

STANDARDS-RELATED DOCUMENT

SRD-1 to AMedP-7.2

CBRN FIRST AID HANDBOOK

Edition A, Version 1

JULY 2026



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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NATO LETTER OF PROMULGATION

23 July 2026

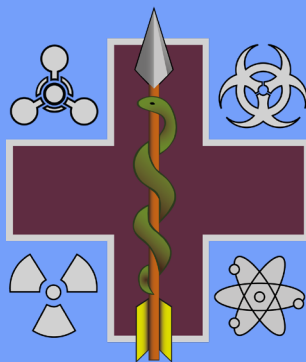
1. The enclosed Standards-Related Document, SRD-1 to AMedP-7.2, Edition A, Version 1, CBRN FIRST AID HANDBOOK, which has been approved in conjunction with AMedP-7.2 by the nations in the MILITARY COMMITTEE MEDICAL STANDARDIZATION BOARD (MCMedSB), is promulgated herewith.
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23 July 2026 at 12:37
Thierry POULETTE
Major General, FRA (A)
Director, NATO Standardization Office

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CBRN FIRST RESPONDER MEDICAL AIDE-MEMOIRE



Developed by the
NATO COMEDS CBRN Medical Working Group

2026

References:

AMedP-7.1 Medical Management of CBRN Casualties

AMedP-7.2 CBRN First Aid Handbook



CONTACTS / NOTES

Emergency contact number:

Poisons / CBRN specialist advice or notification number:

Local medical facility notification number:

Military liaison number:

NOTES

Abbreviations with original English meaning

AT-MIST-D: Age - Time - Mechanism - Injury / Intoxication / Infection / Irradiation - Symptoms - Treatment - Decontamination status

M(AR)2: Massive bleeding - Airway - Antidotes - Respiratory - Remove

METHANE: My callsign - Exact location - Type - Hazards - Access - Number - Emergency services



RECOGNITION OF A CBRN INCIDENT

Indicators of an environmental or CBRN hazard include:

Any symptoms involving first responders or medical facility personnel

Multiple casualties with similar non-traumatic symptoms and signs

Unusual taste, smell or mist

Unexplained dead animals

Unexplained symptoms including:

Altered vision

Headache

Chest tightness

Non-thermal burns

Eye pain

Excessive secretions

Difficulty in breathing

Any unusual or unexplained symptoms, signs, illness or deaths

Smells associated with chemicals

Chlorine	<i>Swimming pools</i>
Cyanide	<i>Bitter almonds</i>
Hydrogen sulphide	<i>Bad eggs</i>
Lewisite	<i>Geraniums</i>
Phosgene	<i>Freshly mown hay</i>
Sulphur mustard	<i>Garlic</i>

Chemical detection

Chemical Agent Monitor	H - mustard
	G - nerve agents
3 colour detector paper	Red - mustard (H)
	Yellow - nerve (G)
	Green - nerve (V)

Principles of CBRN casualty management:

Recognition

Safety (Six 'C's Confirm - Clear - Cordon - Control - Communicate - Contain)

Self / Buddy first aid

Triage

Casualty assessment ('Quick Look')

Life saving interventions (T1 casualties only)

Casualty hazard management (Decontaminate and/or Isolate/Quarantine)

Supportive management (includes critical care)

Definitive management (includes specific antidotes & antibiotics, and surgery)

Rehabilitation

CBRN INCIDENT IMMEDIATE ACTIONS

Six Cs

CONFIRM

- Put on personal protective equipment (PPE) (where available)
- Warn others nearby
- Identify possible routes of exposure (e.g. airborne, skin, food)

CLEAR

- Move upwind, if gas, vapour or airborne particles
- Move to a safe distance (outside any exclusion zone); consider uphill

CORDON

- Establish hot and warm (decontamination) zone
- Establish a formal clean / dirty line (CDL)

CONTROL

- Stop any eating, drinking or smoking in contaminated area
- Control and monitor re-entry and exit to / from zones
- Limit movement downwind of hazard
- Protect the area for further assessment including forensics

COMMUNICATE

- Inform Command using METHANE report and CBRN1 report
- Warn local medical facilities and notify appropriate health authority

CONTAIN

- Prevent secondary contamination, if persistent hazard
- Prevent secondary infections, if contagious biological agent

METHANE REPORT

M	My call sign			
E	Exact location and wind direction			
T	Type of incident			
H	Hazards identified (C, B, R, combined or unknown)			
A	Assessment (or Access): Scene / Casualty			
N	Number of casualties: triage and type	T1	T2	T3
E	Emergency treatment given and resources required (incl.decontamination)			

MEDICAL INCIDENT MANAGEMENT

SCENE LAYOUT

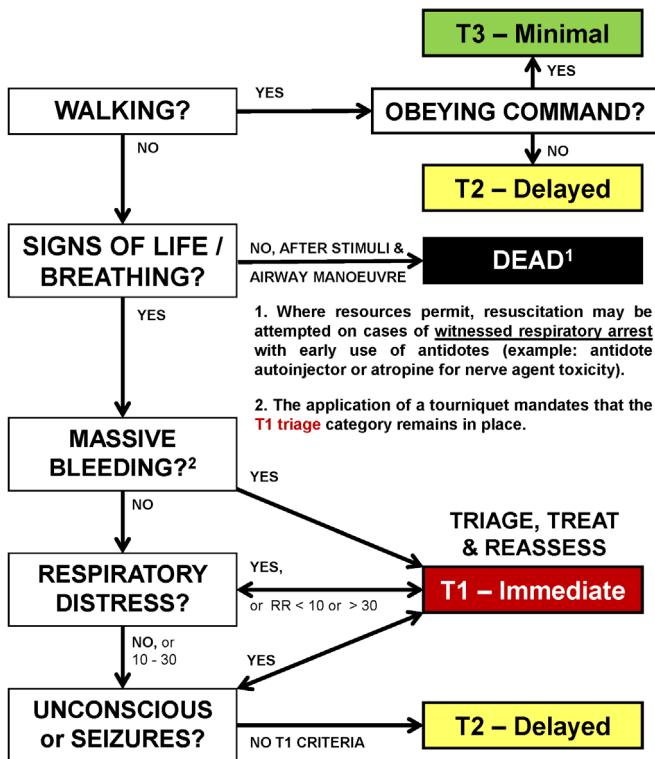
Wind direction / speed:
Ambient temperature:

CONSIDERATIONS / BRIEF				
Command	Organisation?			
Safety	Hazard(s):			
	PPE state?			
	Work / Rest rate?			
Cordons	Hot zone?			
	Exclusion zone?			
	Downwind hazard?			
	CDL marked?			
Control Comms	Decon area?			
	Commander:			
	Call signs/channels:			
	Next report due:			
Assessment	Agent(s) detected:			
Triage	T1	T2	T3	D
Treatment	See Cards 9 - 11			
Transport	Ground? Air? Risk to transport?			
Exploit/ Recovery	Forensics? Recovery end state? Time to end state?			

CBRN TRIAGE (HOT ZONE)

Triage Categories

T1	Immediate	Requires life-saving interventions (LSI)
T2	Delayed	Stretcher casualty but not requiring LSI, or casualty is incapacitated
T3	Minimal	Walking and not incapacitated



INITIAL ASSESSMENT

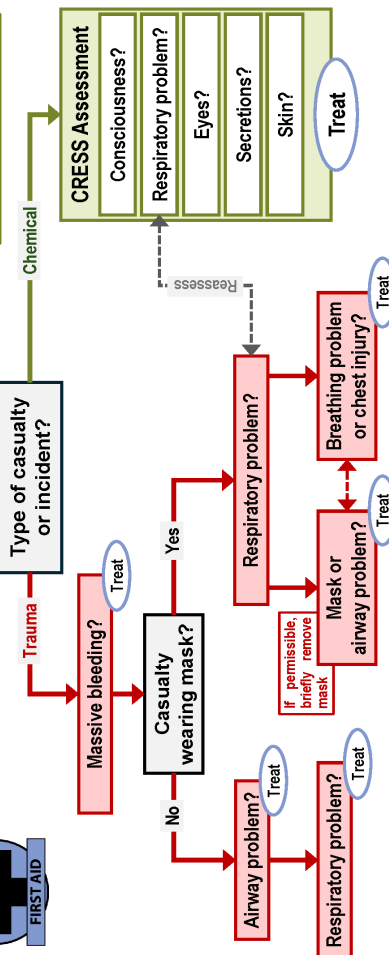
Assessment:

- Scene safety and assessment: Detectors / Visual signs / Reports of smells
- Casualty assessment: 'Quick Look' (CRESS / Trauma)
- **Hot Zone (T1 casualties only)** - Life-saving interventions:
 - Control of Massive bleeding
 - Airway management & Antidote (medical countermeasure) administration
 - Respiratory support
- Remove – Evacuate from **hot zone**



Casualty Assessment 'Quick Look'

△ If persistent agent & not wearing mask, then decontaminate face and apply mask if available (or evacuate)



'CRESS' ASSESSMENT

CRESS	Nerve agent	Metabolic poison ♦	Opioid	Atropine / BZ	Riot Control Agent	Sepsis	Heat stroke
C <u>Consciousness</u>	Seizures Increased or reduced → stopped	Unconscious / Seizures Increased / stopped	Reduced → unconscious Reduced → stopped	Agitated / Confused Increased	Normal / anxious Increased	Normal, reduced or altered Increased	Altered Increased
R <u>Respiration</u>	Pinpoint pupils*	Normal / Large pupils	Pinpoint pupils	Large pupils / Blurred Vision	Severe eye pain / redness Normal pupils	Normal	Normal / Large pupils
E <u>Eyes</u>	Increased*	Normal	Normal	Dry mouth / Thirsty	Tearing (eyes) Nasal	Normal / Sputum	Normal
S <u>Secretions</u>	Sweaty	Pink → Blue	Normal / Blue	Flushed / Dry	Irritation	Warm → pale Non-blanching rash	Varied
S <u>Skin</u>	Vomiting Incontinence	Sudden onset (may be delayed)		Fast pulse	Immediate onset Short duration (< 30 minutes)	Fast pulse Fever ($> 38.3^{\circ}\text{C}$) Bio-syndrome ♦ No radial pulse	High temperature ($> 38^{\circ}\text{C}$)
O <u>Other features</u>	Slow pulse						

* Pinpoint pupils (and/or increased secretions) may be delayed if skin absorption or eye protection worn.
 ♦ 'Bio-syndrome' includes respiratory, cutaneous (skin), lymphadenopathy, haemorrhagic, gastrointestinal, and neurological (central & peripheral).

FIRST AID / INITIAL TREATMENT

Priorities for Treatment

HOT (First Aid)	WARM (EMT*)	INTERVENTION
		*Emergency Medical Treatment by medical personnel only
M	M	M assive bleeding control
A	A	A irway management
a	a	a ntidotes (medical countermeasures)
R	R	R espiratory (and administration of oxygen)
	C	C irculation (and initial management of sepsis)
Remove	(Decon)	R emove from scene and D econtamination
	H	H ypo or H yperthermia / H ead Injury

General First Aid / Treatment Options



Massive (Catastrophic) Bleeding Control

Attempt to apply pressure dressing

- If limb - apply tourniquet (where available)
- If torso - manage as conventional massive bleeding

Apply dressing / marking to protect and notify, if potential contamination

('Expose to treat' procedure, if wearing mask)



Airway Management*

Basic airway manoeuvres

- head tilt & chin lift (non-trauma)
- jaw thrust (trauma)

Suction airway, if equipment available, or self-drainage

Place in recovery position

** If wearing respiratory protection: check airway based on risk assessment from airborne hazard and signs of airway or respiratory problem.*



Antidotes (See agent-specific first aid)



Respiratory

Assess breathing rate, injuries and check sides and back of chest

Breathing support and ventilation, as resources allow

If sucking chest wound

- apply appropriate dressing
- If low oxygen level or blue
- give oxygen, if available

If penetrating injury - consider tension pneumothorax

- seek medical assistance immediately (medical skill required)

AGENT-SPECIFIC FIRST AID

NERVE AGENT

- Remove from scene, and decontaminate any liquid contamination
- Clear secretions and vomit (suction airway, if equipment available)
- Administer nerve agent antidote immediate therapy, if available
- Place in recovery (semi-prone) position

VESICANT (BLISTER AGENT)

Immediate pain - consider caustic agent / Lewisite / phosgene oxime

Delayed redness (6-12 hours) - consider sulphur mustard

- Remove from scene
- Immediate decontamination (if caustic, wash immediately)
- Monitor those exposed for redness / irritation, especially eyes and airway
- Report any breathing or swallowing difficulty incl. hoarse voice / cough

PULMONARY (CHOKING) AGENT

- Remove from scene; avoid exertion
- If liquid contamination or T1, remove clothing
- Basic airway management including head tilt and chin lift
- If respiratory secretions, allow free drainage in recovery position
- If cyanosed (blue); give oxygen, if available

CHEMICAL ASPHYXIANT, including cyanides (blood agent)

- Remove from scene immediately **avoid mouth to mouth ventilation.*
- If breathing and symptomatic, give oxygen (if available)
- Start CPR if cardiac arrest witnessed or within 10 minutes*
- Administer antidote immediate therapy, if severe and available

HEAT ILLNESS, including heat stroke

Heat stroke is an altered conscious level with an excessive core temperature (>40°C) and is a medical emergency

- Stop activity, and check for any use of atropine
- Strip, soak, fan and fluids (SSFF), if permissible
- Rehydrate but avoid drinking large volumes ('little and often')
- Record any altered level of conscious, confusion or agitation
- Record core body temperature, where possible

BIOLOGICAL & RADIATION FIRST AID

Mental (Psychotropic) Incapacitant / Delirium / Atropine overdose

- If confused or agitated, remove any weapon system and reassure
- Avoid physical restraint due to risk of heat illness
- Manage in cool, calm & sheltered environment (manage as heat illness)

BIOLOGICAL CASUALTY MANAGEMENT

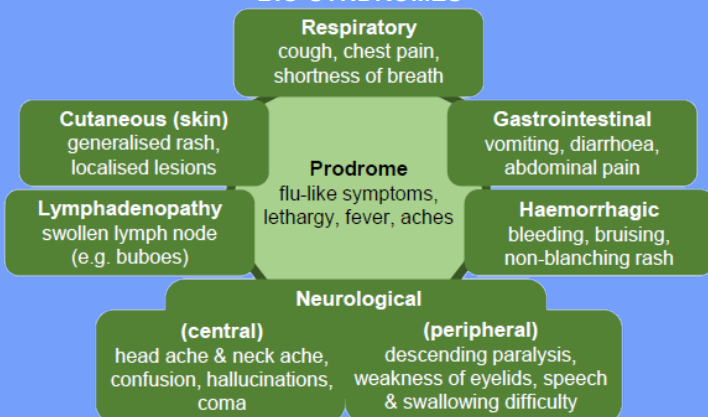
Assess risk of transmission (contagious disease)

- consider isolation & contact tracing

Monitor vital signs and identify type of bio-syndrome

- pulse rate, respiratory rate, temperature and level of consciousness

BIO-SYNDROMES



RADIOLOGICAL CASUALTY MANAGEMENT

Treat trauma first

- Record any physical / personal dosimetry
- Record the proximity and duration near to known source
- Record the onset time of any nausea, vomiting and / or diarrhoea
- Record any use of anti-sickness or stable iodine medication

AT-MIST-D HANDOVER

ID number		If known		e.g. AB1234
A	Age of casualty (adult / child (& age))			
T	Time of wound / exposure or time of onset of symptoms			
M	Mechanism of injury or type of incident			
I	Injuries	Intoxication	Infection	
	(including injury pattern & observed injuries)	(type, route of exposure, & contamination risk)	Irradiation (including any dosimetry)	
S	Symptoms and signs (including toxidromes)		Other:	
	M	Consciousness		
	A	Resp		
	R	Eyes		
	C	Secretions		
	H	Skin		
T	Treatment given:	Auto-injector	Other antidotes:	
		Atropine		
		Oxime		
		Anticonvulsant		
D	Decontamination status: (no contamination; fully decontaminated; wound contamination; internal hazard)			