





TEACHER'S HANDBOOK REFERENCE & ANSWERS



KS3



CASUALTY CLEARING STATION BOARD GAME

Thank you for choosing to play the Casualty Clearing Station Board Game to engage your KS3 students with both Mathematics and History in a fun and informative way.

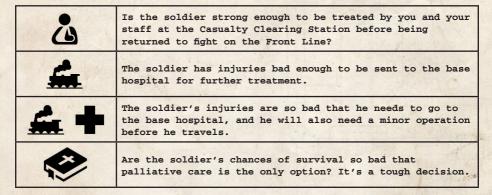
We hope that they enjoy the game, and that they also gain some valuable insights into the role of a Royal Army Medical Corps Medical Officer (MO) in charge of a Casualty Clearing Station in the First World War.

Within this booklet you will find all the information you should need about playing the game including the answer sheets and a little historical context.

HISTORICAL CONTEXT

In 1916, 734,000 men were wounded and evacuated from Casualty Clearing Stations by a range of means such as trains and barges. As the war progressed and treatment of regiments became more sophisticated and refined, Casualty Clearing Stations became self-contained treatment centres carrying out amputations and treatment of bullet trauma wounds. On the basis of selection and referral, the MOs would perform surgery and triage based on the following general principles:





GUIDANCE AND INSTRUCTIONS FOR TEACHERS

This game is designed for students of Key Stage 3 Mathematics and focuses on the probability of the survival of injured soldiers sent to a Casualty Clearing Station in the First World War. While the patients are fictitious, the probabilities of survival have been based upon the serious injuries acquired at this time.

The aim of the game is for each MO pair to correctly calculate the best referral choice (as above) for each patient based on the highest probability of survival, and to complete as many patients in the time allotted to the exercise (until YOU tell them to stop!).

The winner of the game is the MO team with the highest number of correct answers shown as percentages in the lowest time. If there is a tie, there is a short quiz on page 4 to decide the winner.



YOU'RE IN CHARGE: DIFFICULTY LEVELS

As the teacher, it is for you to decide how difficult the game is for your students. If you have a low ability group, you may want to play only with the EASY patient cards; this will ensure only one level of percentage calculations. For a high ability group you can ask them to treat both HARD and EASY patients. The HARD patients include added levels of difficulty, including multiple injuries, and the added complications of shock and infection. All instructions for calculating these difficulties are given within the student gameplay instructions.

YOU will decide how long the students play the game for. At the end of gameplay, remember to leave them time for calculating their time score (they will have collected bonuses and penalties as they play).

Some HARD patients have associated wound shock and infection levels. You can make the game quicker by asking them to ignore the infection. This will take away one level of subtraction at the end.

If there is a tied score (so two teams with the same number of correct answers and time score), you can add an element of challenge with the small quiz below. Much if not all of the information to answer these questions will have been given to them during gameplay.



QUIZ

- Q1. How old did you have to be to become a member of the Royal Army Medical Corps?
- A. Under 30 years old.
- Q2. How many casualties did a typical Casualty Clearing Station hold at any one time?
- A. 1,000.
- Q3. How many casualties were moved by train to base hospitals in 1916?
- A. Over 700,000.
- Q4. How could you identify the location of a Casualty Clearing Station now?
- A. Clusters of military cemeteries surrounding the site.
- Q5. True or False? Casualty Clearing Stations were always at a fixed location, and could not be moved.
- A. False.

EASY ANSWERS

September 1	FIRST NAME	SURNAME	RANK	INJURY / CONDITION	
1000	Frederick	Atkinson	Private	Typhus	
	William	Bellairs	Private	Severe head wound	
	Digby A.	Brown	Lieutenant Colonel	Shrapnel in chest (severe)	
S. State of the st	Austin T.	Carpenter	Captain	Trench Foot	
	Marmaduke	Carter	Major	Dysentery	
Aller Sin	Stanley R.	Cottage	Colonel	Non-severe head wound	
Salution of	James	Dyer	Private	Chlorine gas poisoning	
133	George	Ford	Medical Orderly	Lost lower leg	
	Bernard	Hills	Private	Shrapnel in lower leg	
The Printers	John	Meeks	Private	Shrapnel in chest (non-severe)	
	Joseph	Moore	Private	Stomach wound	
	James	Morrell	Second Lieutenant	Minor burns to hands	
33 100	Frank	Small	Lieutenant	Gunshot to upper arm	
	Wilfred	Smith	Private	Frostbite	
	Henry A.	Spinks	Captain	Crushed upper leg	
	Ralph	Unwin	Second Lieutenant	Stomach wound	

INFECTED	Answer	REFERRAL
-	80%	4
No	11%	
No	28%	+ 🚣
	91%	+ 4
No	83%	¿ L
No	75%	4
-	70%	<u> </u>
No	52%	+ 4
No	81%	¿.
No	77%	<u>£</u>
No	11%	
No	95%	¿
No	85%	+ 4
-	88%	å
No	11%	
No	11%	.

HARD ANSWERS

	FIRST NAME	SURNAME	RANK	INJURY / CONDITION	
Service Control					
	Cecil R.	Baxter	Second Lieutenant	Minor burns to hands	
	James	Bridge	Second Lieutenant	Gunshot to upper arm; trench foot	
	Arthur H.	Crawley	Lieutenant	Gunshot to upper arm	
	Walter	Evans	Private	Severe burns	
Second St.	Albert	Hatch	Major	Crushed upper leg	
THE PARTY AND	Cyril	Howlett	Private	Shrapnel in chest (severe)	
100	Thomas	Jackson	Private	Stomach wound; wound shock	
1	Joseph	Jones	Lance Corporal	Severe head wound	
	Alfred	Jones	Second Lieutenant	Shrapnel in chest (non-severe)	
A STATE OF	Reginald	Kidman	Private	Non-severe head wound	
6 St. 12	James	Laidlaw	Lieutenant	Shrapnel in lower leg; wound shock	
	Charles	Lenton	Private	Lost Lower leg; wound shock	
	Giles	Loakes	Private	Gunshot to upper arm; wound shock	
	John	Lucas	Private	Trench foot; shrapnel in leg	
200	Edward	Munn	Private	Shrapnel in lower leg	
OF THE PARTY.	Robert	Oake	Private	Severe burns; wound shock	
	Thomas	Pamonter	Private	Severe head wound; stomach wound	
1	Sidney C.	Smith	Colonel	Lost lower leg	
Service Services	Jack	Spall	Captain	Severe head wound; wound shock	
1	William	Young	Private	Severe burns; wound shock	
		No. of the second			

The columns below show correct referrals and survival percentages for multiple injuries and if in wound shock ('yes' in wound shock column).

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WOUND SHOCK?	ANSWER	REFERRAL	INFECTED?	ANSWER (Infection subtracted)	REFERRAL
-	95%	۵	Yes	95%	ů
- A	77%	+ 4	-	-	-
-	85%	+ 4	Yes	80%	+ 4
-	25%	<u>£</u>	Yes	15%	•
-	11%	•	Yes	1%	•
-	28%	+ 4	Yes	22%	+ 4
Yes	1%	•	-		
-	11%	•	Yes	1%	•
-	77%	4	Yes	71%	4
-	75%	4	Yes	71%	4
Yes	81%	+ 4	- 1	7	Market State
Yes	46%	+ 4	Yes	38%	+ 4
Yes	79%	+ 4	-	<u> </u>	
-	74%	+ 4		-	-7
-	81%	Å	- 1	-	1900
Yes	15%	•		-	
-	1%	•		- >	
	52%	+ 4	Yes	44%	+ 4
Yes	1%		<u>-</u>	2	
Yes	15%	•	-	-	•



GAME CONTENTS

1 x Playing board

1 x Teacher's guide

1 x Booklet: 'Treatment of Injuries on the Battlefield'

2 x Students' handbooks (1 for each MO pair)

2 x Shared dice

2 x Playing pieces (1 for each MO pair)

36 x Patient cards (20 x Hard, 16 x Easy)

17 x Fate cards

2 x Blank MO dry wipe charts

2 x Dry wipe marker pens

1 x Game clock (plus 1 x battery)



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