COMPETENT MEDICAL AUTHORITY (CMA) HEALTH RISK ASSESSMENT (HRA)
EX SPARTAN HIKE 22 Serre Chevalier France 8 – 18 Jan 22

Unit or Organisation conducting activity	6 (UK) Div
Delivery Duty Holder (DDH)	6 (UK) Div SO1 G7
2* Chain of Command (CoC) for Risk elevation	GOC 6 (UK) Div
Date of Activity	8 – 18 Jan 22
Date Med Plan submitted for CMA evaluation	05 Oct 21
Date CMA Evaluation returned to Unit CoC	05 Oct 21

Activity Overview *(Location, Population at Risk, Activity)*

550 to 600 Regular and Reserve Service Personnel (SP) from across the Army will be deploying to Serre Chevalier to participate in Ex SPARTAN HIKE 22 (Ex SH22) from 8 – 18 Jan 22. Included in activity will be between 2-6 civilian appointed officials. Ex SH22 is the Army Inter Unit Semi Final (A) for both the Army Alpine and Nordic Ski Championships and incorporates the Army Reserve Ski Championships. The activity will take place IVO Serre Chevalier ski resort. All participants will transit to the exercise via road and/or Civ Air from UK and be accommodated in Hotel or Chalet accommodation in resort for the entirety of the activity.

The Medical Plan is intended for use by all deploying personnel. The CMA HRA is intended for consideration by the Chain of Command (CoC) and gives an insight in to Risk alongside mitigation measures which should be implemented or considered as part of the Commanding Officer (CO - or equivalent) Pre-deployment Conditions Check.

This visit constitutes activity which is not classed as Risk to Life (RtL) activity as defined in ACSO 1200 - The Army's Safety and Environmental Management System. Activity undertaken is not identified as being in excess of normal activities and risks routinely experienced in barracks during the working week. In accordance with ACSO 1200 this activity is advised to be categorised as Duty of Care (DoC) with the level at which the safety risk should be scrutinised being held at the CO or equivalent. Should the DoC level wish to elevate concerns with this responsibility they should consult their CoC for Risk elevation.

In accordance with guidance from ACSO 3215 - The Planning of Health Service Support dated Mar 21, providing mitigation measures listed below are implemented by the CO (or equivalent) the activity is assured as overall **LOW Risk.**

FORCE HEALTH PROTECTION (FHP)
Summary of Medical Plan

A Force Health Protection Instruction (FHPI) is included in the Medical Plan. Advice from open source health resource https://www.gov.uk/foreign-travel-advice/france should be checked prior to deployment. Disease, Road Traffic Incident (RTI) and Climatic Injury are MEDIUM Risk without mitigation measures. Mitigation measures detailed in this HRA should be enforced to manage these risks appropriately. Deploying personnel should arrange a pre-deployment Health Brief if they feel insufficient information is available from open source health resources (from 6 (UK) Div Medical Branch).

As at 4 Oct 21, France is not on the UK Government ‘Red List’ but UK is on the French Government’s ‘Amber List’. No requiremnent for pre-travel testing. However, all SP must Complete French Government ‘Sworn Statement’ form self-certifying they are not suffering from symptoms associated with coronavirus and have not been in contact with confirmed cases in the preceding fortnight. This can be found on the French government’s website.

Identified Risk		Mitigation measures for DH to consider Treat, Take, Tolerate, Terminate or Transfer	
CLIMATIC INJURY: Heat and cold injuries.	**MEDIUM**	**TREAT:** **1**. Activities are being conducted under supervision of qualified instructors. **2**. FHP brief issued prior to deployment. **3**. All deploying personnel must be able to recognise the signs and symptoms of heat injuries and know the immediate action drill. **4**. Commanders at all levels must consider heat and cold injuries when planning all activities and are required to undertake a risk assessment in accordance with JSP 375 to reduce the risk to As Low As Reasonably Practicable (ALARP). **5**. Higher risk of cold injury due to annual temperatures. Personnel deploying with warm clothing and moving between locations under ex organiser/instructor supervision. Accommodation is in a local hotel/chalet type facilities. **6**. MOD Form 5015 (Risk Assessment) completed and included in the Med Plan. **Risk reduced to LOW**	**LOW**
DISEASE: **Seasonal influenza and Caronavirus** **COVID-19.** COVID-19 remains a threat and although SP are low risk and the EU have similar precautions in place to the UK, the following FHP measures remain. As at 4 Oct 21, France is not on the UK Government 'Red List' but UK is on the French Government's 'Amber List' **Pre Flight Testing**. No requiremnent for pre-travel testing. However, all SP must Complete French Government 'Sworn Statement' form self-certifying they are not suffering from symptoms associated with coronavirus and have not been in contact with confirmed cases in the preceding fortnight. This can be found on the French government's website.	**MEDIUM**	**TREAT:** **1. COVID 19.** Information on travel to and from the resort can be found at DAN 18. **2**. Preventative measures; avoiding individuals who are unwell, avoiding where possible enclosed, crowded locations, and maintaining good hand hygiene. **3. In-Country Procedures**. SP fully vaccinated, there is currently no requirement to self-isolate **4. Social Distancing**. Throughout the deployment deploying SP should comply with any social distancing measures that are imposed by the host nation, this may include the wearing of face masks in certain situations. **5. Return actions**. France is not on the UK Government's 'Red List'. All personnel are double vaccinated, they will not need to take a PCR test before returning to UK but have to prove they have booked a day-2 PCR test and completed a Passenger Locator Form **Risk reduced to LOW**	**LOW**

GASTRO-ENTERIC ILLNESS: Diarrhoea	**MEDIUM**	**TREAT:** **1.** Check open source health resources prior to deployment. **2.** Hygiene/hand washing enforced. **3.** Approved food providers to be used. **Risk reduced to LOW**	**LOW**
ROAD TRAFFIC INCIDENT (RTI) Vehicle travel in Europe.	**MEDIUM**	**TREAT:** **1.** Seat belts mandatory. **2.** Confirm with unit MT/6 (UK) Div Master Driver the Matrix tests to be completed by nominated drivers. **3.** Compliance with driver's hours - should factor in authorised driving time (hours available) from start of journey in the UK to end destination in France on travel day. **Risk reduced to LOW**	**LOW**
TRAINING AT ALTITUDE Personnel are not scheduled to exceed 3500m (in accordance with JSP 419, Part 2, Ch 2, Sect 13 ascent above 3500m categorises the Risk as HIGH and re-assessment of the CMA HRA would be required).	**MEDIUM**	**TREAT:** 1. Personnel should receive briefings on Acute Mountain Sickness (AMS) signs, symptoms and Immediate Actions. 2. If planned altitude is anticipated to exceed 3500m direction within JSP 419, Part 2, Ch 2, Sect 13 is to be followed and the DoC COC should be consulted prior to review of the CMA HRA. **Risk reduced to LOW**	**LOW**
Identified FHP overall Risk	**MEDIUM**	**Risk post-mitigation**	**LOW**

PRIMARY HEALTH CARE (PHC) Summary of Medical Plan			
Primary Health Care (PHC) and Dental Care to be provided through local providers through use of EHIC/GHIC.			
Current Risk		**Mitigation measures for DH to consider** **Treat, Take, Tolerate, Terminate or Transfer**	
ACCESS TO GP (MILITARY, HOST-NATION OR CONTRACTOR) FULLY ASSURED TO UK STANDARDS WITHIN 72HRS	**LOW**	**TOLERATE:** **1.** Local PHC and Dental providers in resort available (EHIC required). **Risk remains LOW**	**LOW**
Identified overall PHC Risk	**LOW**	**Risk post-mitigation**	**LOW**

PRE-HOSPITAL EMERGENCY CARE (PHEC) Summary of Medical Plan			
Initial 'Buddy Buddy' first aid expected on scene through deploying UK personnel and activity/ accommodation staff. HN Emergency Services (112) arranged ambulance with PHEC provision available. Resort 'on piste' medical providers are available (cost incurred - insurance should be taken out by deploying personnel to cover this cost).			
Identified Risk		**Mitigation measures for DH to consider** **Treat, Take, Tolerate, Terminate or Transfer**	
ACCESS TO APPROPRIATE FULLY ASSURED LIFE SAVING FIRST AID (NLT 10 MINS) AND ENHANCED FIELD CARE (IDEALLY 20 MINS BUT NLT 60 MINS) AND EMERGENCY HOSPITAL CARE BY 60 MINS	**LOW**	**TREAT:** **1.** Individual to be in-date MATT3 and initially self-treat / Buddy Buddy treat where practical. **2.** Confirm with resort information services the process they use to respond to medical emergencies. **3.** HN ambulance will provide good standard of PHEC. **Risk remains LOW**	**LOW**
Identified overall PHEC Risk	**LOW**	**Risk post-mitigation**	**LOW**

MEDICAL EVACUATION (MEDEVAC) Summary of Medical Plan			
FWD MEDEVAC: European Emergency Services arranged ambulance (112) – equivalent to UK standard. Ski Insurance used to cover cost and provision of Fwd MEDEVAC 'on piste'. **STRATEGIC MEDEVAC** will be provided through the UK Aeromedical Evacuation Control Centre (AECC) in conjunction with UK Joint Casualty and Compassionate Cell (JCCC). STRATEGIC MEDEVAC is graded as LOW Risk. **Repatriation to UK using team transport or Civ flights.** Under no circumstance is any injured or ill SP to be repatriated to UK via team organic transport or Civ flight without liaison with JCCC/AECC.			
Identified Risk		**Mitigation measures for DH to consider** **Treat, Take, Tolerate, Terminate or Transfer**	
MEDEVAC CAPABILITY THROUGHOUT THE CARE PATHWAY	**LOW**	**TOLERATE:** **1.** Ensure deploying personnel are aware of notification process and ask to speak with an English speaking operator. **Risk remains LOW**	**LOW**
Identified overall MEDEVAC Risk	**LOW**	**Risk post-mitigation**	**LOW**

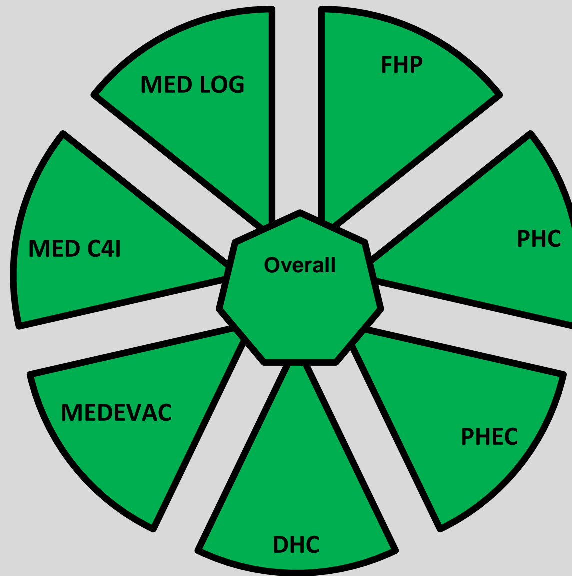
(DEPLOYED) HOSPITAL CARE (DHC) Summary of Medical Plan			
Hospitals in Serre Chevalier region are of UK equivalent standard. Patients referred to hospital will be sent to one based on clinical requirement. EHIC/GHIC and some co-payment toward the cost of treatment may be required . Full list of medical facilities IVO the resort in the Med Plan.			
Identified Risk		**Mitigation measures for DH to consider** **Treat, Take, Tolerate, Terminate or Transfer**	
RECEIVING HOSPITAL(S) HAVE A FULL RANGE OF ACUTE CARE FULLY ASSURED TO UK STANDARDS Service Personnel are advised not to agree to surgery when outside the UK unless it is life or limb threatening, AECC will liaise with the Royal Centre for Defence Medicine (RCDM) for advice on patient management.	LOW	**TOLERATE:** **1**. Immediately inform AECC and JCCC to enable appropriate STRAT MEDEVAC prioritisation. **2**. It may be appropriate to have surgery in situ depending on where injured Service Personnel are and what they have wrong, but the preference is to bring Service Personnel home first and do the definitive treatment at a major trauma centre such as RCDM. **3**. Ensure a UK escort accompanies personnel who are admitted to hospital. **4**. Passport, EHIC/GHIC and insurance documentation should be carried on personnel at all times when skiing. **Risk remains LOW**	LOW
Identified overall DHC Risk	LOW	**Risk post-mitigation**	LOW

MEDICAL C4I (MED C4I) Summary of Medical Plan			
Medical C4I will be challenging due to the deployed individuals being dispersed across the ski/trg area. • A location/'actions on' brief should be obtained through the event organisers and RSOI will be implemented. All deployed personnel will be given SF mandatory briefs (Avalanche Awareness, weather, etc). • Working communication between officials will be by portable radios with channels confirmed daily during the COR Officials' Meetings. • Mobile phones will be used as secondary means. • An individual's patient records are likely to be in paper format and must be retained for subsequent hand over to Defence Primary Healthcare (DPHC) on return to the UK.			
Identified Risk		**Mitigation measures for DH to consider** **Treat, Take, Tolerate, Terminate or Transfer**	
PAPER RECORDS AVAILABLE FOR ALL SOLDIERS. MEDICAL RECORDS FROM HN FACILITIES WILL NOT BE RETURNED TO THE UK	MEDIUM	**TREAT:** **1**. Ensure personnel briefed to return paper copies of medical records to DPHC (local UK Medical Centre) if PHC/non-emergency treatment received from HN healthcare providers. Note: UK AECC will ensure medical records of STRAT MEDEVACed personnel are returned to the UK. **Risk reduced to LOW**	LOW

UNFAMILIAR ENVIRONMENT AND LIMITED SITUATIONAL AWARENESS RESULTS IN DELAY TO IMMEDIATE TREATMENT OF INJURIES AND ACCESS TO MEDICAL CARE	**MEDIUM**	**TREAT:** **1.** Deployed personnel to receive RSOI/location/'actions on' brief from activity organisers. **2.** Deployed individuals should limit movement to local area (i.e., accommodation and event location). **3.** Limit lone movement. **Risk reduced to LOW**	**LOW**
INDIVIDUALS BILLED FOR COST OF MEDICAL CARE	**HIGH**	**TREAT:** **1.** An in-date EHIC/GHIC is to be carried by deployed personnel at all times. This should be presented to healthcare providers on arrival and any subsequent bills claimed back through JPA by the individual. If the bill is sent to the individuals UK address it should be presented immediately to 6 (UK) Division Finance Branch on receipt through the individual's unit/Bde G8 cell. **2.** Personnel to deploy with appropriate insurance to cover Fwd MEDEVAC cost 'on piste' which is NOT covered by EHIC/GHIC. **Risk reduced to LOW**	**LOW**
INJURED INDIVIDUAL ALONE IN HOSPITAL (NO PASTORAL CARE)	**MEDIUM**	**TREAT:** **1.** Organisation or nominated personnel providing Hospital escort/Visiting Officer should be identified as part of DDH Conditions Check. **Secondary support to UK personnel admitted to hospital IAW JSP 751 and JSP 770** **Risk reduced to LOW**	**LOW**
Identified overall MED C4I Risk	**MEDIUM** **HIGH**	**Risk post-mitigation**	**LOW**

MEDICAL LOGISTICS (MED LOG) **Summary of Medical Plan**			
Medical Logistics is provisioned through individual First Aid Kits and access to HN medical facilities for prescribed medications. All Physiotherapy kit and materiel for Ex SH22 will be provided by 256 Fd Hospital and charged against the HQ 6 (UK) Div UIN **A3913A.**			
Identified Risk		**Mitigation measures for DH to consider** **Treat, Take, Tolerate, Terminate or Transfer**	
MEDICAL CONSUMABLES ARE CERTIFIED TO UK STANDARDS	**LOW**	**TOLERATE:** **1.** HN healthcare providers use drugs certified to international/UK standards. **2.** If personnel have prescribed medications, they should deploy with sufficient quantity to last for the duration of the activity. **Risk remains to LOW**	**LOW**
Identified overall MED LOG Risk	**LOW**	**Risk post-mitigation**	**LOW**

With mitigation this activity is assured as overall LOW Risk



	LOW	MEDIUM	MEDIUM - HIGH	HIGH	VERY HIGH
CMA review	Delegated to SQEP OF4 on behalf of CMA	Delegated to SQEP OF4 on behalf of CMA	OF5 CMA	OF5 CMA	OF5 CMA
Safety Risk Management (SRM) decision	CO / OF4	OF5/1*	OF5/1*	2*	3*/4* or Stop

Name of Competent Medical Advisor	Appointment	Contact Email/Telephone/Mobile
Lt Col N Vincent QARANC (Authority d'gated by DACOS Med Fd Army)	SO1 Med 6 (UK) Div	nick.vincent555@mod.gov.uk
Name of DoC level	**Appointment**	**Contact Email/Telephone/Mobile**
Lt Col Geoff Brocklehurst	SO1 G7 6 (UK) Div	geoffrey.brocklehurst711@mod.gov.uk

1 Nov 21

Ex SPARTAN HIKE 22 – Serre Chevalier, France 8 – 18 Jan 22
Health Service Support (HSS) Plan

References:

A. JSP 375 - Management of Health and Safety in Defence v.1.2.
B. JSP 375 Volume 1, Chapter 41 - Heat Illness Prevention.
C. JSP 375 Volume 1, Chapter 42 - Cold Injury Prevention.
D. JSP 751 - Joint Casualty & Compassionate Policy & Procedures.
E. ACSO 1200 - The Army's Safety and Environmental Management System.
F. ACSO 1207 - Climatic Injury Prevention.
G. AP 3394 - The RAF Aeromedical Evacuation Service.
H. HQ 6 (UK) Div Heath Service Support (HSS) Planning Directive 2021/22.
I. 6 (UK) Div Med SOI 002 – Private Travel Insurance for 'Off Duty' Activities
J. TORs for Physiotherapy Support to Ex SPARTAN HIKE 22

SITUATION

1. 550 to 600 Regular and Reserve Service Personnel (SP) from across the Army will be deploying to Serre Chevalier to participate in Ex SPARTAN HIKE 22 (Ex SH22) from 8 – 18 Jan 22. Included in activity will be between 2-6 civilian appointed officials. Ex SH22 is the Army Inter Unit Semi Final (A) for both the Army Alpine and Nordic Ski Championships and incorporates the Army Reserve Ski Championships. The activity will take place IVO Serre Chevalier ski resort. All participants will transit to the exercise via road and/or Civ Air from UK and be accommodated in Hotel or Chalet accommodation in resort for the entirety of the activity. References A - J have been consulted and direction within them followed throughout the planning process.

AIM

2. The aim of this medical plan is to ensure safe and effective delivery of Force Health Protection, Primary Healthcare, Pre-Hospital Emergency Care, Medical Evacuation, Hospital Care, Medical C4i and Medical Logistics for Ex SH22 participating personnel during the period spent in Serre Chevalier, France).

CONDUCT OF Ex SPARTAN HIKE 22

3. This activity will be conducted in four phases:

a. **Phase One** Individual teams and participants travel to country on/about 7 Jan 22.

b. **Phase Two** Participation in event from 8 Jan 21 to 18 Jan 22.

c. **Phase Three** Recovery of participants to UK on 19 Jan 22.

Medical Treatment Eligibility.

4. All SP will be classed as 'On Duty' for the duration of Ex SH22 and a complete nominal roll of deploying personnel will be published on individual Unit Part One Orders.

5. Iaw Reference I, all personnel deploying on this event have been recommended to take out personal accident and liability insurance to cover periods when "off-duty".

6. **Population at Risk (PAR).** The PAR for Ex SH22 will be between 550 to 600 military personnel (including officials) as well as between 2-6 civilian appointed officials.

COVID-19 Precautions

7. As at 4 Oct 21, France is not on the UK Government 'Red List' but UK is on the French Government's 'Amber List'. At the time of writing this Med Plan and Iaw DAN 18 the following COVID-19 precautions are planned, although this may change if UK and/or HN guidelines change before deployment:

a. All personnel are to be double vaccinated to attend.

b. Completion of French Government 'Sworn Statement' form self-certifying they are not suffering from symptoms associated with coronavirus and have not been in contact with confirmed cases in the preceding fortnight. This can be found on the French government's website.

c. If any personnel develop symptoms while deployed then they will take a test, and if positive then they will isolate in accommodation in line with HN guidelines.

d. France is not on the UK Government's 'Red List' and all personnel are double vaccinated, they will not need to take a PCR test before returning to UK but have to prove they have booked a day-2 PCR test and completed a Passenger Locator Form.

FORCE HEALTH PROTECTION (FHP)

8. **A Generic Winter Sports Force Health Protection Instruction (FHPI)** provided by 6 (UK) Div SO2 Med FHP and MedInt (EH) is at **Annex A**. This FHPI highlights both generic health threats for Serre Chevalier as well as activity-specific health risks.

9. **Force Health Protection Brief (FHPB)**. As part of PDT, all deploying personnel will receive FHPB on the health risks and associated hygiene issues for living and working in their area of operations by their respective Fmn EHP personnel.

10. **Physiotherapist Support to Teams**. Physiotherapy support to Ex SH22 will significantly improve individual and team preparations for training and conditioning, maximising the performance of the athletes. It will also be crucial to offering advice to competitors on chronic low level muskulo-skeletal problems and be able to offer immediate treatment to minor injuries and, where appropriate, advise on referral to the HN medical facilities. TORs for the Physiotherapy support to Ex SH22 are at Ref J. **TBC**

MEDICAL CARE

11. **European Health Insurance Card / Global Health Insurance Card EHIC/GHIC** – Provision of HSS for this deployment (outbound, in-resort and return legs) will be facilitated through the European healthcare systems which are of international standard. It will be accessed via an in-date EHIC/GHIC which is to be carried by all deploying personnel. The EHIC/GHIC enables individuals to access state provided healthcare at a reduced cost or sometimes free. It does not cover the cost of rescue off the mountain which is borne by

the ‘rescued’, so SP should also carry a method of payment on them (credit/debit card) which can be claimed by private insurance or JPA. The EHIC/GHIC will cover individuals for PHC and hospital treatment in European facilities until they return to the UK.

12. **Emergency Contacts**. A list of emergency contact details is at Annex B and a list of Medical Facilities in the participants’ locations are at Annex C.

MEDICAL SCHEME OF MANOEVER

13. **Primary Healthcare (PHC) and Dental Care**. There will be no integral deployed PHC. However, Serre Chevalier is an internationally orientated first world ski region with ample provision of English speaking medical and dental services. SP requiring PHC will access HN medical and dental centres within the Serre Chevalier area via the Ex Leader as required. Movement to HN medical and dental providers will be by unit vehicles, resort bus or taxi.

14. **PHC – On Piste**. For minor illness and injury not requiring evacuation, personnel will self-treat or buddy-buddy treat where possible and supported to the nearest First Aid station at the base of the piste. There will be no medical assistance without an in-date EHIC/GHIC card. All personnel should deploy dentally fit.

15. **Pre-Hospital Emergency Care (PHEC).**

a. **PHEC providers**. During the Outbound and Return travel legs of the exercise, PHEC will be facilitated through relevant HN emergency services accessed via emergency phone 112 and EHIC/GHIC. In resort, the appropriate PHEC provider (Ski Patrol or Mountain Rescue) will be used where any major injuries occur, e.g. risk to life, limb or eye sight. The French emergency services will take the lead in the patient’s treatment and welfare and the Ex Leader/ I/C Admin Spt will liaise with French medical authorities.

b. **PHEC on-piste**. Initial actions will be as per MATT 3 / Team Medic training by those closest to the point of injury. The Group Leader/Instructor will provide further PHEC whilst awaiting MEDEVAC. If HN PHEC provider services are required, the Ex Leader or Instructors should call at the earliest opportunity. The EHIC/GHIC does not cover the cost of rescue off the mountain which is borne by the rescued so SP should also carry a method of payment on them (credit/debit card) which can be claimed by private Travel Insurance or JPA.

c. **Le Monetier Les Bains Range.** An Immediate Action Aide memoire for an ammunition incident on the Le Monetier les Bains Range can be found at **Annex D**.

16. **Hospital Care**. Hospitals within Western Europe are of equivalent UK standard and the hospital used will depend on the nature of the injury. In-resort, French medical facilities will be accessed via EHIC/GHIC with local hospitals listed at Annex C. SP are advised not to agree to surgery when outside the UK unless it is life or limb threatening, even in what would be assessed as locations which provide a UK standard of care. Once a SP is injured, contact should be made early with the UK Aeromedical Evacuation Control Centre (AECC). AECC will liaise with the Royal Centre for Defence Medicine (RCDM) for advice on patient management. It may be appropriate to have surgery in situ depending on where injured SP are and what they have wrong, but the preference is to bring SP home first and do the definitive treatment at a major trauma centre such as RCDM.

17. **Emergency (Forward) Medical Evacuation (FWD MEDEVAC)**. Fwd MEDEVAC from point of injury (POI) to HN hospitals will be conducted by dedicated HN MEDEVAC providers. It is possible that several MEDEVAC providers will be used (e.g., Mountain Rescue helicopter could MEDEVAC direct to hospital or Ski Patrol snow mobile could MEDEVAC off-piste to an ambulance at a casualty exchange point. In the event of an incident requiring emergency medical response SP are to direct dial local Emergency Services and subsequently inform the Ex Leader who will inform the relevant CoC Duty Offr as soon as practically possible to enable subsequent administration (for subsequent cascade to individual's unit). If practical, a non-injured UK SP should accompany the casualty and remain with them throughout their treatment or until directed otherwise.

18. **Strategic Aeromedical Evacuation (STRAT AE)**. **STRAT AE** will be provided through the UK Aeromedical Evacuation Control Centre (AECC) in conjunction with UK Joint Casualty and Compassionate Cell (JCCC). If access to the STRAT AE service is required, then contact the AECC on the numbers or email below. It is essential that Reference G (AP3394) is accessed before deployment and sufficient copies taken on the deployment. This will provide all the necessary information on the procedure for requesting STRAT AE and how to raise a Patient Movement Request (PMR). If there is no IT capability on the ground to raise PMRs, then it must be ensured that the Parent Unit is aware of the AE process and would be able to generate a request on behalf of the patient.

a. AECC Contact Details - Routine Contact (0800 – 1700 hrs UK Time) +44 (0)1993 895300 or 95461 5300.

b. Out of Hours (1700 – 0800 hrs UK Time) – Mobile +44 (0)7770 648688.

c. Email address – Air38Gp-TMWAECC@mod.gov.uk

19. **Repatriation to UK using team transport or Civ flights.** Under no circumstance is any injured or ill SP to be repatriated to UK via team organic transport or Civ flight without liaison with JCCC/AECC.

MEDICAL COMMAND, CONTROL, COMMUNICATION, COMPUTERS AND INFORMATION (MED C4I)

20. **Accountability hierarchy**:

a. CGS retains **FULL COMMAND** of all personnel deployed on this task.

b. GOC 6 (UK) Div is **OPCOM** and the ODH.

c. COs of participating individuals are the relevant **DoC Activity (Risk) Owners**.

d. **CMA** is SO1 Med 6 (UK) Div (as delegated by ACSO 3366).

e. **Ex Director** is 6UKXX SO1 G7 Lt Col Geoff Brocklehurst geoffrey.brocklehurst711@mod.gov.uk. who is responsible for ensuring that Ex SH22 is planned and conducted in a safe manner IAW Reference A.

f. **Ex Controller and main POC for Ex SH22**. Ex Controller for Ex SH22 will be SO2 SPARTAN HIKE Maj Ross Anderson Ross.Anderson166@mod.gov.uk.

21. **Briefing**. The primary means of communications for all personnel will be by daily Team Captains meetings held at 1800 hrs, the first of which is Sat 8 Jan 22 in the Race Office. A casualty ROC drill is to be conducted on the range prior to the start of the event; this will ensure all Race Control Staff (RCS) are aware of the evacuation and communication procedures. The following is to be carried out prior to the initial Team Captains' briefing, and throughout the duration of Ex SH22:

a. **Alpine and Nordic**. Chiefs' Alpine and Nordic are to appoint an official responsible as the POC for all emergencies that may occur within their area of responsibility. All participants are to be made aware of this POC, who is to take the necessary action to ensure the HN EMS are notified, if not already done so. A record of all injuries is to be recorded on the relevant Technical Delegate's (TD) Report and reported to the Race Office Manager (ROM).

b. **Race Office**. The ROM is to ensure that the portable radios are issued, and the correct channels allocated to all officials. HNMS locations and contact Nos are to be briefed to all official personnel and be readily available for the duration of Ex SH22.

22. **Communications**. Working communication between officials will be by portable radios with channels confirmed daily during the COR Officials' Meetings. Mobile phones will be used as secondary means. The following radio nets will be in operation for Ex SH22:

Channel 1	Channel 3	Channel 3	Channel 4
Alpine	Nordic	Race Office	Spare / Emergency Channel
Race Office			

23. **Centralised casualty tracking and co-ordination**. The tracking of UK SP who enter civilian hospitals may be challenging, particularly if they enter outside the UK CoC. If practical, a non-injured UK SP should accompany the casualty and remain with them throughout their treatment or until directed otherwise. If this is not practical advice is to be sought from the HQ 6(UK) Div G1 Branch and assistance may be facilitated through the British Embassy.

24. **Casualty incident reporting and management**. Whilst deployed, the Ex Leader will report casualties by phone to their unit CoC/G1 branch. G1 casualty incident reporting can appear complicated. The most important aspect is to ensure that for any casualties the next of kin has been informed correctly through Joint Casualty and Compassionate Centre (JCCC), thereafter reporting down the chain of command and lastly to the command group is imperative. The NOTICAS process in Reference D is to be adhered to for the reporting of all casualties, regardless of how minor the injury or illness is for all Regular and Reserve personnel through the respective casualties unit.

25. **Army Injury Notification Cell (AINC)**. All accidents or near misses are to be reported to AINC using the MOD Form 510.

26. **Capturing patient medical records and notes**. A means of capturing patient healthcare records from foreign medical and dental providers is required. Copies of any patient medical or dental records, patient notes and diagnostic imagery must be requested from the HN medical treatment facility prior to discharge and copies of all medical/dental

records and notes should accompany the patient on return to the UK for entry onto their UK Healthcare Record upon RTU through the individuals DPHC Medical Centre (Regulars) or GP (for Reservists).

27. **Secondary Support to UK personnel admitted to hospital.** If practical, a non-injured UK SP should accompany the casualty and remain with them throughout their treatment or until directed otherwise. Any UK SP who is admitted to hospital will receive full G1 / Welfare support IAW JSP 751 and JSP 770.

MEDICAL LOGISTICS

28. **First aid kits and personal prescription medicines**. All SP are advised to take a personal first aid kit. They should also deploy with sufficient quantities of personal prescription medicines to last for the duration of their deployments.

29. **Physiotherapy Module**. All Physiotherapy kit and materiel for Ex SH22 will be provided by 256 Fd Hospital and charged against the HQ 6 (UK) Div UIN **A3913A.**

SUMMARY

29. The overall raw medical risk associated with medical incident during this activity is considered as **LOW** by 6 (UK) Div CMA Health Risk Assessment (HRA). Actions are to be taken to mitigate the risk in line with the medical plan as detailed above and risk assessment for the activity.

30. Any questions in relation to this instruction should be directed to the undersigned in the first instance.

AE Philpott
Lt Col (Rtd)
HQ 6 (UK) Div SO2 Med Assurance and Compliance
(6UKXX-MED-A&C-SO2) Anthony.Philpott464@mod.gov.uk
For SO1

Annexes:

A. Force Health Protection Instruction (FHPI) – Ex SPARTAN HIKE 22
B. Emergency Contact Details.
C. Medical Care Facilities
D. Immediate Action Aide memoire – Le Monetier Les Bain Range

WINTER SPORTS FORCE HEALTH PROTECTION INSTRUCTION

INTRODUCTION

1. **Introduction**. This FHPI for Winter Sports Europe must be read in conjunction with the Medical Directive/Medical Plan as well as the approved FHPI created by Fmn EH, and accompanying FHPI activity specific front cover, as the activity may have locations and operational health risks which carry additional health threats.

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. Feedback from Theatre on this instruction, and health threats in general, is encouraged and should be directed to LOC SO2 Med Ops to ensure currency. The following instruction will assist in mitigation of health threats but may not cover all threats.

PRE-DEPLOYMENT

3. **Medical Employment Standards (MES)**. The recommended minimum employment standard is L3/E3 MLD. The Unit CoC are to complete an Appendix 26 Deployment Medical Risk Assessment (DMRA) for all individuals that do not have a Medical Deployment Standard (MDS) of MFD that they wish to deploy. The Appendix 26 is to be completed using the Appendix 9, the Unit Health Committee (UHC) and if deemed necessary by the Unit Medical Officer, Regional Occupational Health Teams for further advice.

4. **Pregnancy.** Personnel who are concerned that there is any possibility that they may be pregnant are to seek medical advice prior to deployment.

5. **Dental.** All personnel are to be dentally fit.

6. **Medical Preparation.** All personnel are to be medically prepared for deployment. Courses of vaccination may take several weeks to complete. Therefore, personnel are to attend to the medical centre at the earliest opportunity, but at least eight weeks in advance wherever possible.

7. **Vaccinations**. All Regular personnel must be in date for all entry and normal Service vaccinations, in accordance with Annexes A and B of JSP 950 Leaflet 7-1-1 Immunological Protection of Entitled Individuals. The requirement includes all normal entry vaccinations and those that require boosters throughout Service. Pre-deployment vaccination checks should be used as an opportunity to ensure all vaccinations and those previously unvaccinated personnel are fully in date for ALL routine vaccinations.

8. Reserve personnel deploying on this activity should refer to JSP 950 Leaflet 1-3-6 Reserves In The Future 2020: Healthcare Provision For Reserve Forces Personnel[1]. In addition, they must be in date for all vaccinations according to the UK vaccination schedule, this includes vaccinations for MMR and diphtheria-tetanus-polio.

9. The following additional vaccinations are required for this activity:

Table 1 - Vaccination information or Additional Vaccination requirements.

Ser	Vaccination	Required	Justification
	(a)	(b)	(c)
1	COVID-19	Recommended	The COVID-19 vaccination is required for international travel and is recommended for all personnel involved in this task.

10. **Routine Medication**. Personnel requiring routine medication are to deploy with enough quantity for the duration of the duration of this activity. This includes prescribed contraception.

11. **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.

12. **Unit Health Trained Personnel**. Formed Army units are to deploy with one Combat Health Advisor (CHA) per location and Combat Health Duties (CHD) personnel at a ratio of 1:30 with a minimum of one.

13. **Pre- deployment Health Brief.** In compliance with JSP 950 Leaflet 3-2-2 Operational Deployment Health Briefs, it is mandatory that **a**ll deploying personnel receive a health brief on the health risks and associated hygiene issues for living and working in Winter Sports Europe as part of PDT. Health briefs can be arranged through the Fmn EHP. **The top three risks within the country consist of climatic injuries, food and water and COVID-19 and will be covered in the brief.**

COVID-19

14. **COVID-19.** A new coronavirus (COVID-19) has spread across the world and has been classified as a Pandemic by the World Health Organisation. Typical symptoms include fever (high temperature) and a new persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours - if you usually have a cough, it may be worse than usual) and/or anosmia (loss of smell). The disease can progress to difficulty breathing and pneumonia, requiring treatment with oxygen and supportive ventilation. Current evidence suggests that most people diagnosed with COVID-19 have mild, self-limiting illness. Those with underlying health conditions and over the age of 70 years are at greatest risk of serious health complication.

15. In Dec 20 and Jan 21 Public Health England published details about new variants of COVID-19 which are reported to transmit much more easily than other variants of the disease. Viruses mutate all the time and new COVID-19 variants are now being reported globally. However, universal personal preventive measures (for all variants of the disease) such as scrupulous hand hygiene, personal hygiene, respiratory hygiene, regular surface cleaning and social distancing (2 meters or more) can help reduce the spread of the virus.

16. Most Host Nations (HN) will have their own variable public health measures for containing the spread of COVID-19. Not all will be replicant of those currently being mandated in the UK. SP may find that they are required to isolate (pre-deployment or upon arrival) or submit for COVID-19 testing as a means of meeting the HN minimum COVID-19

entry requirements. They could also be asked to wear personal protective clothing whilst performing their duties or whilst in transit. These controls are continually evolving, Commanders must therefore ensure that they check for on-going developments via the FCO and or UK government sources within the HN.

17. Individuals returning from overseas who develop symptoms of fever, cough, loss of smell and/or shortness of breath should follow current PHE and Army Guidance[1] regarding isolation and reporting sick to either the NHS or their local medical facilities. They should also complete the COVID reporting tool on Defence Connect. Personnel who are symptomatic should not visit their GP or medical practice in person as they could un-necessarily expose other persons and key health care workers. A test should be carried out at the earliest opportunity.

DEPLOYMENT

18. **Climatic Illness**. Anyone who suffers from a climatic illness will require an immediate medical risk assessment and possible aeromedical evacuation. A climatic illness report[2] and an accident report[3] is to be raised. Deploying units should deploy with a WBGT meter where possible or use a reliable source of weather forecast information in the absence of a WBGT when planning activities.

a. **Acclimatisation**. Allowing appropriate acclimatisation is mandatory. JSP 375 Management of Health and Safety in Defence (Chapter 41 – Health Illness Prevention) provides specific direction outlining the acclimatisation process, deployed activity and Guidance for Commanders. Operational activity should be managed in line with the commander's assessment of the risk factors.

b. **Heat and Cold Injuries**. All deploying personnel, must be able to recognise the signs and symptoms of heat injuries, and know the immediate action drill. Commanders at all levels must consider heat / cold injuries when planning all activities and are required to undertake a risk assessment in accordance with JSP 375 to reduce the risk to as low as reasonably practicable

c. **Reporting of climatic injuries**. All cases must be reported in accordance with JSP 375; this includes cases where individuals develop temporary or permanent incapacitation i.e. are unable to continue with their duties/training because of climatic illness/injury with or without the involvement of Defence Medical Services or other medical assets. Commanding Officers (COs) must be aware that medical case recording does not replace their duty to report all cases of heat illness/cold injury meeting the reporting threshold. Specific reporting or data collation may also be required by the Chain of Command in specific Op Orders or Mounting Instructions.

d**.** **Clothing**. Due to extreme temperatures additional cold/hot (change as required) weather clothing must be issued and worn during this tasking.

e. **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.

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[1] *Force Health Protection Instruction: Return to the Workplace in a COVID-19 Environment*
[2] The heat illness and cold injury templates on DMICP are to be used for case reporting.
[3] Complete PJHQ accident report form 510 and forward as directed. In addition, sS accident and incident reporting systems are to be followed.

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

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

f. **Altitude Illness**. There is a risk of altitude illness when travelling to destinations of 2,500 metres (approx. 8,200 feet) or higher. Important risk factors are the altitude gained, rate of ascent and sleeping altitude. Rapid ascent without a period of acclimatisation puts a traveller at higher risk. There are three syndromes: acute mountain sickness (AMS), high-altitude cerebral oedema (HACE) and high-altitude pulmonary oedema (HAPE). HACE and HAPE require immediate descent and medical treatment. Therefore, personnel should spend a few days at an altitude below 3,000m, be aware of the signs and symptoms of the three syndromes and be aware of the important factors.

19. **Prevention of Gastro-enteric Illness.** The most prevalent risk to personal and communal health is from contaminated food and water supplies. This has the potential to significantly impact operational effectiveness if robust force health protection measures are not in place. All food and water to be sourced 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 disease control), at all times. All gastro-intestinal outbreaks (2 or more cases, with same source) are to be reported to LOC SO2 Med Ops.

20. **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.

21. **Prevention of Contact/Sexually Transmitted Infections**. HIV and other blood borne diseases are prevalent. You should avoid exposure to blood and other body fluids, but where exposure is unavoidable personnel are to use whatever protective measures that are available to them. Sexually transmitted infections such as Chlamydia, Gonorrhoea, and Syphilis are also present 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.

22. **Airborne Disease**. Basic preventative measures for airborne diseases should include refraining from sharing confined accommodation and reporting sick immediately should symptoms appear amongst deployed personnel.

a. **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 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. Preventive measures should include self-isolation when unwell, avoiding individuals who are unwell, avoiding where possible enclosed, crowded locations, and maintaining good hand hygiene.

23**. 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 and this is a chain of command responsibility where avoidance remains the key protection measure. There are numerous mammals in Winter Sports Europe with the potential to cause harm to humans either from direct confrontations resulting in bites, stings, scratches, etc or as a collision hazard when driving at night. All personnel must exercise extreme vigilance and avoidance of feral, wild and venomous animals at all times. Anyone who suffers a bite, sting or scratch will require an immediate medical risk assessment to determine if treatment or follow up is required. The Duty holder must identify a medical treatment facility with Rabies post exposure treatment (PET).

24**. Stress Related Illness.** Preventative measures and monitoring of personnel with regard to stress related disorders are to be conducted in accordance with JSP 950 leaflet 2_7_1. These are to include:

a. Pre-deployment briefings, with the specific aim of advising commanders at all levels on how to identify and manage Combat Stress Reaction, Combat Stress Disorder and Post Traumatic Stress Disorder.

b. Briefing at end of tour, which should include all aspects of post-traumatic stress that may manifest after return, and how this may be managed. 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/family member, CofC, UWO, AWS, Padre, Unit TRiM Practitioner, and GP/Unit MO.

27. **Air quality.** Some groups are especially vulnerable to problems caused by polluted air. These include children, the elderly and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis or asthma. The chemicals in polluted air can lead to acute effects, affecting the lungs resulting in wheezing, coughing, shortness of breath and even pain. Polluted air can also irritate the eyes, nose, and may interfere with the immune system function. The risk from long term (chronic) health effects is low if the exposure time is low (less than 12 months). Limiting exposure to polluted air is the best way to avoid these problems. When air quality is poor, it is advisable to avoid outdoor physical activities. While inside, keep doors and windows closed, and use an air conditioner on ‘recirculate' if possible.

28. All deploying personnel with a history of asthma or other respiratory conditions should seek medical advice prior to the deployment. It is strongly recommended that good administrative / procedural control measures are put in place (e.g. reducing exposure time during peak pollution periods / spending less time outdoors where possible, frequent staff rotation, use of shemaghs to minimise exposure to dust, etc) to reduce harm to vulnerable personnel.

29. **Biosecurity.** Bio-security is the prevention of the introduction of plant pests, animal pests and diseases, and zoonoses, the introduction and release of genetically modified organisms (GMOs) and their products, and the introduction and management of invasive alien species and genotypes through the importation of vehicles, equipment or other materiel to the UK or other nation. Failure to undertake biosecurity measures could have significant economic, reputational and political outcomes to the MOD if held liable. Therefore, vehicles, equipment and other materiel must be thoroughly cleaned, disinfected and fumigated prior to leaving country and before importation into the UK or a third nation. **As a minimum all vehicles and equipment are to be thoroughly cleaned and free from soil, dirt and impurities prior to embarkation back to UK (from a risk area) or prior to crossing any international border**. **All vehicles are to be treated with an approved disinfectant.** The reimportation of vehicles, equipment and other materiel must be certified iaw JSP 800 and HN policy. The cleaning, disinfecting and fumigation products used must be approved by DEFRA. Movement of vehicles, equipment and other material is a logistics lead, however, specialist advice on biosecurity should be sought from either the Competent Medical Authority (Environmental Health), Formation EH or HQ Army SHA Dept, SO1 Environmental Health.

30. **Road Traffic Collisions and High-Risk Activities** need to be highlighted so that only Mil approved blood transfusion can be used. Local road conditions and untrained erratic local drivers mean there is a threat of an RTC in country. Defensive driving is to be practised and travelling during peak periods and after dark should be minimised as far as possible. The wearing of seatbelts is mandatory. All vehicles should have a first aid pack as per CES and drivers must be aware of CASEVAC procedures. If you are a first attender at a RTC you may be at risk from a blood borne virus. Local theatre policy will include actions on and any PPE requirements to be carried on person or in vehicles, this should apply equally to both green and white fleet vehicles.

31. **Disease Outbreak Reporting.** To ensure that the required support is provided from HQ Fd Army any disease outbreak (2 or more cases, with same source or linked by time or symptoms) or any case of concern/importance must be reported to LOC SO2 Med Ops.

POST DEPLOYMENT

32. **COVID-19 - Returning to the UK from overseas travel**. Current legislation requires mandatory self-isolation at a self-specified location for 10 days and a mandatory collection of information. All international travellers (except those from exempt countries) must possess a notification of a negative COVID-19 test result before departure and self-isolate for 10 days from arrival. Although the MOD can apply for exemption this can only be approved at senior levels (2* level but may be delegated to 1* level). Self-isolation should be in one location (family home, Service Accommodation or another suitable location) and the Unit CoC must ensure that welfare provisions are provided to all SP. This is to include separate ablutions and feeding facilities from all other SP if quarantined on camp. Individuals who develop symptoms of fever, cough or shortness of breath within 10 days of return to the UK should continue to self-isolate (stay indoors and attempt to remain 2m

away from household members), phone NHS111 for assessment and inform their line manager or medical centre. A test should be taken at the earliest opportunity.

33. Further guidance on military personnel returning from deployment will be publish throughout the year. Quarantine requirements for specified countries/regions may change, details for returning travellers can be found at HMG Travel Advice. Further advice for Defence travellers may be found in Defence Advice Note 18: COVID-19 Health Measures at the Border and Effects on Delivering Defence Tasks (Defence Advice Notes) this includes potential exemption from quarantine process for ‘essential Defence activity’.

34. National, Defence and Army direction may change between the FHPI being issued and the deployment or return. Commanders must keep up to date with changes in UK and relevant partner nation regulations. Advice can be sought via HN websites, the relevant G3/J3 cell or via Fmn EH if required (note COVID advice is subject to change so check with Fmn EH).

35. **Medical Post Activity Report**. The Commander’s Post Activity Report should include, where required, any medical points of concern and details of any areas of best practice. Medical formation staff must ensure that they see sight of this post activity report to action any medical concerns and highlight these where necessary to their respective CMA. Details of any best practice must be promulgated across the formations.

36. **Post Deployment Illness**. Upon returning from Winter Sports Europe personnel are advised to seek early medical support (i.e. report sick) if they develop symptoms such as 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. They are to ensure that they inform medical staff that they have returned from Winter Sports Europe.

EMERGENCY CONTACT DETAILS

Ser	Organisation	Contact details
1	Joint Casualty and Compassionate Centre (JCCC)	Tel: 00 44 1452 519951
2	Army Incident Notification Cell	Tel: 00 44 03067 703661
3	The Aeromedical Evacuation Control Centre (AECC)	Working Hours: Tel: 00 44 (0)1993 895300 Mil: 95461 5300 Silent Hours Duty Mobile Tel: 00 44 (0) 7770 648688. Email: Air38Gp-TMWAECC@mod.gov.uk
4	**Ex Controller** and main POC for Ex SH22 SO2 SPARTAN HIKE Maj Ross Anderson	Ross.Anderson166@mod.gov.uk. MODNET: 6UKXX-SPARTAN HIKE-SO2 +44 (0) 7747625571
5	**Ex Director** will be 6UKXX SO1 G7 Lt Col Geoff Brocklehurst	geoffrey.brocklehurst711@mod.gov.uk
6	EU Emergency Services	112

Annex C to
Ex SPARTAN HIKE 22 HSS Plan
Dated 1 Nov 21

Medical Facilities Serre Chevalier

Google medical centres serre chevalier Sign in

Rating

Centre médical Rhône-Azur
2.7 ★★★★★ (3) · Hospital
2 Avenue Adrien Daurelle
+33 826 46 46 55
WEBSITE DIRECTIONS

Serre Chevalier
4.3 ★★★★★ (237) · Ski resort
Vast ski resort made up of 13 villages, with 115 slopes & summer activities such as mountain biking.
Centre commercial, Route de Pr...
+33 4 92 24 98 98
WEBSITE DIRECTIONS

Korian Montjoy
No reviews · Clinic
52A Route de Grenoble
+33 4 92 25 68 00
Open until 18:00
WEBSITE DIRECTIONS

Docteur CUVILLIEZ François Médecin Générali...
5.0 ★★★★★ (3) · General Pra...
Immeuble L'AREA, 3 Route de Bez
+33 4 92 24 71 02
Open until 19:30
WEBSITE DIRECTIONS

Centre Medical de sante Chant'Ours
No reviews · Doctor
+33 4 92 54 62 99
DIRECTIONS

Foundation Edith Seltzer
4.8 ★★★★★ (4) · Public Medi...
118 Route de Grenoble
+33 4 92 25 30 30
Open until 21:00
WEBSITE DIRECTIONS

Varziniak Richard
1.0 ★★★★★ (1) · General Pra...
Centre Cial Prélong
+33 4 92 24 71 37
WEBSITE DIRECTIONS

Hospital Ctr Des Escartons

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Contact Details for Medical Facilities

Facility	Address	Phone Number
Centre médical Rhône-Azur	2 Avenue Adrien Daurelle, 05100 Briançon, France	+33 826 46 46 55
Docteur CUVILLIEZ François Médecin Généraliste	Immeuble L'AREA, 3 Route de Bez, 05240 La Salle-les-Alpes, France	+33 4 92 24 71 02
Korian Montjoy Clinic	52A Route de Grenoble, 05100 Briançon, France	+33 4 92 25 68 00
Centre Medical de sante Chant'Ours	05330 Saint-Chaffrey, France	+33 4 92 54 62 99
Foundation Edith Seltzer	118 Route de Grenoble, 05100 Briançon, France	+33 4 92 25 30 30
Varziniak Richard Clinic	Centre Cial Prélong, 05240 La Salle-les-Alpes, France	+33 4 92 24 71 37
Hospital Ctr Des Escartons	28 Avenue René Froger, 05100 Briançon, France	+33 4 92 20 24 24

Annex D to
Ex SPARTAN HIKE 22 HSS Plan
Dated 1 Nov 21

IMMEDIATE ACTION AIDE MEMOIRE – LE MONETIER LES BAINS RANGE

1. The following summarises the procedures to be carried out in the event of an ammunition incident. Full details are contained in Range Standing Orders and Section 6 to Chapter 1 of Reference A. Both documents are to be followed in conjunction with this Aide Memoire.

2. In the event of an ammunition incident or accident on the range the following procedure is to be implemented immediately:

a. Stop firing / training and clear weapons as necessary.

b. Administer first aid as required.

c. Do not move any weapon involved in the incident unless not doing so would involve increased risk to personnel.

d. **Contact Exercise Control with the following details**:

(1) Where – Name of location or 6 figure grid.

(2) What has happened – Briefly?

(3) When – Time of incident.

(4) How many casualties and type of injury – Male / Female.

(5) Nationality – If not British.

(6) Assistance required – Fire Service, Lifting / Cutting Gear etc.

(7) Who you are – Number, Rank and Name.

(8) Who is in command?

e. Detail an assistant to receive and log all calls and event details.

f. Segregate witnesses and safety staff. No one except the injured are to leave the range.

g. Cordon off the area of the incident, take statements from all involved and make a sketch of the scene to include the positions of all involved.

3. Once Exercise Control has received all details, they will maintain a log of all events, timings and actions taken. They will take the following actions:

a. Task emergency services as required by dialling **112** on any phone (including UK or any other EU mobile phone). The RCO is to check this Number with the local authorities prior to operating the range for the first time.

b. Nominate an ERV to be used.

c. Notify the Exercise Director.

4. If necessary, the Exercise Director will notify:

a. JS EOD Op Centre on 0044 1235 513360 / 2

b. HQ SASC on 0044 1985 222366 / 612.

c. Army Incident Notification Cell on 0044 1980 628458.

d. DAIB(L) on 0044 3067 98 6587 (24hr)