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Ex Secretary, Maj J Green RTR*

Reference: HQRC_Med-406/18

Date: 18 Dec 18

**COMPETENT MEDICAL AUTHORITY ASSESSMENT:
MEDICAL PLAN – EX NORDIC WHITE FIST 2019, AUSTRIA, 1-11 JAN 19**

References:

- A. Ex NORDIC WHITE FIST 2019 Medical Plan dated 11 Sep 18
- B. [LFSO 3215 Medical Planning for Land Forces Exercises and Training](#)

Context

1. Reference A detailing Ex NORDIC WHITE FIST 2019 (HCav/RAC/RA/AAC) Nordic Ski Championships to be held in the Biathlon Stadium Hochfilzen, Austria 1-11 Jan 19. It aims to host the Corps Nordic Ski Championships for the HCav, RAC, RA and AAC. The Med Plan was submitted to Medical Branch for consideration by the Competent Medical Authority (CMA) on 11 Sep 18. The CMA notes that the submission was submitted well ahead the minimum 8-week timeline.
2. The provision of a medical plan does not remove risk, but ensures that potential threats to health have been considered and appropriate management and mitigation procedures are in place. Although a Med Plan may adequately consider potential threats, the CMA cannot assure the efficacy of an emergency medical response by HN healthcare providers.

Assessment Detail

3. In accordance with Reference B, the Regional Command Competent Medical Authority has evaluated the medical risk associated with this deployment against the 7 capabilities of care. Residual risk and suggested mitigation aimed at achieving target risk is detailed in the table below. An overall assessment is delivered at paragraph 4.

Ser	Subject	Observations	Residual Risk	Recommended Control/Mitigation
1	Force Health Protection (FHP)	A number of inherent health risks and correspondent medical preparations are identified in the Med Plan. The principle threats are related to climate, MSK sporting injuries and RTC. Detail regarding the prevailing climatic conditions is included	Low. Environmental, climatic and other threats are understood and broadly prepared for. Activity will be conducted within the Safe System of Training.	Transfer. The CMA advises that personnel may only be encouraged to receive vaccinations, as this measure requires an individual informed decision following consultation with an appropriately qualified

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		<p>and provisions iaw JSP 539¹ are outlined within the Med Plan.</p> <p>Accommodation, feeding and drinking arrangements are considered in detail.</p> <p>All participants are to be MFD and Dentally fit. Where fitness falls below this standard, it is to be supported by an Appx 26. This will be copied to the organiser at registration.</p> <p>The Med Plan states that personnel will receive a health threat briefs prior to deployment with dynamic top-up briefs on a daily basis.</p>		<p>medical professional. It is recommended that in the event of non-compliance, residual risk is managed iaw Unit Duty Holding processes.</p>
2	<p>Primary Health Care (PHC) (including dental care)</p>	<p>While an accessible GP practice (within 15 mins) has been identified and full contact details including route card provided; Dental, pharmacy and physio facilities are not.</p> <p>EHIC carriage and Third Party Medical Insurance are requirements of the Med Plan.</p> <p>Dental care should be sought iaw 2017DIN01-081.²</p>	<p>Medium. Participants are expected to access Regulated GP within 24 hrs and dental care within 48 hrs. Local standards are expected to be similar to those in the UK.</p>	<p>Tolerate. The CMA recommends that residual risk is managed iaw Unit Duty Holding processes.</p>
3	<p>Pre-Hospital Emergency Care (PHEC) (first aid)</p>	<p>There are no vocational Medical Personnel allocated to exercise. The instructors carry a sports first aid qualifications and participants are expected to be in date for MATT 3.</p> <p>The availability of first aid trained personnel and distance from emergency services means that the 10-1 timeline should be met in most predictable circumstances.</p>	<p>Medium. Advanced resuscitation will not be UK delivered however, care is expected to meet acceptable standards. Relevant clinical timelines are anticipated to be met in most predictable circumstances.</p>	<p>Tolerate. The CMA recommends that residual risk is managed iaw Unit Duty Holding processes.</p>
4	<p>Deployed Hospital Care (DHC) (surgical stabilisation)</p>	<p>The Med Plan identifies <i>St Johann Hospital</i> as the principal secondary care facility. It is stated to be 21 mins travel from the Biathlon Stadium. It is not assured however local hospitals have been tested on numerous occasions.</p> <p>There is mention of patient support/welfare or hospital liaison officers; this will be the</p>	<p>Low. Comprehensive hospital capability is accessible and judged to be at or close to UK standards.</p>	<p>Tolerate. The CMA recommends that residual risk is managed iaw unit Duty Holding processes.</p>

¹ Climatic Illness and Injury in the Armed Forces: Force Protection and Initial Medical Treatment

² Instruction for Service and Entitled Personnel Serving Overseas Who Receive Dental Treatment from Non-Service Sources

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		<p>responsibility of event organizers and individual Team Captains to coordinate.</p> <p>EHIC carriage and Third Party Medical Insurance are requirements of the Med Plan.</p>		
5	<p>Medical Evacuation (MEDEVAC)</p> <p>(tactical and strategic)</p>	<p>The Med Plan is wholly reliant on HN Emergency Services for Forward MEDEVAC and transfer referrals. During race days medical cover is provided by the Austrian Red Cross (paid for by the Exercise). Recovery from the track to the Ambulance is completed by the stadium staff.</p> <p>Expected times for MEDEVAC by road are given and redundancy for CASEVAC is offered by instructor and team transports. RW assets are stated to be available through the HN HN Emergency Services.</p> <p>STRATEVAC provisions have been articulated in the Med Plan.</p> <p>Personnel will be in possession of mobile phones to enable MEDEVAC.</p>	<p>Medium. MEDEVAC is not supported by a UK clinician however local arrangements are expected to be close to UK standards. MEDEVAC to a surgical capability within 1 hr may be possible and is expected to be within 2 hrs.</p>	<p>Tolerate. The CMA recommends that residual risk is managed in unit Duty Holding processes.</p>
6	<p>Medical C2, Comms, Computers & Information (MED C4I)</p> <p>(for casualty management)</p>	<p>Three means of communication (mobile phone, handheld radio and landline) are available. Previous iterations of Ex NORDIC WHITE FIST have indicated good 4G network coverage with UK phone providers' European tariffs.</p> <p>A centrally resourced reach-back to a UK clinician for all attendees is not deemed practical however, of individual Team Captains are expected to coordinate this with Unit medical staff.</p> <p>The Med Plan clearly articulates actions on MMI. This is likely to be coordinated through Austrian Emergency Services.</p> <p>English is expected to be commonly spoken second language however, there is no indication if there are German</p>	<p>Medium. Suitable communications are available to support MEDEVAC, however reach-back to a UK clinician is not centrally available.</p>	<p>Treat. To reduce impact and likelihood, team captains should be made aware of the European (122) and Austrian (144 for ambulance only) emergency numbers.</p>

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		speakers amongst event organizers.		
7	Medical Logistics (Med Log)	<p>Personnel who require routine medication to ensure that they deploy with sufficient quantities for the duration of deployment. Loss of medication must be considered although access to PHC and pharmacy facilities is articulated within the Med Plan.</p> <p>First aid kits are expected to be carried in all Team vehicles with additional kits held centrally in the Ski complex.</p> <p>Redundancy for CASEVAC is offered by instructor and team transports. All transport is expected to be appropriately winterised, which includes the fitting of winter tyres.</p>	<p>Low. There is no RLS element. Existing supply chains and support are expected to meet the medical arrangements.</p>	<p>Tolerate. The CMA recommends that residual risk is managed iaw unit Duty Holding processes.</p>

4. **Overall assessment.** There are no extreme threats to health present however, the Med Plan is reliant on HN Health Service Support for the delivery of PHEC, MEDEVAC and referral to appropriate DHC; capabilities may fall short of UK standards. Reasonable measures to control or mitigate highlighted risk associated with Med C4I may be available. As such, they may be outside the accepted Safe Operating Environment and the Duty Holder must actively consider the elevated risk associated with these capabilities. **The overall health risk for Ex NORDIC WHITE FIST is assessed as MEDIUM.**

5. Any significant amendments to the Medical Plan arising from changes to existing planning assumptions must be notified to Medical Branch Regional Command and be accepted by the Delivery Duty Holder. To improve situational awareness, a PXR for this activity is to be copied to Medical Branch.

Electronically signed

TJ Efstratiou
Maj
for CMA

Enclosure:

1. Latest Draft Medical Plan

20180803-ExNWF19 Medical Action Plan-SO2MACBR

11 Sept 18

SO2 Med

Copy to:

Chairman Ex NORDIC WHITE FIST

MEDICAL PLAN FOR EXERCISE NORDIC WHITE FIST 19: 2 JAN – 11 2019

SITUATION

1. Exercise NORDIC WHITE FIST 2019 (Ex NWF19) is the name given to the 34th Household Cavalry [HCav] and Royal Armoured Corps [RAC], Royal Artillery [RA] and Army Air Corps [AAC] Nordic Ski Championships. The Championships will be held in Hochfilzen, Austria from Wed 2 – Fri 11 Jan 19. It aims to host the Corps Nordic Ski Championships for the HCav, RAC, RA and AAC. Provide an introduction to biathlon ski racing for novice and experienced ski teams in preparation for competition at the Regional and Army Championships. Develop tough, resilient competitors capable of adapting to extremes of environment and continue to foster the excellent relationship enjoyed with the Austrian military and people of Hochfilzen.

2. Ex NWF19 competition will take place in the Biathlon Stadium Hochfilzen, , Austria. The exercise is planned over 10 days with Directing Staff (DS) in location from 1 Jan 19 and exercising troops

from 2 Jan 19. 3rd party insurance and medical cover is mandatory for all individuals participating in Ex NWF19³ and covers personnel conducting competitions whilst at work, third-party personal liability, personal accident, non-MOD property and medical expenses, including Helicopter Medical Evacuation (HME), repatriation, leisure skiing and snowboarding. In addition, all individuals are to be in possession of a European Health Insurance Card (EHIC) valid for the duration of deployment.

3. This medical plan supports Ex NWF19 and is produced for the Operational Duty Holder of Ex NWF19. A ground recce was completed by the Chairman and Secretary in June 18. All teams will have undergone training by qualified instructors before attending ExNWF19, either at Regimental or Corps training camps.

EXECUTION

4. **Intent.** To ensure Force Health Protection, Primary Healthcare (PHC), Pre Hospital Emergency Care, secondary healthcare and medical liaison is delivered in the most efficient and cost effective manner to Ex NWF19.

5. **Scheme of Manoeuvre.** There is no specific military medical personnel allocated to the exercise. All exercising troops will be under the control of a suitably qualified and experienced Military instructor and are trained in basic medical care. The Ex Secretary is in contact with the group instructors and team captains, and will coordinate any requirement for evacuation of any injured personnel from the track. Duty Status has been authorised by the [ASCB](#) for the duration of the exercise. A Risk Assessment⁴ has been carried out and further daily and dynamic assessments will be carried out by directing staff.

³ Mandated at [2018DIN07-077 Army European Winter Activity Instr](#)

⁴ Annex A to Exercise Nordic White Fist – SOP, dated 3 Aug 18.

6. **Main effort.** The provision safe training for all participants.

COORDINATING INSTRUCTIONS

a. **Event timings.**

- (1) 1 Jan 19: DS travel/arrive in Austria.
- (2) 2 – 10 Jan 19: Ex NWF19 Championship delivered.
- (3) 11-12 Jan 19: Teams and DS depart Austria to Divisional Championships and UK respectively.

b. **Climatic Injuries.** As stated in JSP 539: Climatic Illness and Injury in the Armed Forces: Force Protection and Initial Medical Treatment (v2.5 May 16), cold environments represent a serious hazard to the unprepared. All Team Captains need a sound understanding of the principles of working in this environment if cold-related injuries are to be avoided. Team Captains are to read, understand and brief all members of their team on the key information contained within Chapter 3 of JSP 539. Formal briefs, as way of an update, will be delivered by the Technical Delegate to all personnel upon arrival in Austria.

c. **Risk Assessment.** An overarching generic location based risk assessment and a specific climatic injury prevention risk assessment have been completed for Ex NWF19.

d. **Fitness, Medical & Dental suitability.** All personnel attending the exercise are to have a JMES grading MFD and have no outstanding dental issues. If a soldier is not MFD, then an appropriate Appx 9 and Appx 26 Medical Risk Assessment (MRA) are required. It is the Team Captains' responsibility to ensure that these documents are obtained and that the soldier is participating within the parameters of their Appx 9 and Appx 26

MRA. Copies of the Appx 9 and Appx 26 MRA are to be shown to the Secretary at final registration.

e. **Med C4I Reach-back.** A centrally resourced reach-back to a UK clinician for all attendees is not practical for Ex NORDIC WHITE FIST. Team Captains are advised to resource and manage reach-back to the UK through their parent individual unit's medical chain.

f. **Major Medical Incident.** Any major medical incident will be coordinated by the Secretary. During race days medical cover is provided by the Austrian Red Cross (paid for by the Exercise). Recovery from the track to the Ambulance is completed by the stadium staff. The Secretary of Ex NWF19 is to be briefed on all medical incidents and keeps a copy of any Army 510 forms.

g. **Force Health Protection.** Deliver and record of climatic injuries advice to team captains during initial registration. All team captains will be required to confirm that their teams have received a climatic injuries brief and all are to carry a copy of Climatic Injury [Individuals Guide](#) throughout their attendance on the exercise.

h. **Team Captains' Meeting.** During the team captains meetings (daily) Climatic Injury and Medical resources will be briefed by the Technical Delegate.

i. **Prescription medicines.** Individuals on long-term prescription medication are to ensure that sufficient supplies are taken for the duration of Ex NWF19.

j. **First Aid Kits.** While Team Captains and Directing Staff are advised to carry a basic First Aid kit in each of their vehicles, more comprehensive First Aid kits are held at the central meeting points in the Hochfilzen Range Complex and tracks. Each team captain will be briefed where the kits are held and how to gain access to them.

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y and Secondary Healthcare, as
o be provided by local civilian
d St Johann (see Annex A).
hcare, teams are to use their
n St Johann Hospital. In the
unavailable, one of the Directing
it transport and DS transport
appropriately winterised, which
& snow tyres. They typically
mbi-vans; both of which are
rom the side of the main track
Each unit vehicle will contain a
asy guidance to the nearest HN
t, Emergency Care is to be
rces until the arrival of the

l civilian medical services
cuation vehicles (inc air
permitted to be used to enable

a. This is the responsibility of
l by the Ex Secretary. The
ed in the first instance, but the
available if necessary. Secretary
all medical incidents.

ace days all participants will be
s Medics. During training days,
will provide first aid until Host
e. Ex NWF19 Secretary will

o. **Patient Tracking.** The Ex Secretary is to be informed of all personnel admitted to the local civilian Secondary Care (hospital). Command and welfare support is to be coordinated through the exercise Secretary and the injured soldier's respective Team Captain.

p. **Healthcare Records.** Team Captains are to ensure that Host Nation healthcare records generated from treatment of one of their soldiers are captured for transfer to the appropriate healthcare records upon RTU.

q. **Casualty Notification.** The Ex OIC is responsible for identifying the medical category for each type of casualty. The Ex OIC is then to initiate the casualty notification process if required.

r. **MEDEVAC.** Revised Direction for Requesting Aeromedical Evacuation (AE) - The Aeromedical Evacuation Control Centre (AECC) coordinates all global Strategic AE missions for all military personnel whether on Ops or Exercise. They conduct a clinical risk assessment to ensure that the most appropriate aircraft, medical teams and equipment are tasked to retrieve a patient. If during the deployment we require access to the AE service, we will contact the AECC on the numbers or email below. I will ensure we have the relevant copies of the AP3394 which contain the necessary information on the procedure for requesting Strategic AE and how to raise a Patient Movement Request (PMR). If we do not have IT capability on the ground to raise any PMRs, then HQ 102 Log Bde are aware of the AE process and will be able to generate a request on behalf of the patient.

AECC Contact Details - Routine Contact (0800 – 1700 hrs UK

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Email address – Air38Gp-TMWAEECC@mod.uk to JCCC Innsworth.⁵

s. **Post Exercise Report.** The Secretary of Ex NWF19 will produce the PXR and will include any areas identified in regards to medical provision.

SERVICE SUPPORT

7. **European Health Insurance Card (EHIC).** All Ex NWF19 personnel are to be in possession of an in date EHIC. Medical bills for personnel injured outside of the parameters/confines of the event may be required to be paid through the EHIC system or by the individual. No participant will be permitted to compete without providing a certificate of insurance to cover the inclusive dates of the exercise. Copies of the relevant medical and health insurance are to be carried for the duration of the event to ensure the swift and timely movement of casualties.

8. **Rations.** All teams and individuals participating in the exercise who are not using the Austrian Military accommodation are to finance their own ration requirement. Personnel are entitled to claim CILOR with the cold weather supplement. Feeding will be coordinated by team captains for their respective teams. This includes the provision of hot and cold drinks during training activities.

9. **Accommodation.** The exercise uses a mixture of Austrian Army Accommodation/feeding and private hire accommodation. The Army accommodation is part of the Biathlon complex with private accommodation spread along the valley. Team captains in private accommodation are to ensure that their hut has sufficient bed spaces for all team members.

COMMAND AND SIGNAL

10. **Communications.** Primary means of communications will be hand held radios and additionally Civilian mobile phones for Military instructors. The Hochfilzen Biathlon complex and valley are proven, from previous iterations of Ex NORDIC WHITE FIST, to have good 4G network coverage with UK phone providers' European tariffs. All Team Captains have provided a mobile number that works in Austria. Failing that, all DS phones are known to work in Austria and they all have comms with the Secretary and Chairman. The exercise Race Office will also have internet access.

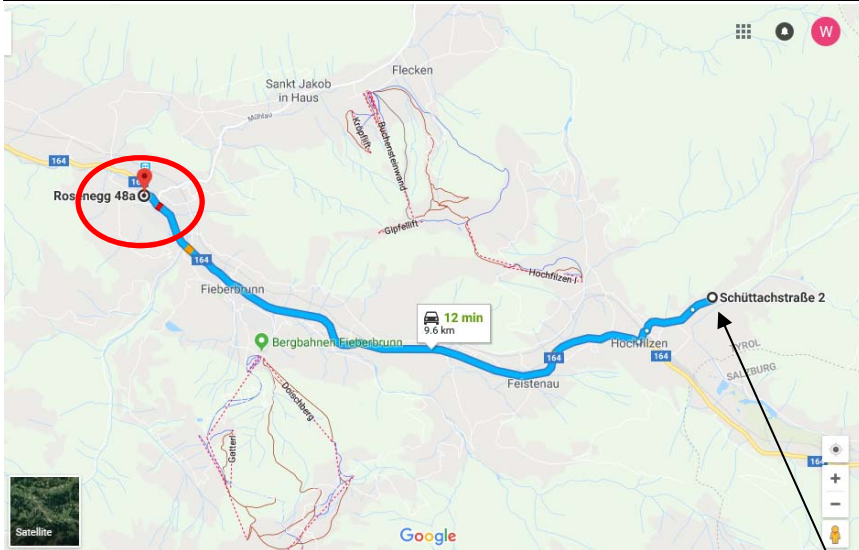
Annexes:

- A. Austrian Civilian Medical Facilities.
- B. Hochfilzen Stadium World Cup Biathlon Range – Medical Risk Assessment

⁵ JSP 751 Joint Casualty and Compassionate Policy and Procedures Vol 1 (Management of the Casualty) Issue 14 – July 14 provides details of the actions required.

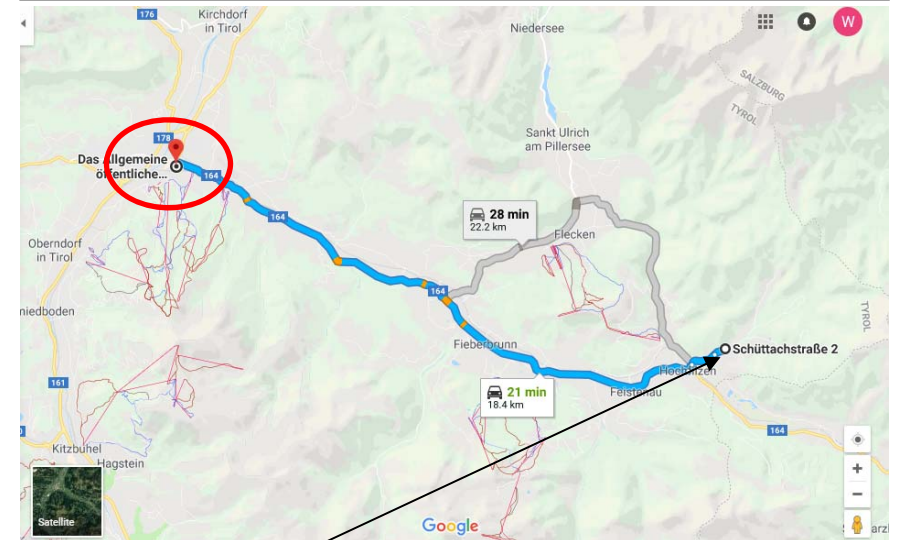
AUSTRIAN CIVILIAN MEDICAL FACILITIES EXERCISE NORDIC WHITE FIST

Dr R Ernst, 48A Rosenegg, 6391 Fieberbrunn



Das Allgemeine öffentliche Bezirkskrankenhaus Sankt Johann
in Tirol, Bahnhofstraße 14, 6380 St Johann in Tirol, Austria

Location for Helo evacuation



Exercise area & teams'
accommodation
location

MOD Form 5010a

Introduced April 2008

MOD Risk Assessment Form

Establishment /Unit/Ship:	HQ 3 (UK) Div	Assessment No:	NWF / 19 / RA3	Assessment Date:	3 Aug 18			
Section/Department:	Ex NORDIC WHITE FIST	Assessment Type (Delete as appropriate; see Note 1)						
		Specific	Generic	Record of Dynamic Assessment				
Activity/Process: Hochfilzen Stadium World Cup Biathlon Range – Medical Risk Assessment								
Assessor			Line Manager Acceptance (See Note 2)					
Name:	JCD Green	Name:	M Edwards					
Rank/Grade:	Maj; Ex Secretary	Rank/Grade:	Lt Col; Ex Director					
Signature:		Signature:						
Hazards (Include Hazard Survey Number where applicable)	Who is at Risk?	Control Measures (Specific existing Control Measures)	Risk Rating (Likelihood X Consequence) (See Note 3)	Additional Controls (Each Control Measure is to be specific and managed)	Residual Risk Rating (See Note 4)	Management Plan		
						Owner	Target Date	Comp Date
Live Firing – Practice and Competitions								
1. Injury by gunshot wound. 2. Skiing Collision injury.	Mil Personnel	Team Captains to ensure all team members are trained and certified. All team members have completed WHT.	1 x 1	RCO to receive copies of certificates before firing.	LOW	Ex Sec & RCO	1 Jan 19	
	Mil Personnel	Each team member to receive Race Process Training before each race incl layout of range.	1 x 1		LOW	TD	1 Jan 19	

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	Mil personnel	Each team to provide 1:2 coaches to firers ratio during training. Range Staff and additional Staff during Race's / competitions.	1 x 1	Range Staff to oversee and supplement coaches.	LOW	Ex Sec	1 Jan 19	
	Mil Personnel	Weapons are only to be made ready and cleared when firer is in the correct firing position on the firing point.	1 x 3	Untrained firers are to have 1:1 supervision during firing practices.	MED	RCO	1 Jan 19	
Emergency Procedures – Immediate Actions								
First Area / Medical Area		Suitable area marked off and set up on the range for immediate First Aid. Stretcher and First Aid pack. All personnel briefed of location.	1 x 2	Range Brief covers First Aid Point and appointed Range First Aider albeit that Mil Pers are all trained to MATT 3 standard. First Aid Kit (10 person or equivalent) as min.	LOW	Ex Sec	1 Jan 19	
Safety Vehicle		Suitable vehicle identified and located within 50m.	1 x 1	Range Brief covers Safety Vehicle.	LOW	Ex Sec	1 Jan 19	
Gunshot / Skiing Injury		Immediate First Aid / triage. All staff brief / trained. Range Staff / Race office to be contacted ASAP with Name, Location and injury.	1 X 2	Range Brief cover Emergency Procedures and actions incl casevac and helivac.	LOW	Ex Sec & RCO	1 Jan 19	
Hospital / Doctors		Team Captains to be made aware of local hospital at St Johann and local doctors in Fieberbrunn. Austrian medical facilities, 2 paramedics and ambulance, will be on site during the races and will have primacy of casualty care and evacuation during races. Team captains are to ensure that insurance covers helicopter extraction to hospital	1 X 2	Range Brief covers local hospital and doctors and emergency numbers including helivac if required. Race Office to be contacted via radio communications.	LOW	Ex Sec	1 Jan 19	
		All Race Organisers / Range Staff / Race Office are in contact with each other by radio at all times.	Advisory	Spectators are excluded from the Range and Race finish areas which must be fenced off. Racers are	LOW	Ex Sec	1 Jan 19	

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				supervised to ensure they exit these areas as quickly as possible.				
		Weather forecasts are displayed and updated on a regular basis via Race Office.	Advisory	Risk of cold injuries / hypothermia can be reduced by clear advice given at team captain's meetings linked to published daily weather forecast.	LOW	Race Office Manag	1 Jan 19	
		An Army Technical Delegate appointed by the Ex Director is in attendance throughout the competition to advise on safety and technical matters. His work will be validated by a qualified British National Technical Delegate.	Advisory			Ex Dir	1 Jan 19	

Line Manager Assessment Review (See Notes 2 and 5)							
Review Date:	Aug 18	Review Date:	19	Review Date:	20	Review Date:	21
Name:		Name:		Name:		Name:	
Rank/Grade:		Rank/Grade:		Rank/Grade:		Rank/Grade:	
Signature:		Signature:		Signature:		Signature:	

Notes:

- 1 If using a 'Generic' risk assessment, Assessors and Line Managers are to satisfy themselves that the assessment is valid for the task and that all significant hazards have been identified and assessed. If additional hazards are identified they are to be recorded and attached to the Generic assessment.
- 2 Line Managers are to note that they are responsible for production of the risk assessment and that they are signing to indicate that the risk assessment is suitable and sufficient and they consider the risks to be acceptable.
- 3

High	Common, regular or frequent occurrence.	3	3 Med	6 High	9 High
Medium	Occasional occurrence.	2	2 Low	4 Med	6 High
Low	Rare or improbable occurrence.	1	1 Low	2 Low	3 Med
Risk Matrix Likelihood X Consequence			1	2	3
			Minor injury or illness.	Serious injury or illness.	Fatalities, major injury or illness.
			Low	Medium	High

When recording the Risk Rating ensure that both the Likelihood and Consequence scores are included.

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High	Improve control measures; consider stopping work. Conducting work at this level of risk is to be reported up the Line Management / Command chain.
Medium	Review control measures and improve if reasonably practicable to do so, consider alternative ways of working.
Low	Maintain control measures and review if there are any changes.

- 4 Record the residual Risk Rating to demonstrate that the risk has been reduced to an acceptable level; record Likelihood and Consequence scores.
- 5 Risk Assessments are to be reviewed:
 - Annually.
 - If there is reason to doubt the effectiveness of the assessment.
 - Following an accident or near miss.
 - Following significant changes to the task, process, procedure or Line Management.
 - Following the introduction of more vulnerable personnel.
 - If "Generic" prior to use