RP0307 - Pastoral Care in a Mass Casualty Situation

TERMINAL LEARNING OBJECTIVES

1. Given a combat environment and medical response personnel in a mass casualty situation, support pastoral care in a mass casualty situation providing professional and compassionate pastoral response to the injured and dead, while systemically coordinating ministry efforts with medical personnel, per the student handbook. (RP00.03.10)

ENABLING LEARNING OBJECTIVES

1. Without the aid of references, given a combat environment and medical response personnel in a mass casualty situation, identify the tactical principles of triage, per the student handout. (RP00.03.10a)

2. Without the aid of references, given a combat environment and medical response personnel in a mass casualty situation, identify triage classifications, per the student handout. (RP00.03.10b)

3. Without the aid of references, given a combat environment and medical response personnel in a mass casualty situation, describe the inverse relationship between pastoral care priorities and triage classification per the student handout. (RP00.03.10c)

4. Without the aid of references, given a combat environment and medical response personnel in a mass casualty situation, guide a chaplain to those casualties most in need of pastoral care, per the student handout. (RP00.03.10d)

5. Without the aid of references, given a combat environment and medical response personnel in a mass casualty situation, maintain record of pastoral care given on Field Medical Card and RMT ministry logbook, per the student handout (RP00.03.10e)
Whenever Marines and/or Sailors are injured, ministry to casualties becomes the RMT priority. RMT movement to the wounded and dying is coordinated with corpsmen and fire team leaders (or equivalent) as the situation permits. In today’s tactical maneuver scenarios, RMTs are most effective by traveling and remaining with the forward Battalion Aid Station (BAS). This ensures all commanders know exactly where to find their RMT when their Marines are wounded or injured. If under fire, the chaplain and RP stay in a defensive position with the RP providing security for the team.

**Triage**

Corpsmen and medical officers use a system of prioritizing care for casualties. This system is called “triage.” The principles of triage are:

- Accomplish the greatest good for the greatest number of casualties.
- Employ the most efficient use of available resources.
- Return personnel to duty as soon as possible.

**Ministry Priorities**

**Priority I**

*Ministry Priority I* is the *Expectant* category. These are casualties with very serious injuries and low chance of survival. *Expectant* casualties are given supportive medical treatment until immediate and delayed categories have been treated and evacuated. Ministry and sacraments for the dying are provided appropriate to the casualty’s faith group, when possible. This is Medical Category IV. The area of triage where the *expectant* casualties are may be identified with a black flag or streamer.

**Priority II**

*Ministry Priority II* is the *Moderate* category. These are casualties in need of time consuming major surgery, but with a general medical condition, which permits a delay in surgical treatment without unduly endangering
life. Ministry appropriate to the casualty’s physical condition and faith group is provided. This is Medical Category II. The area of triage where the moderate casualties are may be identified with a yellow flag or streamer.

Priority III

Ministry Priority III is the Delayed category. These are casualties with relatively minor injuries that can be effectively treated with self-care. Ministry and support are provided. This is Medical Category III. The area of triage where the delayed casualties are may be identified with a green flag or streamer.

Priority IV

Ministry Priority IV is the Immediate category. These are casualties with a high chance of survival, if medical measures are accomplished quickly. Religious ministry is provided after medical personnel have completed their treatments and the casualty has reverted to another category. This is Medical Category I. The area of triage where the immediate casualties are may be identified with a red flag or streamer.

Inverse Relationship

Notice that there is an inverse relationship between pastoral care priorities and triage classifications.

Expectant casualties are the highest ministry priority because they have very serious injuries and a low chance of survival. Medical treatment is supportive until immediate and moderate casualties have been treated and evacuated.

Immediate casualties have a high chance of survival if ________but this is the lowest ministry priority because ________; ____________________________.

RMT Teamwork

RMT teamwork and coordination are essential during mass casualty situations. Chaplains and RPs work together identifying the most critical ministry requirements. RPs focus on identifying the next
casualty for their chaplain’s ministry and guide the chaplain to those casualties most in need of pastoral care.

Whenever Marines and/or Sailors are injured, ministry to casualties becomes the RMT priority.

RMT movement to the wounded and dying is coordinated with corpsmen and fire team leaders (or equivalent) as the situation permits.

If under fire, the chaplain and RP stay in a defensive position with the RP providing security for the team.

RPs focus on identifying the next casualty for their chaplain’s ministry by:

1. Recording ____________________________.

2. Identifying ____________________________
   ____.

3. Helping ____________________________
   ____.

The RMT, in no way, should hinder the medical personnel in their work.

The chaplain’s focus is on providing ministry to one casualty at a time, giving complete attention to the wounded Marine or Sailor.

Finally, all pastoral care acts need to recorded on U.S. Field Medical Card and an RMT ministry logbook.

If you have time, you should fill out both the Field Medical Card and an RMT logbook.
Religious Ministry can be recorded on the back side of the card, at the bottom.
You may have time to only fill out the logbook if there are a lot of casualties and you can’t get to the Field Medical Card.

| Pastoral Care/Administration of Sacraments for Injured, Wounded or Deceased |
|---|---|---|
| Time: | Date: | Location: |

### Personal Information

<table>
<thead>
<tr>
<th>Name, Last</th>
<th>First</th>
<th>MI</th>
<th>SSN</th>
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<tbody>
<tr>
<td>Religious Preference</td>
<td>Unit/Command</td>
<td>Department/Division</td>
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### Sacraments/Pastoral Care

<table>
<thead>
<tr>
<th>Sacrament(s) Provided</th>
<th>Scripture/Prayer/Pastoral Acts/Chaplain’s Notes</th>
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<tbody>
<tr>
<td>Reconciliation</td>
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<tr>
<td>Holy Communion</td>
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<tr>
<td>Anointing the Sick</td>
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<td>Baptism</td>
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<td>Other</td>
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### Last Words or Wishes

### Attending Chaplain

| Name, Rank, and Command |

### Conclusion

Providing pastoral care to Marines and Sailors in a mass casualty situation is one of the most important ministries the RMT will be involved with. We are providing Divine presence and comfort in a life-and-death situation. It is crucial that we be there for the Marines and Sailors whom we serve.