In response to the growing recognition that military and first responder groups commonly experiences traumatic loss and moral injury we introduced a standard assessment of feelings of moral injury as part of a multi-modal assessment package.

St John of God Richmond Hospital has a long history of providing care for Veterans and first responders presenting with psychological injury. The Xavier Ward is 30 bed inpatient unit for service-related PTSD. In 2020 we introduced a multimodal assessment that included the

Moral Injury Events Scale (MIES) that consists of 9 items measuring perceived transgressions by self and others and perceived betrayal by others. We present the findings of the MIES in this population and the relationship of MIES to Results are presented for 100 consecutive admissions with the majority of patients. The majority of patients identified with encountering high rates of exposure to moral injury most often at the hands of others but also to a significant due to perceived transgressions of their own. These experiences were strongly intercorrelated with other symptoms of PTSD, anger and anxiety.

Biography:

Trauma and Mental Health, a partnership between Richmond and Burwood Hospital in NSW and the School of Clinical Medicine UNSW. He has a 30 year history of work with populations affected by trauma, including veterans, emergency service workers. refugees, asylum seekers amd those affected by mass conflict. He is the immediate past president of the Australasian Society for Traumatic Stress Studies (2019-2021) and Board member for the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) in NSW.

Prolonged Field Care Guidelines for the Management of Military Casualties Requiring Extended Duration Limb Tourniquet Application

Dr Patrick Weinrauch[1]

1 2nd Health Battalion

Tourniquet application is a universally accepted lifesaving emergency intervention for the pre-hospital management of catastrophic limb haemorrhage. Application of arterial tourniquets for short durations of time is consistently safe in relation to local tissue ischaemia, limb salvage rates and the systemic metabolic impacts upon reperfusion.

Delivery of future ready medical care within the Australian Defence Force needs to consider operational environments where casualty evacuation is delayed for multiple reasons including contested evacuation asset manoeuvre, extended evacuation distances, resource limitations and tactical constraints. Prolonged Field Care (PFC) of a casualty with a limb tourniquet applied over an extended time duration for the management of life threatening catastrophic haemorrhage creates unique clinical management issues that impact upon all levels of health care delivery. Tourniquet time correlates with ischaemic limb injury and is therefore associated not only with decreasing rates of limb viability and functional recovery but also with increasing systemic and metabolic impacts upon tourniquet release and subsequent reperfusion. Extended duration tourniquet application therefore represents a concern across all levels of health care provision as it impacts upon pre-hospital and initial emergency care, decisions relating to surgical and anaesthesia management and post-surgical care including intensive care and pharmaceutical protocols.

This paper delivers clinical management recommendations for PFC health care providers in the management of casualties where extended duration limb tourniquet application is necessary. The guidance statements have been developed by comprehensive literature review including collateral information drawn from multiple models that demonstrate pathophysiologic and clinical similarities in respect of limb ischemia, reperfusion injury and systemic metabolic consequence. Guidance statements are provided with Class of Recommendation Strength (COR) and Level of Evidence (LOE) stratification according to the American College of Cardiology (ACC)/ American Heart Association (AHA) clinical guidance recommendation system.

Recommendations discussed within this presentation are as follows:

1. Torniquet application, reassessment, replacement and conversion techniques are to be conducted in accordance with TCCC guidelines (Recommendation Strength: 1; Level of Evidence: B-NR)
2. Tourniquet application less than 2 hours duration is considered optimal clinical management (Recommendation Strength: 1; Level of Evidence: B-NR).
3. Tourniquet application greater than 2 hours duration is associated with increased risk of permanent ischaemic injury (Recommendation Strength: 2A; Level of Evidence: C-LD).

4. Ischaemia starts at time of wounding and continues until successful revascularisation is achieved (Recommendation Strength: 1; Level of Evidence: C-EO).
5. Limb cryotherapy is protective of ischaemic injury (Recommendation Strength: 2B; Level of Evidence: B-NR).
6. PFC Tourniquet re-evaluation should be conducted if application time greater than 2 hours is anticipated (Recommendation Strength: 2A; Level of Evidence: C-LD).

This presentation is part one of a two part series. The accompanying second part presents recommended surgical facility guidelines for management of casualties after extended duration tourniquet application.

Biography:

Orthopaedic Surgeon

Supporting the Holistic Well-Being of Military Personnel: A Research Review and Results of a National Chaplaincy Survey

Rev. Mark Layson[1], Assoc. Prof. Lindsay Carey[2,3,4], Dr Megan Best[3,5]

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2 *School of Psychology and Public Health*
3 *Institute of Ethics and Society, University of Notre Dame*
4 *Directorate of Spiritual Health and Wellbeing*
5 *School of Medicine*

Background
The Royal Commission on Defence and Veteran Suicide has brought increased attention to the mental health and wellbeing of military personnel in the Australian context. Chaplains have historically been on the frontline of support for military personnel, having been deployed to every military campaign in the history of the ADF. Additionally, a research pilot, approved by the Australian Government, has recently commenced where chaplains will provide support to defence veterans following their discharge.

In accordance with the World Health Organization ICD-11-AM Spiritual Interventions, Chaplains provide assessments, support, counselling, guidance, education and various celebratory or memorial rituals for all defence members and their families — regardless of their faith or no-faith position. Chaplains are also trained with respect to Moral Injury (MI), Pastoral Narrative Disclosure (PND), to provide psychological first aid, and suicide support in proactive and reactive ways.

However, with increasing secularity in Australia, there has been a call to reconsider the value and role of chaplains. It has been claimed that the faith-based nature of chaplains provides too large a barrier for nonreligious personnel to access chaplaincy support. Some extreme secularists have even recommended the complete removal of faith-based chaplaincy from the ADF.

Objective
This research project aimed to understand the barriers and facilitators, if any, to ADF chaplaincy services and secondly to explore the usage and satisfaction with chaplaincy services that are currently provided to assist the mental health and wellbeing of ADF members.

Methods
The first phase of the research involved an international literature-scoping review of the evidence base related to chaplaincy usage and access. Secondly, serving members of Army, Navy, and Air Force were invited to participate in a survey during 2021, to report on experiences around access, usage, and satisfaction of personnel with chaplaincy services.

Results
The literature review reported on 33 articles involving a total of 19,366 participants from around the world. The hypothesised barrier to accessing faith-based chaplaincy was largely not supported. Instead, other issues were noted by military personnel, including the poor integration of chaplaincy within medical and mental health services. Several enablers for chaplaincy access were reported in the literature along with the positive impact of chaplaincy services on staff wellbeing. Additionally, it was reported that because of high levels of trust in the current faith-based chaplaincy services, chaplains provided an important avenue into other health interventions provided by the military. Finally, results from a 2021 survey, involving 2,783 randomly recruited military personnel, reported high levels of satisfaction from those who had accessed chaplains. Chaplains were also the most preferred staff support service for combined tri-services. Additionally, over 67% agreed that chaplaincy was important or very important, while over 82% of chaplaincy users reported that the faith of the chaplain was not an important factor in their accessing support.