- (2) Check comms and SOI details
- (3) Take with them the latest SITREP from the HQ.
- (4) Inform HQ of their whereabouts.
- (5) Check their routine with the Ops Room and the latest grid ref of the HQ unit they are visiting.
- (6) Know the next likely loc of the HQ.
- (7) Inform the HQ/unit they are visiting of their ETA.

b. At the Destination

- (1) Obtain latest SITREP and pass on latest info.
- (2) Advise parent HQ of ETD and ETA as soon as known.

UN RESTRICTED

UN RESTRICTED

- d. Med Ops to cfm the expected time of departure of the a/c from Kigali to Nairobi in order to direct NORMED to move the patient/sample to the airport.
- e. The movement of personnel (MOP) Form to be completed for patient and escorts and then the completed forms and the copy of a memo fax to FCT be given to the travel unit at Trafipro.
- f. In emergency cases the FCT will be info at short notice and he is expected to respond immediately.

22. FCT

- a. Cfm arrangement with the Specialist Hosp and accompany patient to hospital.
- b. Collect patient and/or samples from the airport and deliver to the receiving medical unit in Nairobi. Coord with Movcon Nairobi as required.
- c. Arrangement accn for the Escorts.
- d. Liaise with Movcon Nairobi to arrange return journey for the escorts.
- e. Collect results of investigation on samples and give to movcon to be fwd to NORMED and/or relay results to NORMED by telephone if urgently required.

23. MOVCON

- a. Movcon Kigali is to liaise with movcon Nairobi who will collect the passport/visas of patient and escort for processing and arrangement of return journey for the escorts.
- b. Movcon Nairobi is responsible for collection and safe custody of samples until collected from them by FCT.

SECTION TWO - RESPONSIBILITIES OF KEY PERSONNEL

GENERAL

1. All personnel within Med Br are responsible to the FMO for the smooth functioning of the Branch. While each has a specialist field, all should be prepared to assist in the functioning of the Branch as a whole.

Responsibilities. Responsibilities of key personnel are as follows:

a. Force Medical Officer (FMO):

(1) Plans, directs, and advises and supervises all activities related to the medical support plan. Provides medical expertise to the Force Commander (FC) and to all contingent Senior Medical Officers (SMedOS) of the mission.

(2) Conducts initial and on-going deployment medical assessments and surveys. Gathers and distributes information of general medical situation in the operational area and of medical threats.

(a) Assesses the local medical facilities and advises on their suitability.

(b) Evaluates and coordinates medical support received from Host Nation Support.

(3) Oversees medical standards of all medical care functions. This will also include inspections of military medical facilities in-theatre.

(4) Ensures all military medical units extend their services to the UN civilian support staff, and other UN staff members assigned to that particular mission.

(5) Recommends Holding/Evacuation Policies to FC, and to UN HQ.

(6) Provides guidelines for MEDEVACS and coordinates inter and intra-theatre MEDEVACS.

(7) In concert with UN HQ, and the FC, provides guidance in the treatment of non-UN force personnel.

UN RESTRICTED

(8) Responsible for coordination of medical matters with Non-Government Organizations (NGOs), Private Organizations (PVOS), and with local medical authorities.

(9) Responsible for collection of medical information/statistical reporting as required by UN HQ.

(10) Resolves clinical differences between national contingents.

(11) Responsible for the economic considerations for all of the above.

b. G3 Med (Ops). Responsible to the FMO for:

(1) the overall co-ordination of the Med Br Ops Rm;

(2) assisting in preparation of orders and plans;

(3) keeping the FMO informed of the loc, situation and capabilities;

(4) the co-ordination of all evacuation matters;

(5) the co-ordination of all repatriation matters as they apply to Med Br;

(6) compilation of med ops returns.

(7) Medical advisor to F Comd in absence of FMO.

c. G4 Med (Log). Responsible to the FMO for:

(1) the overall supervision of medical procurement and resupply to units;

7-2-2

UN RESTRICTED

UN RESTRICTED

- (2) the provision of advice on health logistics matters;
- (3) assisting in the preparation of orders and plans;
- (4) keeping the FMO informed of all health resupply
- (5) Compilation of medical logistics returns

d. SO Med Admin. Responsible to FMO for:

- (1) 2IC functions in HQ Med Section.
- (2) Advises med staff officers, NORMED staff and contingent RAP's on med admin matters.
- (3) Overall coord of activities between med ops and med logistics.
- (4) Supervises staff and functions of orderly room.
- (5) Pers admin for HQ Med Section staff.
- (6) Overall coord of Med reports and med policy and procedures.
- (7) Participates in duty roster for Med Br Ops.

e. Force Health Officer. Responsible to the FMO for:

- (1) The provision of health advice to staff and national contingents on preventive measures;
- (2) Inspection and auditing of national measures to ensure international standards are maintained in the

UN RESTRICTED

area of:

- (a) food;
- (b) water; and
- (c) sanitation.

(3) The co-ordination of mission dependant preventive medicine services such as regional spraying or vector control;

(4) Reporting on, and maintaining standards of

occupational Health and Safety as they apply to national contingents.

f. WO Clk Admin. Responsible to FMO for:

- (1) Maintenance, receipt, dispatch, correspondence and filing daily;
- (2) Assisting in Medical Evacuation procedures both tactical and strategic;
- (3) Assisting in repatriation of UN military personnel on medical grounds;
- (4) Ensuring all periodical reports and returns completed at end of each week and each month;

7-2-4

UN RESTRICTED

UN RESTRICTED

- (5) Ensuring weekly medical treatment reports collated and necessary action taken;
- (6) Collate and distribute weekly and monthly treatment statistics;
- (7) Perform the duties of Medical Branch Duty Officer when required;
- (8) Resupply as necessary office equipment and stationary;
- (9) Carrying out daily general administration;
- (10) Assisting FMO, FHO and G4 Med Log when required;
- (11) Assisting G3 Med Ops with medical operations duties as required.

g. LO Representatives from Force Medical Units.

Responsible to the FMO for:

- (1) All co-ordination matters between their unit and Med Br;
- (2) Assisting G3 Med (Ops) and G4 Med (Log) as required.

7-2-5

UN RESTRICTED

UN RESTRICTED

DUTY STATEMENT - WO CLK ADMIN

MEDICAL BRANCH HQ UNAMIR

Duties:

1. Maintain, receipt, dispatch, correspondence and filing, daily.
2. Assist in Medical Evacuation procedures both tactical and strategic.
3. Assist in Repatriation of UN military personnel on medical grounds.
4. Ensure all periodical reports and returns completed at end of each week and each month.
5. Ensure weekly Medical Treatment reports collated and necessary action taken.
6. Collate and distribute weekly and monthly treatment statistics.
7. Perform the duties of Medical Branch Duty Officer when required.
8. Ensure necessary items are available for daily sitrep.
9. Resupply as necessary office equipment and stationery.
10. Sub Account holder.
11. Carry out daily general administration.
12. Assist FMO, FHO and G4 Med Log when required.
13. Assist G3 Med Ops with medical operations duties as required.

UN RESTRICTED

UN RESTRICTED

SECTION THREE - REPORTS AND RETURNS

GENERAL

1. The FMO is required to submit periodic reports and returns to both Force HQ and HQ UN NY. To assist in this reporting, medical establishments are required to provide information to Med Branch on a regular basis. The requirements for reports and returns are laid down as follows:

Annexes:

A. Medical Operations Returns.

7-3-1

UN RESTRICTED

UN RESTRICTED

ANNEX A TO
UNAMIR SOPs
PART 7 SECTION 3

MEDICAL OPERATIONS
SCHEDULE OF REPORTS, RETURNS AND TIMINGS

Serial/ Appendix	Title of Report/ Return	Correct as at	Originator		Sent To	By Time	Means of Transmission	Remarks
			Medical Unit	Medical Branch				
1	Daily Medical SITREP	Midnight	(Levels 2 and 3 only)		Medical Branch	0800 following day	Hard Copy	
2	Weekly Medical SITREP	Midnight on Sunday	Level 1 only		Medical Branch	0800 following day	Hard Copy	
3	Location levels and capabilities return	Last day of the month	(Levels 2 and 3 only)	X	Unit to Med Br Med Br to UN NY	1st of following month	Hard copy fax or message	Initial notification to be made by verbal means
4	Medical Flash Report	ASAP	ALL		Med Branch	ASAP after incident	Hard copy fax or message	
5	Medical Treatment Report	Midnight Sunday of each week	ALL	X	Med Branch	0800 hrs Monday	Hard copy fax or message	
6	Health Surveillance Report	Midnight on Sunday of each week	level 1 only		Med Branch	1200 Monday	Hard Copy	

UN RESTRICTED

UN RESTRICTED

APPENDIX 1 TO
ANNEX A

DAILY MEDICAL SITUATION REPORT
LEVELS 2 AND 3 ONLY

Purpose of Medical Situation Report (MEDSITREP): To inform medical staff at operational level headquarters of the Health Service situation.

1. From:
2. To:
3. Info:
 - a. DTG of release.
 - b. Report as at (DTG).
 - c. Medical evacuation status:
 - (1) Number of pers unit supporting.
 - (2) Number of patients treated since last report.
 - (3) Number of patients admitted since last report.
 - (4) Number of patients evacuated since last report.
 - (5) Number of patients returned to duty since last report.
 - (6) Number of patients died since 1st report.
 - (7) Number of patients presently held.
 - (8) Number of patients awaiting evacuation.
 - d. Hospital status:
 - (1) Name of unit/org (1).
 - (2) Number of operational beds (2).
 - (3) Number of available beds (10). (NORMED)
 - (4) Significant personnel shortages.
 - (5) Significant events/activities.

A-1-1/2

UN RESTRICTED

UN RESTRICTED

APPENDIX I TO
ANNEX A

- e. Medical logistic situation - Significant shortages of medical and dental (Class 8) supply items.
- f. Mass casualty situation (As required)
 - (1) Cause.
 - (2) Location (name/grid reference).
 - (3) Number of casualties.
 - (4) Unit(s) affected.
- 4. Epidemic situation (As required)
 - (1) Disease.
 - (2) Location (name/grid reference).
 - (3) Number of patients.
 - (4) Unit(s) affected.
- a. Remarks:

Notes:

- 1. Repeat as necessary.
- 2. Beds supported by personnel and equipment to provide treatment appropriate to unit role.
- 3. Beds that are operational and NOT occupied by patients.

UN RESTRICTED

APPENDIX II TO
ANNEX A

WEEKLY MEDICAL SITUATION REPORT
LEVEL ONE ONLY

Purpose of Medical Situation Report (MEDSITREP): To inform medical staff at operational level headquarters of the Health Service situation.

1. From:
2. To:
3. Info:
 - a. DTG of release.
 - b. Report as at (DTG)
 - c. Medical evacuation status:
 - (1) Number of pers unit supporting.
 - (2) Number of patients treated since last report.
 - (3) Number of patients admitted since last report.
 - (4) Number of patients evacuated since last report.
 - (5) Number of patients returned to duty since last report.
 - (6) Number of patients died since 1st report.
 - (7) Number of patients presently held.
 - (8) Number of patients awaiting evacuation.
 - d. Hospital status:
 - (1) Name of unit/org (1).
 - (2) Number of operational beds (2).
 - (3) Number of available beds (10). (NORMED)
 - (4) Significant personnel shortages.
 - (5) Significant major equipment deficiencies.
 - (6) Significant events/activities.

A-II-1/2

UN RESTRICTED

UN RESTRICTED

SECTION FOUR - FUNCTIONING OF THE OPS ROOM

General

1. The Med Br Ops Room is to be manned throughout UNAMIR HQ working hours. It is located in room 2077 of UNAMIR HQ. Manning of Ops room be a minimum, of one person at all times. After hours, manning will be via motorola by rostered duty offr, call sign M93D on channel 4.

2. G3 Med (Ops) is responsible for formulating the duty officer roster. He is also responsible for briefing oncoming duty officers before they mount duty.

Responsibility

3. The responsibilities of the duty officer are at Annex A. He is the representative of the FMO after hours and should be prepared to give an up to date brief/sitrep at any time. A handover procedure check list is also contained in Annex A.

Duty Logs

4. Duty officers are to maintain a duty log, a copy of which is at Annex B. Details are to include a summary of voice, radio, telephone info received/sent.

Communications

5. Contact telephone numbers as follows:

a. Working hours:

(1)	FMO	-	11105	c/s	M9	ch	4
(2)	G3 Med (Ops)	-	11116	"	M93	"	4
(3)	SO Med	-	11116	"	M92	"	4
(4)	G4 Med	-	11116	"	M94	"	4
(5)	NORMED	-	11731	"	NORMED	ch	4
(6)	Air Ops	-	11161	c/s	93HA	ch	4

7-4-1

UN RESTRICTED

UN RESTRICTED

b. After Working hours:

(1)	Duty Offr	-	C/S M93D	Ch 4
(2)	FMO	-	11731 C/S M9	Ch 4
(3)	G3 Med (Ops)	-	83869 C/S M93	Ch 4
(4)	G4 Med	-	11028 C/S M94	Ch 4

Annexes:

- A. Duty officers Responsibilities.
- B. Duty Officer's Log.

UN RESTRICTED

ANNEX A TO
UNAMIR SOPs
PART 7 SECTION 4

DUTY OFFICERS RESPONSIBILITIES

Duty Offr

1. All Ops Cell Duty Offr are responsible for the gen op of the ops cell and handling all occurrences. Duty Offr are to understand fully the med plan and must ensure it is being implemented properly. Duty Offr are to make the FMO/SO2 HLTH Ops aware of any significant occurrences that may jeopardise the execution of the plan.
2. The on-coming Duty Offr must be fully briefed by the off-going Duty Offr on the following:
 - a. Activities up to the present time;
 - b. Current sit;
 - c. Future intentions;
 - d. Outstanding action;
 - e. Codewords and nick names;
 - f. Comm state, codes SOI and Net diagrams; and
 - g. Loc of FMO and G3 Med Ops.
3. The Duty Offr is to:
 - a. Record occurrences in the duty log in sufficient details to be understood.
 - b. Cfm accuracy of all locstats given and sent;
 - c. Follow up late returns from units;
 - d. Submit reports and returns IAW section three of this SOP;
 - e. Be prepared to brief on current sit as req;
 - f. Spr maint and tidiness of the Ops Cell; and
 - g. Brief the relief Duty Offr.

UN RESTRICTED

DUTY LOG

DATE: PERIOD FROM: HRS TO: HRS

SERIAL	TIME	TO	TEXT	ACTION BY DO	CP ACTION COMPLETED

UN RESTRICTED

SECTION FIVE - EVACUATION AND REPATRIATION

General

1. This SOP is divided into three areas:
 - a. Casualty Evacuation;
 - b. Medical Evacuation; and
 - c. Medical Repatriation.

CASUALTY EVACUATION

General

2. Casualty evacuation (CASEVAC) is the process of moving any person who is wounded, injured or diseased to and or between medical treatment facilities. It includes surface evacuation and aeromedical evacuation (AME).
3. The purpose of this SOP is to define the casualty evacuation process and to describe the procedures in the evacuation of all casualties.

Evacuation Priorities

4. All cas and especially those with major injuries require special consideration of their individual treatment and evacuation needs. Consequently the following priorities are assigned to cover this requirement:
 - a. Priority one. Pri one cas are those whose life is immediately threatened. Rapid evacuation, urgent resuscitation and or surgery are required.
 - b. Priority two. Pri two cas are those whose life or limb is in serious jeopardy. Evacuation to allow early resuscitation and or surgery is required.
 - c. Priority three. Pri three cas are those for whom neither life nor limb are in serious jeopardy. Evacuation should be as soon as possible.

DUTY LOG

DATE: PERIOD FROM: HRS TO: HRS

SERIAL	TIME	TO	TEXT	ACTION BY DO	CP ACTION COMPLETED

UN RESTRICTED

Type of Evacuation

5. Aeromedical evacuation (AME). AME is the movement of patients to a medical facility by air transportation. It may be by fixed wing or rotary wing aircraft. AME is the preferred means of evacuation for all priority one and two casualties. Priority 3 mode of evac to be assigned according to distance kg and aircraft availability, after consultation with medical authority.

6 Road Evacuation. Is the movement of patients to a medical facility by any road means. Road evacuation is the preferred means for pri three casualties. This should be by dedicated ambulance.

Casualty Regulation

7. Casualty regulation in the AOR is necessary to ensure that the most appropriate evacuation assets are used. The control of casualty evacuation also ensures that the casualty is transported to the most appropriate medical facility. This is a med ops function.

CASEVAC Procedures

8. Request for CASEVAC. All CASEVAC request will be transmitted on the force command net and should be in the message format described at Annex A. This format is to be repeated in all unit SOPs.

9. Casualty Regulation. All requests for CASEVAC will be transmitted to Ops Br HQ UNAMIR. Casualty regulation will be conducted by Medical Branch, HQ UNAMIR. Ops staff will consult Medical Branch for advice on the most suitable means of evacuation and the destination of the casualty. The use of the AME dedicated aircraft will be authorised by the FMO or representative. The use of other aircraft requires authorization by SO2, G3 Air or duty offr Air Ops on the advice of FMO. Procedures with respect to CASEVAC are outlined at Annex B.

UN RESTRICTED

10. AME. If AME is the preferred means of evacuation then the:
 - a. AME medical team will be drawn from 95 CMSG Med elements/NORMED. The roster for the on-line AME team will be maintained by med br. The team will be dispatched from the providing unit location to KIGALI airfield.
 - b. Aircrew will be notified of the CASEVAC request by Air Ops Staff.
 - c. Air Ops staff should also advise the control tower at KIGALI airport and gain clearance for the AME team to approach the CASEVAC aircraft; and
 - d. Receiving medical facility will be notified of incoming cas by Med Br.
11. Road Evac. Will be used for all pri three cas that occur in the KIGALI area. The process of arranging road evac will be:
 - a. Road evac from RAP to NORMED facilities will be provided by NORMED or INDBATT assets; and
 - b. NORMED will be tasked by Med Br to conduct road evacuation
12. Reporting. The receiving medical facility is to notify Ops Br on the completion of the CASEVAC task.

UN RESTRICTED

MEDICAL EVACUATION

GENERAL

13. Medical evacuation (MEDEVAC) is the movement of any person to a medical facility beyond those provided by UNAMIR Strategic MEDEVAC generally occurs when the UNAMIR medical facility is unable to provide the services or level of care required in-theatre.

14. The purpose of this SOP is to define the procedures for MEDEVAC.

ELIGIBILITY

15. As MEDEVAC is usually at UN expense the MEDEVAC will be to either the nearest suitable destination or that which is most economical. The FMO/CAO will decide the most appropriate location to use. As a guide the following locations are acceptable for use by UN missions in Africa or the Middle East:

a. Africa:

- (1) Nairobi; ✓
- (2) Harare;
- (3) Abidjan;
- (4) Dakar; or
- (5) Johannesburg.

b. Middle East:

- (1) Amman;
- (2) Jerusalem; or
- (3) Cairo.

16. There are basically three means for MEDEVAC out of UNAMIR theatre, namely:

- a. By dedicated UNAMIR Fixed Wing Aircraft. At present UNAMIR does not have access to a dedicated aircraft. When available this aircraft will be stationed at Kigali International Airport (KIA).

UN RESTRICTED

- b. By Opportunity Aircraft. Regular scheduled UNAMIR flights operating between Kigali and other locations will generally be used for routine MEDEVAC. Other aircraft flying into Kigali may also be considered; chartered flying ambulance service may be authorised in some circumstances.
- c. Swiss Air Ambulance. In 1989 the government of Switzerland made available to the UN, air ambulance facilities for the evacuation and repatriation of UN personnel. The organisation which provides the service is La Garde Aerienne Suisse de Sauvetage (REGA). More detail about this service will be provided later in this SOP.

MEDEVAC/PATIENTS APPOINTMENTS/LAB SPECIMENS TO NAIROBI

17. MEDEVAC must be approved by CAO/FC at UNAMIR HQ. Requests to CAO will be made by the FMO. When initial request is made, a medical report for the patients condition is to be sent. The CAO will then request for final approval from UNNY.

18. In the event of an emergency, the CAO may authorize the MEDEVAC on the advice of the FMO. When available, all details of the MEDEVAC are to be forwarded to UNNY HQ.

RESPONSIBILITY DURING MEDEVAC PROCEDURE/PATIENT APPOINTMENTS/
LABORATORY SPECIMENS

19. Contingent. Will provide passport, money, all med documents and personal effects of the patients to the escort while being conveyed to NAIROBI.

20. NORMED. For all Medevac from Kigali to Nairobi, NORMED will play the fol roles:

UN RESTRICTED

- a. Provide medical evaluation of the patient's condition, patient stabilization as required, and initiation of medevac request if clinically indicated.
- b. NORMED attending physician to contact the accepting Specialist in Nairobi and arrange the date of appt/hospitalisation.
- c. NORMED to provide early info to Med Ops at UNAMIR HQ of the need to evacuate the patient providing info about his med report, the receiving specialist and equipment/med pers needed to accompany the patient.
- d. In case of sample for investigation NORMED to info Med Log about the type of sample and investigation required as per SOP. (enclosed as Annex A & B to MEDEVAC Procedures)
- e. For out-patient appts the appt date, specialist name and address are to be forwarded to Med Ops.
- f. NORMED to obtain daily SITREP of patient's condition from the specialist in NAIROBI and info FMO Office.

21. FMO's OFFICE

- a. Is to provide advance info to FCT regarding an intended medevac.
- b. On confirmation of the Flt schedule Med Ops is to fax the memo to FCT regarding the patient, arrangement for hospitalization, transportation of patient from airport to the specialist hospital, the type of plane and its ETA at Nairobi. FCT to arrange accn for the escort(s).
- c. Casevac Coordinator will coord activities at NORMED including patient preparation, passport and personal effects. Casevac Coord will relay clinical information to Med Ops, who will coord Air Ops response.

7-5-6

UN RESTRICTED

UN RESTRICTED

- d. Med Ops to cfm the expected time of departure of the a/c from Kigali to Nairobi in order to direct NORMED to move the patient/sample to the airport.
- e. The movement of personnel (MOP) Form to be completed for patient and escorts and then the completed forms and the copy of a memo fax to FCT be given to the travel unit at Trafipro.
- f. In emergency cases the FCT will be info at short notice and he is expected to respond immediately.

22. FCT

- a. Cfm arrangement with the Specialist Hosp and accompany patient to hospital.
- b. Collect patient and/or samples from the airport and deliver to the receiving medical unit in Nairobi. Coord with Movcon Nairobi as required.
- c. Arrangement accn for the Escorts.
- d. Liaise with Movcon Nairobi to arrange return journey for the escorts.
- e. Collect results of investigation on samples and give to movcon to be fwd to NORMED and/or relay results to NORMED by telephone if urgently required.

23. MOVCON

- a. Movcon Kigali is to liaise with movcon Nairobi who will collect the passport/visas of patient and escort for processing and arrangement of return journey for the escorts.
- b. Movcon Nairobi is responsible for collection and safe custody of samples until collected from them by FCT.

7-5-7

UN RESTRICTED

UN RESTRICTED

USE OF REGA AIRCRAFT

24. The use of REGA evacuation means involves special authorization procedures to those outlined above. Once it has been established that an air ambulance is required the FMO will immediately advise CAO. The request from FMO is to include the following details:

- a. Evacuation
From: To:
Date evacuation required:

- b. Details of Patient.
NAME:
Date of Birth:
Nationality:
Nature of illness/injury:
Present Location:

- c. Attending Medical Officer.
Name:
Address:
Contact Number:

- d. UN Contact. (Usually CAO)
Name:
Appointment:
Contact Number: (incl Fax)

25. CAO will review the request and advise REGA, who will in turn advise UNAMIR of details. At the completion of the evacuation the FMO is to inform the CAO for his nec actions.

26. There is a monetary ceiling on the use of the REGA facility. Before a request to use REGA is made, all options especially the

UN RESTRICTED

use of scheduled flights should be examined. Countries who organise their own evacuation without correctly requesting it should be aware that the UN may not reimburse costs.

27. REGA provides all evacuation teams and equipment. Countries are not required to provide escorts or evacuation teams.

REPATRIATION

GENERAL

28. The administration procedures for Repatriation are contained in Personnel Branch SOP. The information detailed below provides guidance on Medical Procedures.

29. Repatriation on medical grounds will normally be at Un expense. It is required when the person concerned:

- a. Will not be fit for duty within 30 days including the time for hospitalisation.
- b. Requires treatment which is not available in the mission area: or
- c. Requires special treatment in a national institution.

AUTHORIZATION

30. Repatriation on medical grounds is to be authorised by the FC on the recommendation of the FMO. The standard format for requests is contained in Personnel Branch SOP.

31. Once the FC authorises the repatriation the CAO may approve and proceed with the arrangement for having the individual repatriated. The CAO will consider the urgency of the requirement and the most economical means. The CAO will either make the arrangements through UNAMIR HQ or task the contingent to do so through their national agencies if this is considered most efficient.

UN RESTRICTED

MEDICAL BRANCH RESPONSIBILITIES

32. Medical Branch will receive the repatriation request from the unit concerned and the FMO will make a recommendation on the request before passing it to Personnel Branch. Once approved, Medical Branch will only become involved in the co-ordination of patient preparation and movement between UNAMIR medical facility and the departure airfield.

33. The UNAMIR medical facility will be responsible for providing transport to the airport. Medical Branch is to co-ordinate liaison between contingents/units.

Annex:

- A. CASEVAC REQUEST PROFORMA.
- B. CASEVAC Procedures.

7-5-10

UN RESTRICTED

ANNEX A TO
UNAMIR SOPs
PART 7 SECTION 5

UNAMIR II MEDICAL SOP - SOP CASUALTY EVACUATION
CASEVAC REQUEST

Purpose

1. The purpose of this form is to standardize the format of CASEVAC requests.
This proforma is to be used when requiring a CASEVAC REQUEST.

Time Received:.....

Time Completed:.....

Srl	Description of Serial	Actual CASEVAC Information
A	STATUS AND NAME(S) OF CAS 1. 2. 3.	
B	UNIT NAME	
C	CALLSIGN & FREQ/LL OF UNIT	
D	PRIORITY OF CASUALTIES	
E	NUMBER OF CASUALTIES LYING	
F	NUMBER OF CAS WALKING	
G	NATURE OF INJURY OR ILLNESS	
H	GRID REF & DESCRIPTION OF LOCATION OF CASUALTY	
I	REQUIREMENT FOR SPECIAL EQUIPMENT	
J	TACTICAL SECURITY AT PICKUP POINT	
K	ANY ADDITIONAL REMARKS INCLUDING MARKING AND APPROACH TO LZ	

UNAMIR MEDICAL SOP - CASUALTY EVACUATION

CASEVAC REQUEST

Purpose

1. The purpose of this form is to standardise the format of CASEVAC requests. This proforma is to be used when requiring CASEVAC Request

Time Received: _____

Serial	Description of Serial	Actual CASEVAC Information
A	Unit Name	
B	Callsign and Frequency of Unit	
C	Priority of Casualty	
D	Number of Casualties - Lying	
E	Number of Casualties - Walking	
F	Nature of Injury or Illness	
G	Grid Reference and Description of location of Casualty	
H	Requirement for Special Equipment	


UN RESTRICTED

ANNEX B TO
UNAMIR SOPs
PART 7 SECTION 5

CASEVAC PROCEDURES

1. Monitor comd net for CASEVAC request.
2. On receipt of CASEVAC request, Duty Offr Ops notify Medical Branch. (Medical Branch advises on means of evacuation and the destination of the casualty). Med Br will carry out the following actions:
3. AME
 - a. Task AME team to move to airfield. Tasking is to include all details of CASEVAC request.
 - b. Notify Air Ops to task aircraft.
 - c. Notify receiving medical facility of CASEVAC.
4. ROAD EVAC:
 - a. Task NORMED to conduct road evac. Tasking is to include all details of CASEVAC request.
5. REPORTING:
 - a. Air Ops to inform Med Br when CASEVAC has commenced and when it is completed.

UN RESTRICTED

Cover Sheet Classification UNCLASSIFIED		Enclosure Classification UNCLASSIFIED
UNITED NATIONS		ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

Out Going Fax No. ***/95


Page 1 of 4 File 538-13-1

TO: MR Y. DIMETROS SAO UNAMIR NAIROBI	FROM: MS SUSAN MATTHEW CAO UNAMIR, KIGALI, RWANDA
ATTN: Dave Driggers MOVCON Nairobi MAJ Pratap Shashank/MAJ NG Chowdhury UNAMIR FORCE COORD TEAM	DATE: 95
FAX NO: Fax No: 254 2 622 668 Fax No. 254 2 218 016	PHONE: INT + 250 84270 Ext 11116
INFO: NAIROBI HOSPITAL PATHOLOGY DEPT Fax No. *****	FAX NO: INT + 250 86877
Internal dist: DCMO, NORMED, WELFARE OFFR, MOVCON KIGALI	DRAFTED BY: MAJ J.O.Y ABEBRESE G4 Med Log
Subject: <u>MEDICAL PATHOLOGY TESTING - NAIROBI</u>	
REFERENCE: DCMO MINUTE WELFNBO1 OF 1 MAR 95	

PRIORITY

1. UNAMIR PATHOLOGY TESTS THAT ARE BEYOND THE SCOPE OF NORMED ARE REFERRED TO NAIROBI HOSPITAL PATHOLOGY DEPT.
2. MED BR REQUESTS MILOB LOC NAIROBI UNDERTAKE HANDLING OF SAMPLES IN NAIROBI.
3. PROCEDURE IS AS FOL:
 - A. NORMED HAS REQ MED BR ARRANGE MOV OF SAMPLES (COPY ENC).
 - B. MED BR HAS ARRANGED AIR MOV FOR ***** 95 (COPY OF MOVREQ ENC).
 - C. **FOR ACTION AUSMED.** CONSIGNMENT IS TO BE DELIVERED TO KIGALI AIRPORT POC KEVIN STORK (DELTA MIKE 7 CHANNEL 11) NLT *****HR ***** 95.
 - D. **FOR ACTION UNAMIR MOVCON NAIROBI.** REQ SAMPLE BE HELD (REFRIGERATE IF COLLECTION WILL BE DELAYED BEYOND 1400HR) FOR COLLECTION BY MILOB. MILOB IS MAJ NASIM CHOWDHURY/ MAJ PRATAP SHASHANK PH 622598, FAX 622668
 - E. **FOR ACTION MILOB NAIROBI.** REQ MILOB COLLECT SAMPLES FM AIRPORT POC DAVE DRIGGERS 622700 AND ARRANGE RAPID TPT TO PATHOLOGY DEPT NAIROBI HOSP. A LETTER TO NAIROBI REQUESTING THAT THE TESTING BE PERFORMED IS ATTACHED WITH THIS FAX AND SHOULD ACCOMPANY DELIVERY. THIS FAX CONFIRMS MY EARLIER TELEPHONE ADVICE.
 - F. **NAIROBI HOSPITAL PATHOLOGY DEPT.** PLEASE UNDERTAKE THE PATH TESTING ON THE SAMPLES THAT WILL BE DELIVERED TO YOU IN ACCORDANCE WITH THE ATTACHED LETTER AND THE REQUEST FORMS ENCLOSED WITH THE SAMPLES.

Annex 'B' TO
SOP MEDIVAC PROCEDURES

Cover Sheet Classification UNCLASSIFIED		Enclosure Classification UNCLASSIFIED
---	---	---

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNMIR - MINUAR

Out Going FaxNo. /95

Page 1 of 2 File 6500-1-1

TO: MR Y. DIMETROS SAO UNAMIR NAIROBI 95 CMSG	FROM: MS SUSAN MATTHEW CAO UNAMIR, KIGALI, RWANDA
Attn: 1.MOVCON NAIROBI 2.UNAMIR LOGISTICS NAIROBI	DATE: 95
FAX NO: Fax No: 254 2 622 668	PHONE: INT + 250 84270 Ext 11116
INFO: UNAMIR Procurements GIGIRI Fax No: 254 2 622 065	FAX NO: INT + 250 86877
Internal dist: PROCUREMENT SECTION, SUPPLY CONTROL, CILM, MOVCON KIGALI, 95 CMSG	DRAFTED BY: MAJ J.O.Y. ABEBRESE G4 Med Log
SUBJECT: GAS CYLINDERS FOR REFILL IN NAIROBI (BOC GASSES - EX EAST AFRICA OXYGEN)	
REFERENCE: IOR Requisition LOG-20265 AMD 1of 17 Jul 95	

PRIORITY

AAA ENCLOSED PLEASE A COPY OF THE AIR MOVEMENT REQUEST FOR MEDICAL GAS CYLINDERS THAT REQUIRE URGENT REFILL. THE 60 EMPTY CYLINDERS REQUIRE MOVEMENT FROM KIGALI UNAMIR CARGO TERMINAL TO NAIROBI AND TESTING AND REFILLING BY BOC GASSES UNDER CONTRACT AS PER REFERENCE 'A'.

BBB THE GAS TYPES AND CYLINDER SIZES ARE AS FOLLOWS:
01 X MEDICAL AIR, SIZE G
18 X OXYGEN, SIZE G
08 X OXYGEN, SIZE D
25 X OXYGEN, SIZE C
01 X ENTENOX, SIZE C
07 X NO2, SIZE C

CCC THE CYLINDERS ARE PACKED ON THREE PALLETS:
PALLET A 2M X 1.5M X1.5M 850KG
PALLET B 2M X 1.5M X1.5M 600KG
PALLET C 2M X 1.5M X1.5M 200KG

DDD THE CYLINDERS ARE TO BE MOVED TO KIGALI AIRPORT UNAMIR TERMINAL**** 95 BY
95 CMSG.

SECTION 6 - HEALTH LOGISTICS

HEALTH LOGISTICS REPORTS AND RETURNS

1. Health logistics reports and returns are detailed in the schedule at Annex A and are to be submitted in signal or written format in accordance with the schedule.
2. Commodity codes are to be used when practicable. Commodity codes for level one medical supplies are listed at Annex B.

STOCK LEVELS

3. In general terms stock levels within theatre are determined by operational activity levels, the total strength/dependency of the Force, and the ability of the civil infrastructure to provide support.
4. All units will deploy with 90 days Class VIII medical stock for organic levels one and two medical facilities. Subsequently a minimum of 14 days stock is to be held and maintained at all times by units deployed in the field.
5. Force Class VIII stock for 60 days is to be held and maintained at the Force Medical Unit pharmacy. The management of this stock is to be the responsibility of HQ UNAMIR (G4 MED). Dispersing of pharmaceuticals is to be carried out at the Force Medical Unit pharmacy.

REPLENISHMENT PROCEDURES

6. Demand Replenishment. Units are to submit message demands to HQ UNAMIR (G4 MED), in the format at Annex C, for routine and urgent replenishment of medical supplies. Demands will be staffed by HQ UNAMIR to Force Medical Unit pharmacy for issue. Routine demands will normally be satisfied within 7 days and supplies will be made available for collection by the demanding unit from Force Medical Unit pharmacy.

UN RESTRICTED

13. Replenishment of blood and perishable blood reagents is to occur every 21 days under arrangements advised by G4 MED through Red Cross Netherlands. NORMED is to be responsible for the safe transit of blood and blood reagents from the airhead to the laboratory.

HANDLING OF THERMO-LABILE MEDICAL SUPPLIES

14. Personnel responsible for the procurement, storage, handling and movement of thermo-labile (temperature sensitive) medical supplies are to ensure that such supplies are packaged and stored at the prescribed temperature before, during and after transit. Furthermore, such supplies are to be handled expeditiously to prevent damage from temperature fluctuation caused by undue delays. Medical advice is to be sought wherever necessary in relation to the handling of thermo-labile medical supplies.

MEDICAL GASES

15. Replenishment of medical gases is to occur every 14 days under arrangements advised by G4 MED.

16. Units requiring medical gas replenishment are to deliver empty gas cylinders to the Force Medical Unit pharmacy. Cylinders will be re-filled by the UN contractor in Nairobi and subsequently returned to the Force Medical Unit pharmacy within 14 days. Collection of cylinders from the Force Medical Unit pharmacy is to be a unit responsibility.

REPAIR OF MEDICAL EQUIPMENT

17. First line repair of medical equipment is to be a unit responsibility. Requests for the repair of equipment requiring second line repair are to be submitted, on an EMEFIX form, to HQ UNAMIR (G4 EME). Equipment which is beyond the capability of UNAMIR to repair is to be repaired or replaced through National

UN RESTRICTED

contingent arrangements. Medical equipment is only to be repaired and maintained by appropriately qualified medical equipment technicians.

7-6-4

UN RESTRICTED

SCHEDULE OF HEALTH LOGISTICS REPORTS AND RETURNS

Serial (a)	Return/Report (b)	Format (c)	Time (d)	From (e)	To (f)
1.	Message Demand	Message	When req.	Units	HQ UNAMIR
2.	Request for Humanitarian Medical Supplies	Form	When req.	Units	HQ UNAMIR
3.	ENEFIX	Message	When req.	Units	HQ UNAMIR