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Code of Conduct for Combatants

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CODE OF CONDUCT FOR COMBATANTS



ICRC

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ICRC

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COMBAT RULES

1. Fight only combatants.
2. Attack only military targets.
3. Spare civilian persons and objects.
4. Limit destruction to what your mission requires.

COMBATANTS:
Respect these signs!





which protect:

- wounded and sick
- medical staff and Red Cross/Red Crescent personnel
- ambulances and Red Cross/Red Crescent relief transports
- hospitals, first-aid posts and Red Cross/Red Crescent premises.



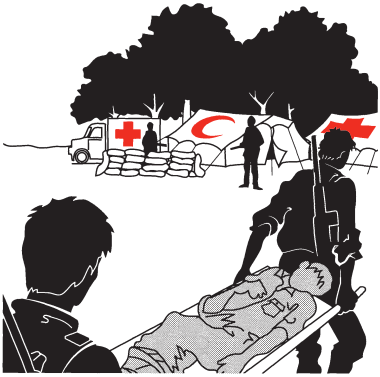
WOUNDED ENEM

1. Collect them.



2. Care for them.





3. Hand them over to your superior or to the nearest medical personnel.



4. Respect medical personnel and facilities.

WOUNDED AND SHIPWR

1. Protect the wounded, sick, and shipwrecked (also aircrew).



2. Search for them and collect them after every engagement.





3. Protect civilian boats rescuing the wounded and shipwrecked.



4. Respect hospital ships and medical aircraft marked with the Red Cross/Red Crescent signs.

1. Spare them.



2. Disarm them.





3. Hand them over to your superior.



4. Treat them humanely. Their families must be informed of their capture.

CIVILIANS

1. Respect them.



2. Treat those in your power humanely.





3. Protect them against ill-treatment. Vengeance and the taking of hostages are forbidden.



4. Respect their property. Do not damage or steal it.

INTERNATIONAL HU

In time of war, certain rules must be observed, even with regard to the enemy. These rules are set out mainly in the four Geneva Conventions of 1949 and their Additional Protocols of 1977.

At present (August 1992), 171 States are party to the four Geneva Conventions, 113 party to Protocol I and 103 party to Protocol II. As a State party to the Geneva Conventions and their Additional Protocols, your country is bound by these treaties.

These treaties are founded on the idea of respect for the individual and his dignity. Persons not directly taking part in hostilities and those put out of action through sickness, injury, captivity or any other cause must be respected and protected against the effects of war; those who suffer must be aided and cared for without discrimination. Special protection is to be given to medical personnel, hospital and medical transports as well as Red Cross personnel, buildings and equipment.

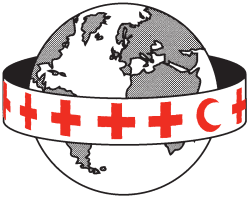
UMANITARIAN LAW

The four Geneva Conventions protect the following categories of persons:

- Wounded and sick members of the armed forces in the field and medical personnel (Convention I);
- Wounded, sick and shipwrecked members of the armed forces at sea (Convention II);
- Prisoners of war (Convention III);
- Civilians in the power of the enemy or in an occupied territory (Convention IV).

Article 3 common to all four Geneva Conventions, which regulates internal conflicts, provides for the humane treatment of all persons who are not taking part in the conflict or who are no longer doing so. In particular, Article 3 prohibits inhuman treatment, taking of hostages, torture and arbitrary executions and stipulates that trials have to afford all judicial guarantees.

Protocol I and Protocol II regulate in greater details international and internal conflicts respectively. During hostilities a distinction must be made between civilians and military objectives.



The States party to the Geneva Conventions pledge to :

- Care for the wounded on an equal basis, regardless of whether they are friends or enemies.
- Respect the physical integrity, the honour, the dignity, the family rights and the moral and religious convictions of the individual.
- Prohibit torture and inhuman treatment, summary execution or extermination, deportation, the taking of hostages, looting and destruction of civilian objects.
- Authorize ICRC delegates to visit detainees and to talk to them in private.

ICRC

The International Committee of the Red Cross, based in Geneva, Switzerland, is the founding body of the Red Cross/Red Crescent Movement.

As a neutral intermediary in the event of armed conflict, it endeavours on its own initiative or on the basis of the Geneva Conventions to protect and assist the victims of international and civil war and of internal disturbances and tensions, thereby contributing to peace in the world.

The ICRC is the promoter of the **Geneva Conventions** and the custodian of **international humanitarian law**.



VISITS TO PRISONERS

The purpose of ICRC visits is to assess the material and psychological conditions of detention and the treatment of the prisoners.

Where improvements are necessary, the ICRC makes recommendations to the detaining authorities.

The reports drawn up by the ICRC following visits to places of detention are strictly confidential, and may not be published.

In internal conflicts, the reports are handed over to the detaining authorities only.

In international conflicts, the reports are handed over to the detaining authorities and also to the prisoners' powers of origin.

PRECISE CRITERIA

Whether it is dealing with a situation covered by the Geneva Conventions or not, the ICRC applies the same criteria to its activities for detainees, i.e.:

- its delegates must be able to have access to all prisoners (or detainees) and to speak to them freely and without witness;
- they must have access to all places of detention and be allowed to repeat the visits;
- they must be given lists of all persons to be visited (or be able to draw up such lists on the spot).



ANXIOUS FOR NEWS?



Useful addresses:

Central Tracing Agency
ICRC
19, Av. de la Paix
CH-1202 GENEVA
Switzerland

THE ICRC'S CENTRAL TRACING AGENCY

In international conflicts, civil wars and situations of internal disturbances and tensions, its tasks are as follows:

1. To obtain, record, process and transmit all information required for the identification of persons being traced by the ICRC;

2. To forward correspondence between dispersed family members when normal means of communication are disrupted;

3. To seek persons reported missing or whose relatives are without news of them;

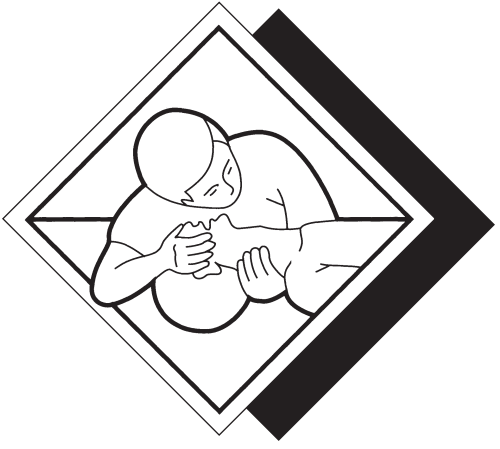
4. To reunite families and organize transfers and repatriations.

NOTES

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FIRST AID



ICRC

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This booklet contains information and guidelines for work in the field. It cannot cover all situations, so the advice given is of a general nature. The techniques presented must be interpreted according to local requirements, if any. The ICRC therefore declines all responsibility in the event that the recommendations do not correspond to the best course of action in a given situation.

To practise these life-saving techniques properly, you are strongly advised to take a first-aid course.

Name: _____

Address: _____

_____

_____

Identity card No: _____

Blood type: _____

Person to be contacted in case of accident:

First aid is only temporary help given in an emergency in order to preserve life, prevent further injury and relieve suffering until qualified medical care is available.

You save lives by
acting immediately
when someone

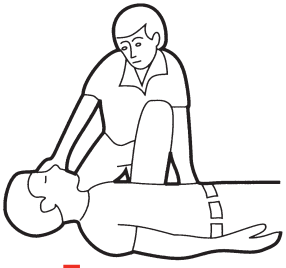
is bleeding
loses consciousness
is injured

The first-aider must be aware of his limits and summon qualified medical assistance as quickly as possible.

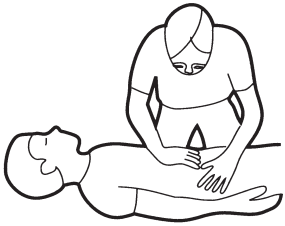
KEEP THE CASUALTY SAFE

1. Look around you to see whether there is any further danger to the casualty or to yourself.
2. If possible, leave the casualty lying where he is until he has been examined. If you must move him, do so with extreme caution.
3. If the casualty vomits, place him in the recovery position (on his side) to prevent him from choking.
4. Talk to the casualty and give psychological support.
5. Cover the casualty to keep him warm and protect him against the elements (extreme temperatures, sun, rain, wind, etc.).
6. Give the casualty sips of clean water or rehydration drinks (up to a maximum of two litres) as long as he is conscious and not suffering from head trauma.
7. Determine the best way to transport the casualty.
8. Summon qualified help as quickly as possible.

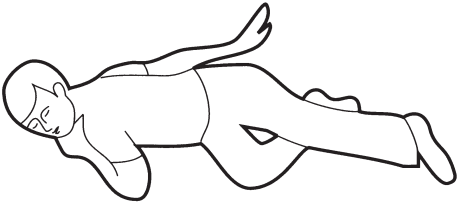
Check whether the casualty is conscious.



If not, check whether he is breathing.

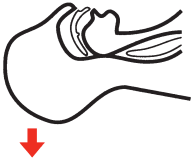


If he is, place him in the recovery position.



NSCIOUSNESS

If the casualty is not breathing, clear his airways.



Draw the lower jaw forward and tilt the head back until the chin is higher than the nose. Now pull the tongue forward from the back of the throat.



If the casualty is still not breathing, begin artificial respiration:

- pinch his nostrils,
- take a deep breath,
- place your mouth over his, and blow into his mouth **once every five seconds.**



STOPPING BLEEDING

Direct local pressure



Almost any bleeding can be stopped by applying a thick pad made of the cleanest cloth available.
Place the dressing on the wound and apply firm pressure.

Elevation

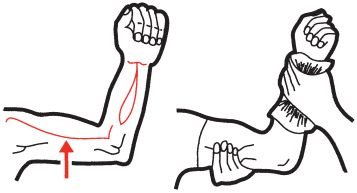


Position the casualty so that the wound is above the level of the heart. In the case of a head or neck wound, lift the head and shoulders.

Apply a compressive bandage.

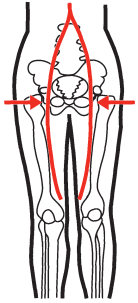
PRESSURE POINTS

If bleeding is massive or if it is difficult to reach the area and apply direct pressure, press on the relevant pressure point.



On the arm

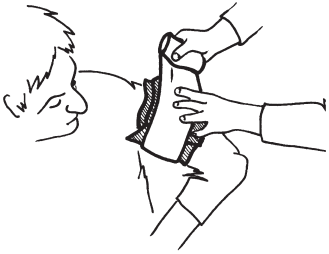
Halfway between the armpit and the elbow.



For the leg

In the fold between the torso and the thigh, not on the leg itself.





While someone maintains direct pressure on the bleeding or on the pressure point, quickly apply a thick dressing directly on the wound and secure it by winding a bandage or a strip of clean cloth several times around the limb in a “figure eight” (first to one side of the wound and then the other) to distribute the pressure broadly.

If you are alone, you must release the pressure point in order to apply this compressive bandage.

VE BANDAGE

Do not wind the bandage tightly or in a circle, since this could have a dangerous tourniquet effect.

If the bleeding reappears through the dressing, place a second dressing firmly on top without removing the original dressing.

Check distal circulation before and after bandaging. Press briefly finger nail bed and check if nail bed becomes pink again.

If not, loose the bandage just enough to allow distal circulation, but not enough to allow bleeding to reoccur.

Tourniquets are *dangerous*!
They can kill the limb.

Tourniquets should be used only as a last resort, when all else has failed, or when you are alone. If alone, you can use it to stop the bleeding long enough to apply a compressive bandage that is held in place by a band of cloth. The tourniquet should then be removed.

Using a tourniquet is justified in the case of a crush injury when the casualty's limb is trapped under an immovable object. Don't forget to give the casualty water to drink (see page 21) and to monitor him carefully. Beyond this, professional medical care is required to counter any life-threatening consequences of the crush injury.

NIQUETS

To make a tourniquet, take a long strip of cloth at least 5 cm wide (do not use rope, a nylon stocking or wire).

Place the tourniquet around an uninjured part of the limb just above the bleeding in such a way that it will not slide when tightened.

Tighten until the bleeding stops.

Keep the tourniquet tightly in place.

PENETRATING CHEST WOUND

If a projectile or other sharp object hits the chest and makes a hole in the chest wall, a sucking sound will be heard as air enters when the casualty breathes in.

Cover this hole immediately with your bare hand, tape or a thick pad of clean cloth.

Tape a dressing over the hole. The dressing should be taped **on three sides only**, leaving one side free to act as a valve for escaping air.

If the casualty is conscious, place him in the most comfortable position for breathing (sitting, semi-sitting, lying on his back or on his side). If the casualty is unconscious, place him in the recovery position, with the injured side down on the ground.

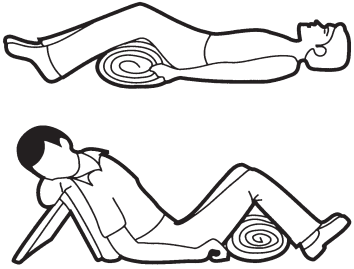


ABDOMINAL WOUNDS

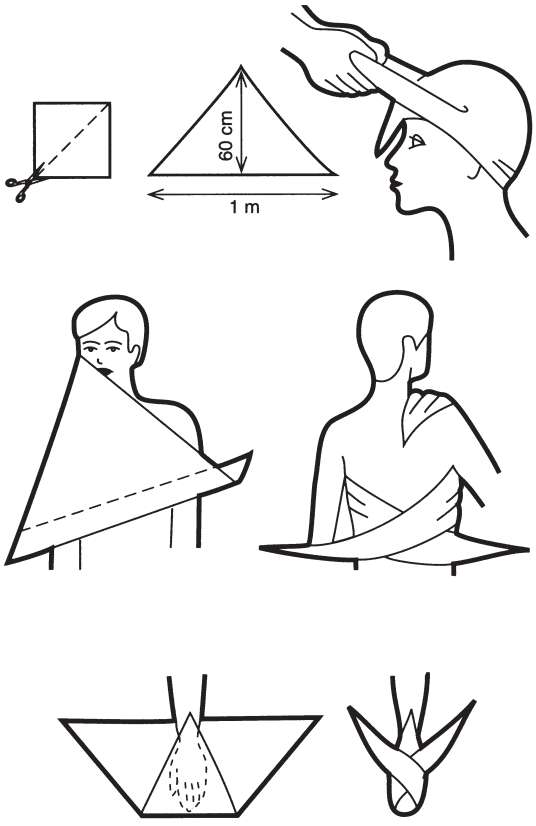
Cover the wound with a clean dressing. If the intestines or other internal organs protrude, do not attempt to push them back into the abdomen.

Place the casualty in the most comfortable position possible and put a folded blanket under his bent knees to reduce pressure on the abdominal wall.

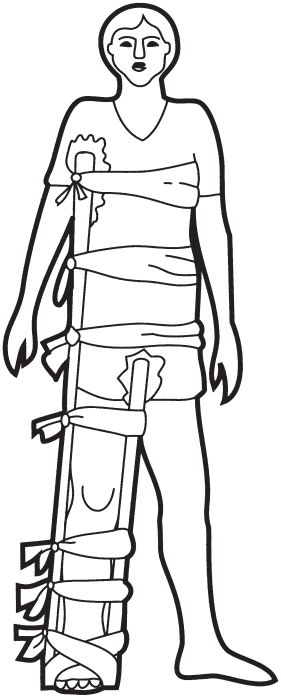
You can give sips of clean water or rehydration fluids (up to a maximum of two litres) if the casualty is conscious and not suffering from a head injury. Stop if he begins to lose consciousness or feels like vomiting. Give nothing to eat and no cigarettes.



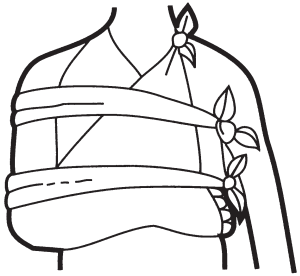
BANDAGING



IMMOBILIZING







TRANSPORTATION



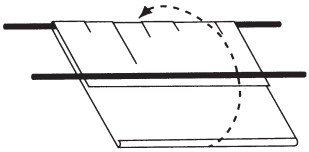


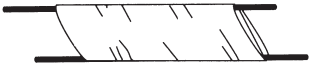




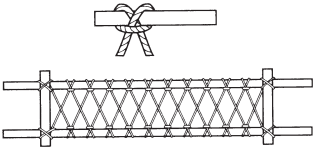


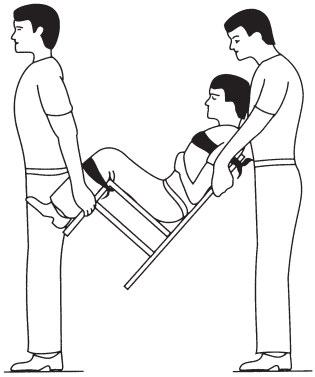
IMPROVISED STRETCHERS











BURNS

- Remove the casualty from the source of heat, taking care not to injure yourself.
- Put only cold, clean water on burns. Have it run continuously over the burn for 10 minutes or more till the pain is reduced.
- Never apply ice, butter or ointments to a burn.
- Never break a burn blister.
- Never pull off clothing stuck to a burn.
- If a burn has a blistered area larger than the palm of the hand, send the casualty to a health centre.
- Give him plenty to drink: tea with sugar, fruit juice, water with 2 teaspoons of salt per litre. **But never give an <u>unconscious</u> person anything to drink!**



REHYDRATION

You can give something to drink to any casualty, especially one who has been bleeding or has been burnt, as long as he is conscious and not suffering from head trauma.

Give sips of clean water or rehydration drinks, up to a maximum of two litres.

Alternative 1

- In 1 litre of clean water, mix 1/2 teaspoon of salt and 8 teaspoons of sugar, raw sugar or molasses.
- You can add 1/2 cup of fruit juice, coconut water or mashed ripe banana, if available.

Alternative 2

- In 1 litre of clean water, mix 1/2 teaspoon of salt and 8 heaping teaspoons (or 2 handfuls) of powdered cereal (powdered rice, or ground maize, wheat flour, sorghum, or cooked and mashed potatoes).
- Boil it for 5 to 7 minutes to form a liquid gruel or watery porridge.
- Cool it quickly and start drinking.

- Be careful: cereal drinks can spoil in a few hours in hot weather.

Alternative 3

- Use packets of oral rehydration salts. Carefully follow the instructions for mixing with clean water.

NOTES