**EX TT MED PLAN 2020**

**Introduction**

1. Ex TELEMARK TITAN (ExTT) is a 13 day Army Telemark Skiing Championship event.

This event is run in Pralongnan-La-Vanoise, in the French Alps, over the period 11 – 23 Jan 20.

1. This Medical Plan is based upon the key assumption that the French Emergency/Blue

Light Services or Mountain Rescue will execute any evacuation from this Exercise that requires urgent treatment. These agencies will provide initial support and movement of any casualty to the nearest hospital facility.

**Population at Risk (PAR)**

1. There will be ~100 participants from Army, Navy and RAF. There will also be ~25

civilians participating in the event.

1. All attendees will state that they are fit to attend. Thus, medical care will be restricted

to injuries occurring during the exercise for students and occasional sicknesses.

**Threats to Health**

1. A Medical Risk Assessment (MRA) is at [Appendix 1](#AnnexDAppendix1) to this Annex. The main health

threats are considered to be:

* 1. Serious injury or death – crashing during ski training and ski racing.
  2. Physical Injury – Falls, Sprains, fractures etc.
  3. Climatic cold related injuries, sunburn.
  4. Injuries from Road Traffic Collisions/Accidents.
  5. Local illnesses.

**Host Nation Support**

1. A description of the availability and acceptability of host nation support includes:
   1. UK equivalent standard of hospital care.
   2. Pre-hospital and hospital trauma care.
   3. Access to Blood supply arrangements.
   4. Status of Forces Agreements, Memorandums of Understanding or Reciprocal
   5. Agreements covering military training.

1. **Medical.** The central control point for dealing with medical issues will lie with the Ex

TT20 committee who are present for the exercise, and will run a race office from the Hotel Vacenciel. Minor medical support will be drawn from the local Doctors. Major evacuation of individuals will be dealt with directly by the French Emergency Services. Emergency/evacuation procedures are identified in appendix 1 to Annex E. Dependent upon availability / location, members from the casualties own Unit will be responsible for the transfer of any injured/sick individuals to the nearest hospital. If members of own Unit are not available, Ex TT20 committee will transfer any injured/sick individuals to the nearest hospital.

* 1. Anticipated Command and Control mechanisms for medical support:
  2. Co-ordination of medical response to incidents.
  3. Command and Control relationships for medical support.
  4. Communications arrangements (mobile phones).

**Force Health Protection**

1. Participants are self-sufficient and able to self-treat minor injuries. All groups have an

instructor in charge. There will be first aid stations are all lift station, and local (full time) piste patrol who are all first aid trained. Other points to note are as follows:

a. **Sanitary Facilities**. Recognised French hotels are used for group accommodation, all of which meet basic sanitary requirements. All individuals on the Exercise will carry basic sanitary items (for the maintenance of personal hygiene).

* 1. **Food/Water Safety**. Personnel whilst deployed will eat local food produce, provided either by the hotels or local restaurants. This will include all lunch meals, evening and breakfast meals. No food or water safety issues are expected.
  2. **Routine Medication**. Personnel on routine medication are required to take sufficient supplies for the duration of the Exercise – eg: inhalers. There is no facility for the re-supply of prescription or routine medication; this information is provided in the admin instr.
  3. **Spectacles/Contact Lenses**. It is recommended that spectacle wearers take a second pair of spectacles or sufficient contact lenses for the duration of the Exercise; this information is provided in the admin instr.
  4. **Climatic Injury Prevention**. The weather in the mountain regions of France can reach cold temperatures. Temps around freezing could be experienced. Exercise participants will receive further advice on the effects of the cold and preventative/recovery measures in accordance with [JSP 539](http://defenceintranet.diif.r.mil.uk/Reference/DINsJSPs/Pages/JSP539ClimaticInjuriesintheArmedForcesPreventionandTreatment.aspx). Serious consideration is always to be given to the treatment of cold and heat related injuries. All groups will have access to sufficient water supplies to prevent dehydration. A daily weather forecast is received by the ExTT20 committee and will be displayed on the info board. Additional weather reports from both local sources and via weather reports on the Internet. Any adverse conditions will be promulgated.
  5. **Altitude Sickness**. The highest piste in Pralognan-la-Vanoise is 2355m. Altitude sickness can affect people who climb or travel (ascend) to more than 2500 metres (8,000 feet) altitude, particularly if they ascend too quickly. Altitude sickness is not expected to be an issue. For most people, it causes mild symptoms that improve with rest and time spent getting used to altitude. Symptoms are; headache, nausea’ dizziness and exhaustion. Those reporting such symptoms are not to ascend any further and moved to safety for treatment. Proper acclimatisation to altitudes of about 2,500m (just over 8,200 feet) or more is the best way to prevent altitude sickness. It may take a few days for the body to get used to a change in altitude. Ascending slowly will give time to adapt to the change in altitude. Avoidance of alcohol and keeping hydrated is also important.

**Pre-Hospital Emergency Care and Forward MEDEVAC**

1. All hospital care will be supported by the **Albertville Hospital**. +33 479 895555 (30 minutes drive).

**Primary Health Care**

10. Available as follows:

a. **Dr Francoz**. Avenue de Chasseforêt. Next to the entrance to the aerial tram. Open daily 0900 – 1900hrs. +33 479 087561 / +33 609 352892

b. **Dr Maigné**. Avenue de Chasseforêt. +33 479 087204 / +33 609 352892. Open every day 0900 – 1230hrs and 1400 – 1730hrs.

c. **Pharmacy**. Avenue de Chasseforêt. Avenue de Chasseforêt. +33 479 087161. Open Mon to Fri 0900 – 1230hrs and 1500 – 1900hrs. Open Sat 0930 – 1230hrs and 1500 – 1900hrs. Open Sun 100 – 1200hrs and 1700 – 1900hrs.

d. **Emergency**: 112

**Storage Arrangements for Pharmaceuticals and the Disposal of Clinical Waste**

11. Ex TT20 does not have any requirements for storing pharmaceuticals or the disposal of clinical waste. All major medical requirements are dealt with directly by the French Emergency/Blue Light Services.

**Private Travel Insurance**

12. As directed in the Exercise Instruction, all Exercise participants are strongly recommended to take out personal insurance to cover eventualities, for which the MOD is not liable.

**Communication**

13. All telephone numbers will be available at annex H of the Admin Instr.

**Major Incident Management**

14. The group instructor at the incident site initially manages all Major Medical Incidents and is responsible for informing the French Piste Patrol Services. Once the medical services are aware of the incident details and are en-route the group instructor is then responsible for the welfare and on-going maintenance of all group members and informing the Ex TT committee. In a situation where the group instructor is him/herself injured then the senior student will take responsibility for forwarding the necessary information to the French piste patrol services and subsequent follow-up procedures.

**Aeromedical Evacuation**

15. **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 access to the AE service is required, the AECC must first be contacted on the numbers or email below. Ex TT20 committee will have access to the [AP3394](http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/RAF/Reference/Publications/Pages/AP3394.aspx) which will give all the necessary information on the procedure for requesting Strategic AE and how to raise a Patient Movement Request (PMR). Ex TT20 committee will have access to IT capability and will raise any requests.

16. **AECC Contact Details**.

* 1. Routine Contact: (0800 – 1700 hrs UK Time) - +44 (0)1993 895300 or 95461 5300.
  2. Out of Hours: (1700 – 0800 hrs UK Time) - Mobile +44 (0)7770 648688.
  3. Email address: [Air38Gp-TMWAECC@mod.uk](mailto:Air38Gp-TMWAECC@mod.uk)

**Post-Incident Management**

17. After-event follow-up procedures will be managed in country by either team captains, or (in the event of an injured participant not being part of a team) the Ex TT Committee. In all cases, the Ex TT committee will be the POC for JCCC. Army form 510 will be completed for all incidents / accidents. A copy will be retained by the individual and by ExTT20 committee for use in any future Service Inquiry (JSP 832) related to any major incidents.

**Summary**

18. Ex TT is a well-controlled sporting event. All training is risk managed and all instructional staff are both current and competent to lead activities. The championships are a very rewarding Exercise for all participants.

Appendix:

1. Medical Risk Assessment

**MEDICAL RISK ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Serial** | **Factor** | **Risk / Significance** | **Control Measures** |
| 1 | Ski racing. | Potential for serious injury / death. | Use of NGB approved piste / race slope. Use of qualified instructors. Use of qualified race personnel (TD and Chief of Race). |
| 2 | Physical injuries (falls, sprains, fractures, sprains, etc) | Most likely injury – falls, fractures, muscle strains, ligament damage, sprains. | Close group control by instructors.  Robust Evacuation Plan and medical support. |
| 3 | Climatic injuries | Potential for cold weather injuries and heat exhaustion/sunburn; this is dependent on the local weather conditions. | Supervision by Chief of Race and Technical Delegate.  Supervision by group instructors.  Availability of daily weather forecast.  Ensure sufficient / appropriate personal clothing, water, sun protection. |
| 4 | Road Traffic Accidents | Serious and fatal injuries. | Vehicles driven by drivers with appropriate qualifications and additional adverse driving training. Attention to speed limits and driving conditions, wearing of seat belts at all times |
| 5 | Unplanned / pre-existing medical conditions | Some participants may not prepare well enough, or have existing injuries/medical conditions not disclosed. | All participants have been informed of the medical requirements within the Admin Instr.  Appropriate use of civilian medical support and emergency services. Briefings to raise awareness of the need to report existing condition or any illness e.g. flu. |
| 6 | Fire | Fire risk in main accommodation facilities. | All personnel are to comply with the establishment regulations. Supervision will be present. Emergency procedures will be followed. |
| 7 | Altitude sickness | Arriving at a high altitude too quickly. | Acclimatise. Ascend slowly. Remain hydrated. Avoid alcohol. Do not ascend further if symptoms present. |