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APPROVED BY
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REVIEW FEB 20

FORCE HEALTH PROTECTION INSTRUCTION - AUSTRIA

- 1. Background.** Exercise NORDIC WHITE FIST 2020 (ExNWF20) is the name given to the 35th 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 3 – 11 Jan 20. It hosts the Corps Nordic Ski Championships for the HCav, RAC, RA and AAC. It will: introduce biathlon ski racing to 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; continue to foster the excellent relationship enjoyed with the Austrian military and people of Hochfilzen.
- 2. Governance.** Force Health Protection (FHP) is a Command responsibility. Control measures to mitigate against health risks need to be implemented and regularly reviewed to ensure they are current and Theatre specific. An external FHP audit will be undertaken annually for this Operation. Feedback from Theatre on this instruction, and health threats in general, is encouraged and should be directed to ADOC SO2 Med to ensure currency. The following instruction will assist in mitigation of health threats but may not cover all threats.
- 3. Medical Employment Standards (MES).** The minimum employment standard is L3/E3 MLD. Non-MFD personnel may be granted permission to deploy by the CMA following a documented Deployability Medical Risk Assessment (DMRA) carried out by their MO, with Occupational Medicine Consultant input as required.
- 4. Pregnancy.** Personnel who are concerned that there is any possibility that they may be pregnant are to seek medical advice prior to deployment. Pregnant personnel are not to deploy to Austria.
- 5. Dental.** This individual should be dentally fit.
- 6. Health Briefs.** All deploying personnel are to receive a health brief on the health risks and associated hygiene issues for living and working in their area of operations as part of PDT, delivered in compliance with [JSP 950 leaflet 3-2-2 \(Operational Deployment Health Briefs\)](#). This can be booked via WOI A Charlton (FdArmy-Sp-Med-EHFP-WO1).
- 7. Immunisations.** This individual should be in-date for all entry and normal Service immunisations, in accordance with JSP 950 Leaflet 7-1-1, this should include Measles-Mumps-Rubella (MMR), and Diphtheria-Tetanus-Polio (Td/IPV) vaccines.
- 8. Seasonal influenza.** Seasonal influenza is a viral infection of the respiratory tract and spreads easily from person to person via respiratory droplets when coughing and sneezing. Symptoms appear rapidly and include fever, muscle aches, headache, malaise (feeling unwell), cough, sore throat and a runny nose. In healthy individuals, symptoms improve without treatment within two to seven days. Severe illness is more common in

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those aged 65 years or over, those under 2 years of age, or those who have underlying medical conditions that increase their risk for complications of influenza. Vaccinations will provide protection for personnel; however, the seasonal influenza vaccination is not required for this activity. Other preventive measures include avoiding individuals who are unwell, avoiding where possible enclosed, crowded locations, and maintaining good hand hygiene.

9. **Tick-borne Encephalitis (TBE).** There is a risk of TBE in all areas of this country, the main affected areas are the provinces of Tirol and Oberösterreich. TBE is a viral infection transmitted by the bite of infected ticks. The transmission season varies; however, ticks are most active during early spring to late autumn. Personnel are at increased risk of exposure during outdoor activities in areas of vegetation (gardens, parks, meadows, forest fringes and glades). Less commonly, cases of TBE occur following ingestion of unpasteurised milk products. Due to the low risk of this tasking, this individual does not require the TBE vaccination. All bite prevention measures must be implemented.

10. **Rabies.** Although wild and domestic animals are not considered to be a risk in the Austria, bats may carry a rabies-like virus. Due to nature of this tasking the Rabies vaccination is not required. However, all animal contact should be avoided. In the event of an exposure, personnel must seek immediate medical attention to facilitate post exposure management. All personnel must be aware of the need to IMMEDIATELY report all animal bites and scratches to an appropriate medical authority. All individuals should be aware of the serious nature of the Rabies infection which if left untreated will be fatal. Signs and symptoms¹ of the disease may not be immediately apparent and develop later (typically 3-12 weeks). Additional information is detailed in JSP 950 Leaflet 3-3-2.

11. **West Nile Virus.** West Nile Virus is present in this country, with several cases being reported in 2018. It is a virus most commonly spread to people by mosquito bites. Symptoms and signs of West Nile virus include fever, headache, body aches, skin rash, and swollen lymph nodes. Severe symptoms and signs may include stiff neck, sleepiness, disorientation, coma, tremors, convulsions, and paralysis. There are no vaccines to prevent or medications to treat West Nile Virus.

12. **Malaria Chemoprophylaxis.** Not Required.

13. **Insects.** Although there isn't a risk of Malaria in the Austria other insect-borne diseases (IBDs) can be found countrywide. Therefore, the following control measures must be taken:

a. **Insect Bite Avoidance.** Bite avoidance is an essential element of protection from IBDs. Insects bite throughout the day and night therefore measures should be applied continuously.

b. **Pre-impregnated Uniform/Clothing.** MTP Uniforms (except the barrack shirts) and clothing are pre-treated with the insecticide Permethrin. Pre-impregnated uniform must be issued prior to deployment. The pre-impregnation remains effective for approximately 30 washes (effective for 1 laundering per week for 6 months).

¹ Pyrexia, fatigue, insomnia, loss of appetite, headache, irritability, and anxiety.

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Ideally individuals should not deploy with uniform that has been subject to operational washing for 6 months or is over 12 months old.

c. **Re-treatment with Permethrin (Permapel®).** Uniforms/clothing that have not been pre-impregnated with permethrin, have been laundered more than 30 times, or status unknown are to be re-treated with permethrin (Permapel) after each wash (treatment is effective for up to 4 weeks without washing). Permapel may be administered using aerosol spray (Permapel RFU NSN 6840996701469 - one container will treat x 2 uniforms) or Permapel solution concentrate (NSN H1/6840993000661 - the dilute solution is made by mixing Permapel with tap water in a suitable container (e.g. plastic dustbin). Clothing is immersed, wrung out and allowed to dry. It can be ironed, and its insect repellent properties can be expected to persist for six weeks without laundering). Care must be taken with the disposal of Permapel® solution, which is to be regarded as toxic waste.

d. **Personal Clothing.** Personnel are to wear long-sleeved shirts and long trousers, especially if outdoors and during the evening and at night, when flying insect activity is greatest.

e. **Insect Repellent.** Personnel should be issued with insect repellent e.g. DEET (NSN H1/6840-01-284-3982), to apply to areas of exposed skin and on skin with only one layer of protection to reduce the risk of mosquito bites. Research and extensive clinical experience indicate that DEET is very safe when used per the manufacturer's instructions. DEET can also be applied to natural fibers such as cotton trousers and shirts. However, this repellent can destroy artificial fibers or plastic, the instructions on the pack should be followed.

f. **Mosquito Nets.** It is recommended that mosquito nets are used wherever possible. If required, all personnel should be issued with a mosquito net impregnated with Permapel before deployment. Mosquito nets require re-impregnation every 6 months.

g. **Ticks.** Personnel should check their skin regularly for ticks and remove them as soon as possible with a [recommended technique](#).

14. **Routine Medication.** Personnel requiring routine medication are to deploy with sufficient quantities for the duration of their tour of duty. This includes prescribed contraception.

15. **Spectacles and Contact Lenses.** Owing to the difficulties in the provision of replacement spectacles and contact lenses, individuals who require visual correction are to deploy with a spare pair of spectacles.

16. **Prevention of Gastro-enteric Illness.** Contaminated food and water supplies has the potential to significantly impact operational effectiveness if robust force health protection measures are not in place. All food and water are to be from locally assured facilities only and personnel are to exercise strict personal hygiene measures (with hand washing with soap and water being the most simple and effective method of gastro-enteric

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disease control) at all times. All gastro-intestinal outbreaks (2 or more cases, with same source) are to be reported to ADOC SO2 Med Ops.

17. **Handwashing.** The single most important measure to help prevent the spread and impact of these diseases is adequate handwashing, particularly after using the toilet and before handling food. As a minimum, this should consist of:

- a. A supply of potable running water.
- b. The provision of liquid soap.
- c. A means of drying the hands which will not result in recontamination.
- d. **The use of alcohol gels is not a substitute for the above and is not effective on soiled hands.**

18. **Prevention of Contact/Sexually Transmitted Infections.** HIV and other blood borne diseases are prevalent in this country. Personnel should avoid exposure to blood and other body fluids, but where exposure is unavoidable personnel are to use whatever protective measures, they have available to them. Sexually transmitted infections such as Chlamydia, Gonorrhoea, and Syphilis are also considered common in the local population particularly amongst commercial sex workers and may affect a high percentage of personnel who have sexual contact. Abstaining from sexual contact is the only effective control. Condoms protect against most but not all STIs and are freely available from the medical centre. Any unprotected contact with blood or body fluids should be risk assessed to determine if treatment or follow up is required in accordance with [JSP 950 Lft 7-2-1 – Guidance on risk assessment and immediate management of needlestick/ sharps/ blood/ body fluid and tissue exposure incidents](#).

19. **Avoidance of Feral, Wild and Venomous Animals.** Feral animals pose a more significant risk to personnel than wild or venomous animals as they may retain the desire for human contact. However, contact with all animals should be avoided. All personnel must exercise extreme vigilance and avoidance of feral, wild and venomous animals. Direction on the control of feral animals on operations is detailed in [JSP 950 leaflet 3-3-2 - Policy for the Control of Feral Animals on Operations](#). Anyone who suffers a bite or sting will require an immediate medical risk assessment to determine if treatment or follow up is required.

20. Austria has one venomous snake. The Medical Directive will provide advice on access to anti-venom. Deploying personnel should be aware of immediate first aid following a bite or sting.

21. As well as direct transmission of disease through bites and contact there are a number of animal-borne diseases, which may be spread indirectly. Personnel, where possible, should avoid areas where animals live, roam and especially where animals have given birth. Do not consume milk and milk products which have not been pasteurized.

22. **Respiratory Diseases.** A number of diseases spread by the respiratory route are common in Austria. In addition to normal infections such as colds and flu, these can

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include Seasonal Influenza. Vaccination will provide protection against some of these diseases. Other preventive measures include avoiding individuals who are unwell, avoiding where possible enclosed, crowded locations, and maintaining good hand hygiene.

23. **Climatic Illness and Acclimatisation.** The threat of heat illnesses is low in Austria. Personnel who suffer from a climatic illness will require an immediate medical risk assessment and possible aeromedical evacuation. A climatic illness report² and an accident report³ is to be raised.

a. **Acclimatisation.** Pre-deployment acclimatisation is required; this involves a pre-deployment 6 week graduated physical exercise programme. Further acclimatisation is required when deployed. JSP 539 (Heat Illness and Cold Injury: Prevention and Management) provides specific direction outlining the acclimatisation process, deployed activity and Guidance for Commanders. All activities should be managed in line with the commander's assessment of the risk factors.

b. **Heat Illnesses.** All personnel must be able to recognise the signs and symptoms of heat injuries, know the immediate action drill and must protect themselves against the risk of heat injury including sun burn (e.g. avoid prolonged exposure and regular use of a high factor sun block cream).

c. **Sun damage.** Sun damage is caused by ultraviolet (UV) rays, potentially leading to serious conditions such as skin cancer and loss of sight through cataracts and short-term damage (e.g. photokeratitis) to unprotected eyes.

(1) **Sun cream.** High factor sun cream should be worn on all exposed skin areas.

(2) **Wearing uniform.** MTP PCS provides a high protection against sun damage, sleeves rolled down will protect the arms. The tropical hat (not tailored) provides shades the face, neck and ears as well as providing some protection to the eyes, should be worn.

(3) **Sunglasses.** Sun glasses that conform to European Standard EN 1836:2005 should be worn in bright sunlight.

24. **Flora and Fauna.** The giant hogweed (*Heracleum Mantegazzianum*) is a robust plant found in Austria, it can grow up to the height of 5 meters, although 2 - 4m high specimens are much more common. It is distinguished by huge leaves and by a thick stem branches into clusters of small white flowers. This plant contains a phototoxic sap which causes phytophotodermatitis in humans, resulting in blisters and long-lasting scars. If the sap touches the skin and is subsequently exposed to sunlight or to ultraviolet rays, it can cause severely burned. Initially, the skin colours red and starts itching. Blisters form as it burns within 48 hours. They can form black or purplish scars that can last several years. Hospitalisation may be necessary. These serious reactions are due to the furocoumarin derivatives in the leaves, roots, stems, flowers, and seeds of the plant. If

² The heat illness and cold injury templates on DMICP are to be used for case reporting. Alternatively, use Annex 1A or 1B of JSP 539. Reports to be sent to DCOC SO2 Med FP

³ Complete an accident report form 510 and forward as directed. In addition, sS accident and incident reporting systems are to be followed.

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personnel get exposed to the plant sap, wash the affected spot immediately and cover it from sunlight.

25. **Environmental and Industrial Hazards (EIH).** Direction on the risk assessment and operational risk management of EIH on Operations can be found in 2017DIN06-004 (The Risk Assessment and Management of Force Health Protection, CBRN, Environmental and Industrial Hazards on Operations and Exercises). This is an essential element of Force Protection. There may be instances where individuals are exposed to EIH during their detachment, and they must be aware of obvious threats such as burn pits, contaminated water, seasonally poor air quality, or large scale industrial and agricultural activities. It is the responsibility of the Unit to conduct a Tier 1 EIH Assessment⁴. This assessment is to be undertaken by Unit personnel (Combat Health Adviser), Medical Staff or Defence CBRN LRTs as required⁵. Assessments are to be completed for all locations occupied for longer than 48 hours or in the event of an EIH exposure with the potential to impact upon health. New units deploying into an existing location are to undertake their own Tier 1 EIH Assessment. Completed assessments are to be copied to Comd Med/CMA at Formation HQ. Comd Med/CMA is to copy the Tier 1 EIH Assessments through the CoC to HQ SG and/or PJHQ.

26. EIH known within the country consist of:

a. **Asbestos.** Asbestos may be found throughout this country within buildings for insulation, flooring, roofing and sprayed on ceilings and walls. While asbestos can be dangerous, it doesn't present a health risk if left undisturbed. But if material containing asbestos is damaged, it can release a fine dust that contains asbestos fibres and should be avoided. This may include cordoning off the area, until its presence is confirmed. Personnel who believe they have been exposed to asbestos should seek medical advice.

27. **Exposure to Harmful Substances.** Personnel who believe they may have been exposed to potentially harmful substance are to seek medical advice. The Tier 1 EIH assessment are to be amended/ initiated to record the hazard and forwarded to PJHQ J1J4 Med/ CMA so that follow up action may be undertaken, including health surveillance.

28. **Noise Induced Hearing Loss.** Personnel may be exposed to a variety of potentially damaging noise sources that if not identified, and measures taken to protect hearing, can lead to Noise Induced Hearing Loss (NIHL). NIHL is a permanent condition that can reduce the employability of sufferers. These individuals must ensure that they are in date for their relevant hearing conservation programme and wear hearing protection when required.

29. **Road Traffic Incidents.** Road traffic accidents are probably the greatest threat to life in the Austria. The wearing of safety belts is mandatory. Defensive driving should be the norm in Austria and travelling during peak periods and after dark should be minimised as far as possible.

⁴ 2017DIN06-004 (The Risk Assessment and Management of Force Health Protection, CBRN, Environmental and Industrial Hazards on Operations and Exercises).

⁵ CBRN LRTs will only be deployed if intelligence states that there is a CBRN Risk in the deployed area.

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Post deployment health measures

30. **Post tour illness.** Upon returning from this deployment all personnel are advised to seek early medical support (i.e. report sick) if they develop a fever, prolonged diarrhoea or new skin conditions, such as discrete lesions, or any other health concerns, as these symptoms could indicate a serious medical condition. Personnel are to inform the medical staff that they have returned from Austria.

31. **Mental Health.** This is an integral part of health. Personnel are advised to seek help if they have concerns or experience any mental health related problem. There is a range of services available to provide support, i.e. friend or family member, CofC, UWO, AWS, Padre, Unit TRiM Practitioner, and GP/Unit MO.

32. **Zika virus.** Zika has not been reported in this country. Further information can be found at the [Public Health England - Zika Virus](#) website.