



Medical Branch, Headquarters 1 (UK) Division  
Imphal Barracks, York, YO10 4HD

Telephone: DTN: 94777 2184 Civ: 01904 662184  
Email [1UKXX-CSS-MED-SO1@mod.gov.uk](mailto:1UKXX-CSS-MED-SO1@mod.gov.uk)



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HQ 1 Div SO1 PIPEDOWN

Reference: 1(UK)Div\_Regional\_HSS\_Plans

Copy to:

HQ 102 Log Bde – DCOS  
HQ 102 Log Bde – SO2 Med

Date: 22 Nov 21

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## HSS PLAN – EX PIPEDOWN, 1 (UK )DIV, FRANCE (8-19 JAN 22) COMPETENT MEDICAL AUTHORITY (CMA) HEALTH RISK ASSESSMENT (HRA)

References:

- A. HSSS Plan,1(UK) Div Alpine & Nordic Ski Champs EX PIPEDOWN 2022 dated 1 Sep 21
- B. [ACSO 3215 The Planning of Health Service Support](#). First revise – Mar 21
- C. [ACSO 1200 The Army's Safety and Environmental Management System](#)
- D. [1st \(United Kingdom\) Division Medical Planning Directive \(under review\)](#).
- E. [FRAGO 19/005 Medical Rehearsals](#)
- F. [ACSO 1207 Climatic Injury Prevention](#)

### Introduction

1. Reference A was submitted to the 1(UK) Div Medical Branch for consideration by the Competent Medical Authority (CMA) on 1 Sept 21. Up to 465 SP will deploy to France to take part in Ex PIPEDOWN (Army Alpine and Nordic Qualifying Championship Semi-Final) over the period 8-19 Jan 22.
2. The HSS Plan<sup>1</sup> is intended for use by all deploying personnel. The CMA HRA is intended for the consideration by the Chain of Command, it gives an insight into the Risk and mitigation that should be implemented or considered as part of the Activity Owner's Pre-deployment Conditions Check.
3. The provision of a HSS plan does not remove risk but ensures that potential risks have been considered and appropriate mitigation and management procedures are in place. In accordance with Reference B, the 1 (UK) Div Competent Medical Authority has evaluated the medical risk associated with this deployment and provided a detailed summary report at paragraph 7 below.

### Executive Summary

4. The overall medical and health risk associated with this Exercise is **LOW**<sup>2</sup>. Whilst the likelihood of a serious incident is **LOW**, the potential consequences may be severe if the

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<sup>1</sup> Formally referred to as the Medical Plan.

<sup>2</sup> Medical Risk Descriptors are detailed at Annex F to Reference B.

casualty is not correctly treated and evacuated in an expeditious manner. **Following acceptance of the recommended mitigation included in this report, the Activity Owner must fully reassess the residual risk and seek to manage it in accordance with current Safety Risk Management.**

5. **Safety Risk Management.** In accordance with Ref C, this activity is assessed as being within the Duty of Care (DoC) of the Activity Owner. Should the activity owner assess that this activity does present RtL it should be escalated IAW Ref C.

6. A summary of medical risk, by capability of care<sup>3</sup>, is given at figure 1 below:

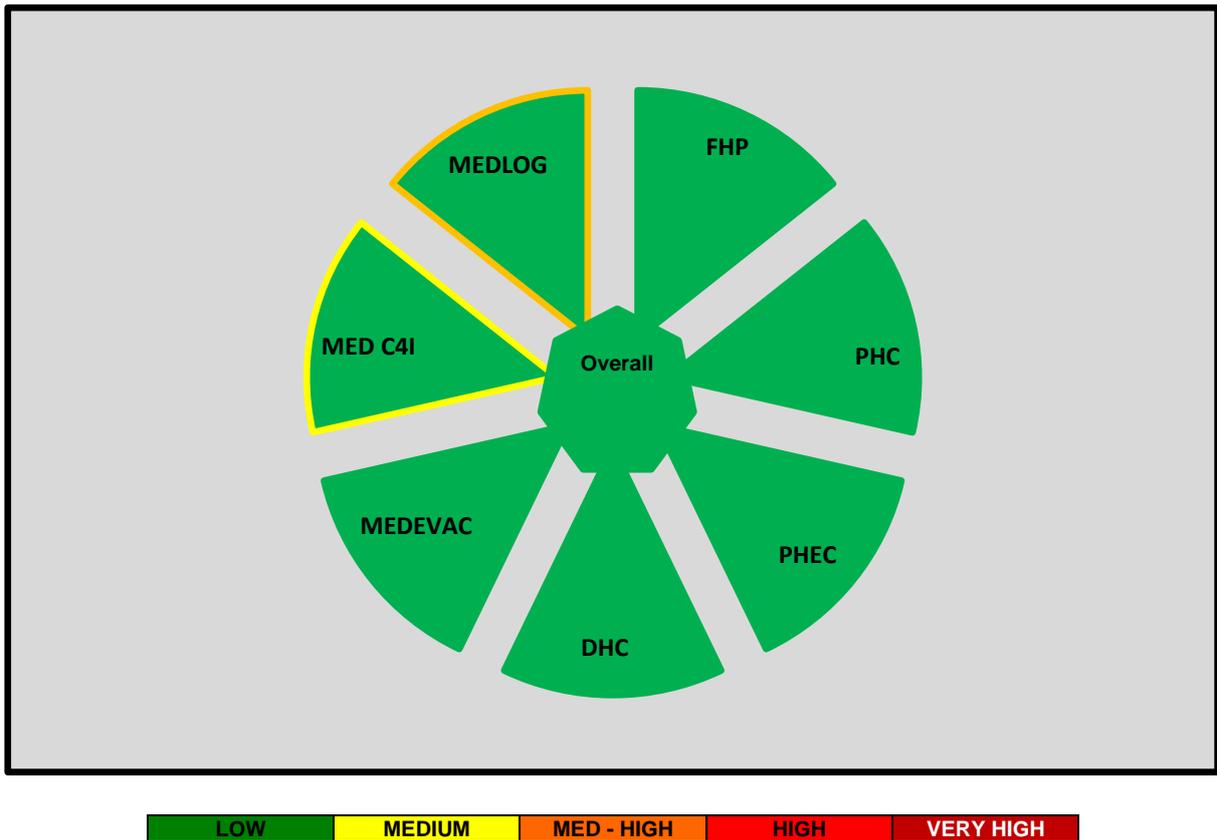


Figure 1: Medical Risk Summary by Capability of Care<sup>4</sup>

### Detailed Medical Risk Assessment

7. Having undertaken a comprehensive evaluation of the HSS Plan, the CMA makes the following observations against each of the 7 capabilities of care, indicating where residual medical risk remains and highlighting areas where additional mitigation may be applied:

Ser	Subject	Observation	Initial Risk	Recommended Mitigation	Residual Risk
1	Force Health Protection (FHP)	<b>General:</b> This HSS plan articulates the risk and mitigations.	Low	Tolerate. Notwithstanding adherence to strict FHP measures, residual risk remains due to the	Low.

<sup>3</sup> Force Health Protection (FHP); Pre-Hospital Emergency Care (PHEC); Deployed Hospital Care (DHC); Primary Healthcare (PHC); Medical Logistics (MEDLOG); and Medical Command, Control, Communications, Computers and Information (Med C4I).

<sup>4</sup> Low, Medium, Medium-High, High, Very High – As defined at Annex F of Ref B.

				nature of the activity and threats to health in the local operating environment.  Provided the unit make every effort to comply with Joint and Army FHP policy, CMA assesses the risk to be tolerable.	
		<b>Climatic:</b> The HSS plan articulates the risk and mitigations well.	<b>Med-Low</b>	<b>Treat.</b> The HSS plan articulates the risk and mitigations but references incorrect policy.	<b>Low.</b>
		<b>Novel Coronavirus (COVID 19):</b> The HSS plan covers appropriate mitigations for COVID 19.	<b>Med</b>	<b>Treat.</b> The HSS plan identifies actions to take in the event of a COVID 19 case. It also covers appropriate mitigations.  <b>SP should ensure they carry their COVID vaccination passport.</b>  <b>There is a residual risk to this activity due to the nature of the disease.</b>	<b>Low.</b>
2	Primary Health Care (PHC)  (Including Dental Care)	<b>PHC:</b> delivered through HN facilities. Named facilities in the HSS plan are not formally ISOS registered and have not been subjected to Mil Med assurance but can be reasonably assumed to be of a UK Equivalent standard.  1 x Mil Physio with 353 (Fwd Rehab Team) module to deliver low level PHC advice and interventions through the AT period.	<b>Low</b>	<b>Tolerate.</b>  <b>ISOS dated 14 Jul 21:</b> The standard of medical care in France is high and of an appropriate standard. The largest tertiary-care hospitals are in Paris and other large cities. There is a private medical system in France, but public hospitals are usually better equipped to handle emergencies and major cases. Most public facilities have emergency departments, while private hospitals sometimes do not.  <b>The CMA recommends that the Activity Owner manages the residual risk iaw Safety Risk Management.</b>	<b>Low.</b>
		<b>Dental:</b> no Mil dental provision, all SP to deploy dentally fit – use of HN Dental for emergency or Evac to UK within 3 days.	<b>Low.</b>	<b>Tolerate.</b>  <b>ISOS dated 14 Jul 21</b> The standard of dental care in France is high and of an appropriate standard.	<b>Low.</b>
3	Pre-Hospital Emergency Care (PHEC)  (First Aid)	<b>Enhanced First Aid:</b> MATT 3 care within 10 mins of injury/illness	<b>Low.</b>	<b>Tolerate.</b>	<b>Low.</b>
		<b>Enhanced Field Care:</b> delivered by HN MEDEVAC capabilities which can be reasonably assumed to be of a UK equivalent standard.	<b>Low.</b>	<b>Tolerate.</b>  <b>ISOS dated 14 Jul 21</b> The French public emergency ambulances are very efficient. Mobile intensive care services and doctor and nurse escorts are provided.	<b>Low.</b>
		<b>Transit to hospital care/ Prolonged Field Care:</b> it is anticipated it will take c.65 mins from Pol to Hosp; 10 mins immediate response, 40 mins evac from slopes, 15 mins drive to HN Hosp	<b>Low.</b>	<b>Tolerate.</b> The assessed medical timelines are to be confirmed during rehearsals as outline in Ref E.  <b>The CMA recommends that the Activity Owner manages the residual risk iaw Safety Risk Management.</b>	<b>Low.</b>

4	Hospital Care (HC) (Surgical Stabilisation)	Delivered by HN capabilities. Appropriate facility will be directed by HN ambulance service based on injuries, priority and Hosp capabilities. All HC named in the plan are expected to deliver care to a UK equivalent standard.	Low.	Tolerate.  ISOS dated 14 Jul 21 The standard of medical care in France is high and of an appropriate standard. The largest tertiary-care hospitals are in Paris and other large cities. There is a private medical system in France, but public hospitals are usually better equipped to handle emergencies and major cases. Most public facilities have emergency departments, while private hospitals sometimes do not.  The CMA recommends that the Activity Owner manages the residual risk iaw Safety Risk Management.	Low.
5	Medical Evacuation (Tactical and Strategic)	Fwd MEDEVAC: delivered by HN ambulance service. It can be reasonably assumed to be of a UK equivalent standard.	Low.	Tolerate.  ISOS dated 14 Jul 21 The French public emergency ambulances are very efficient. Mobile intensive care services and doctor and nurse escorts are provided.  The CMA recommends that the Activity Owner manages the residual risk iaw Safety Risk Management.	Low.
		Tac MEDEVAC: NA STRAT AE: delivered by AECC with correct details in the HSS plan.		Tolerate.	Low.
6	MED C4I (Medical Command, Control, Comms, Computers & Information)	Comms: P- triband mobiles A- 2-way PTT radios  Mobile comms is expected to provide constant communications. PTT radios provide backup due to altitude and relatively remote nature of activity locns.	Low.	Tolerate.  The CMA directs that regular comms checks are conducted.	Low.
		Medical C2: It is the responsibility of the Team Captain to evacuate non-urgent cases, in consultation with AECC, and coordinate this through the Ex Administrative Officer	Low.	Tolerate.	Low.
	Telemedicine: NA				
	Translators: Should a translator be required it will be requested through the tourist information office on resort and the team captain will be the liaison officer as required.	Low.	Tolerate.	Low.	
Med G8 / insurance / MOU: payment for any medical care will be	Low.	Tolerate.	Low.		

		achieved through EHIC/GHIC and personal insurance.			
		<b>Med records:</b> Team Captains are to ensure that they capture all patient healthcare records from HN providers. HN Healthcare records entries must be either scanned or summarised to the DMICP Integrated Healthcare Record upon RTU. Copies of any diagnostic imagery must be requested from the HN MTF prior to discharged	Med.	Tolerate.	Med.
7	Medical Logistics  (Medical Modules, blood)	<b>Medical Modules:</b> Only modules to deploy will be 353 module appropriate to deployed clinical capabilities.	Low.	Tolerate	Low.
		<b>Medicines Management:</b> NA			
		<b>Blood:</b> HN blood to be used should it be required.	Med-High.	<b>Tolerate.</b> ISOS dated 14 Jul 21 Blood supplies in France are considered safe and are screened according to international standards.  Where blood products are transfused advice can be sought from CD Path.	Med-High.
		<b>Clinical Waste:</b> no mention in the HSS plan although it is noted that there will be limited clinical waste produced from provided modules.	Med.	<b>Treat.</b> Used items from first aid kits and 353 module are to be disposed of appropriately.	Low.

8. Any significant changes to the HSS Plan arising from changes to existing planning assumptions or events encompassed in the list below, must be notified to Medical Branch HQ 1 (UK) Div and be accepted by the Activity Owner.

- a. FMed 85 Notification of Infectious Diseases.
- b. Heat or Cold Injuries.
- c. Significant Medical Logistic issues or equipment failures.
- d. Incidences concerning controlled or accountable drugs.

9. The timely reporting of confirmed and suspected cases of communicable disease cases is essential for the effective investigation and control of outbreaks. Notification is to take place at the time of provisional diagnosis, followed by confirmation or de-notification,

as appropriate. The FMed 85<sup>5</sup> (Notification of Infectious Disease) is to be used to notify cases of infectious diseases. This form lists all the UK notifiable diseases, as well as those that are significant for the AF. The single point of contact for FMed 85 notification is:

- a. SO2 Health Protection. [SG-DMed-Med-DPHU-FMed85@mod.uk](mailto:SG-DMed-Med-DPHU-FMed85@mod.uk) DPHU. DMS (W): Mil - 94422 4117 Civ - 01543 434117 Mob – 07919545009.

10. If further advice or assistance is required, please do not hesitate to contact the undersigned.

11. **HSS Plan Rehearsals.** In accordance with Ref E all deployments are to conduct day and night medical rehearsals prior to the commencement of activity. Changes to the HSS Plan are to be endorsed by the appropriate Activity Owner and assured by CMA as appropriate.

*(Signed on MODNET)*

R Deane MC  
Lt Col  
SO1 Med  
for CMA

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<sup>5</sup> [JSP 950 Leaflet 7-2-2 - Communicable Disease Control, Surveillance and Advice in the Armed Forces v2.1 dated Jul 16](#)



Date: 08/10/21

## **MEDICAL PLAN: 1(UK) DIV ALPINE AND NORDIC SKI CHAMPIONSHIPS EX PIPEDOWN 2022**

### References:

- A. [ACSO No 1207 – Climatic Injury Prevention.](#)
- B. [ACSO No 3215 - The Planning of Health Service Support – \(First Revise Mar 21\).](#)
- C. [1<sup>st</sup> \(United Kingdom\) Division Medical Planning Directive.](#)
- D. [2021DIN10-016: Army Alpine, Nordic and Snowboard Exercises 2022](#)
- E. [2021DIN10-013: Army European Winter Activity Instruction 2021/22](#)
- F. [JSP 375, Chapter 42, Annex E, A Commander's Guide to Cold Injury Prevention V1.0.](#)
- G. [JSP 375, Chapter 42, Annex F, An Individual's Guide to Cold Injury Prevention V1.0.](#)
- H. [Generic Force Health Protection Instruction \(France\).](#)

1. **Overview.** Exercise PIPEDOWN 22 (Ex PDN 22) is the 57th Army Alpine and Nordic Qualifying Championship Semi-Final and will be held in Les Contamines, Montjoie, France from 08 – 19 Jan 22. Ex PDN 22 will be delivered by GOC 1 (UK) Div and is currently an enduring annual task. It delivers physically and mentally demanding and varied Alpine and Nordic race programmes for teams and competitors to test their physical fitness, stamina, determination, endeavour, courage and leadership in a safe competitive environment.

2. **Main threats to Health.** The overall health threat level is assessed to be **LOW-MEDIUM**, due to the standard of medical treatment facilities and medical support available in France- which is expected to meet or exceed UK NHS standards. The principal risks are Muscular- Skeletal Injuries (MSKI), DBNI/climatic injury and trauma resulting from sporting incidents. Whilst the overall likelihood of a serious incident is low, the potential consequences may be severe if the casualty is not correctly treated and evacuated in an expeditious manner. The potential for Road Traffic Accidents (RTA) will be heightened by conditions of roads during the winter season and suitability of vehicles to match this terrain. Road moves at night are to be minimised, unless in the event of a medical emergency. Though the residual risk remains due to threats to the nature of activity and health in the local environment adherence to strict FHP measures will have reduced this to a level that is low as is reasonably practicable (ALARP) and IAW Annex A to this document. The [Generic Force Health Protection Instruction \(France\)](#), Ref H, must be read in conjunction with the Medical Directive/Medical Plan.

3. **Ground.** Les Contamines is situated at 1200m in the Montjoie region of the French Alps approximately 32km SW of Chamonix and 1 hour from Geneva by road. Geneva is the closest airport to Les Contamines and will be the preferred choice for all individuals arriving by air. The Ex

Delivery Team will deploy by road from Grantham to Les Contamines in a small fleet of vehicles that are also used to transport personnel whilst in France<sup>6</sup>.

4. **Population at Risk (PAR).** The PAR will be circa 440 personnel. All personnel will be co-located IVO of Les Contamines and throughout the duration of the Ex. It will not be possible to provide a nominal roll as participants are coming from Regiments and Units across the Army and will change at short notice. There are 2 x civilian officials.

5. **Climate summary.** The weather in the French Alps can vary both up and down the mountain chain. The terrain is typically mountainous, with elevation ranging from between 800 – 4000 metres. For Les Contamines, the coldest month of the year is January. Table 1 below details expected monthly averages over the deployment period.

MONTH	Mean Daily Minimum temperature(c)	Mean Daily Maximum temperature (c)	Mean Total Rainfall	Mean number of rain days	Average humidity %
January	-7.0	2.4	440.7	7	90

Table 1. January Climate in the Alps

## AIM

6. 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 PIPEDOWN 22 participating personnel during the exercise period 04-19 Jan 22.

## OUTLINE SCHEME OF MANOEUVRE

7. The Ex will be divided into 4 phases:

a. **Phase 1: Advance/Rear Party.** RLS Advance Party will depart from Grantham at 1300hrs on Tue 04 Jan 22, overnight at Sir John Moore Barracks, Shorncliffe, Folkestone, CT20 3HJ, cross to Calais the following morning before continuing to Les Contamines. They will arrive in Les Contamines NLT Wed 05 Jan 22.

b. **Phase 2: Main Body.** RLS Main Body will depart from Grantham at 1300hrs on Wed 05 Jan 22, will overnight at 1 RGR, Sir John Moore Barracks, Shorncliffe, Folkestone, CT20 3HJ, cross to Calais the following morning before continuing to Les Contamines. They will arrive in Les Contamines late afternoon, early evening on Thu 06 Jan 22. All non-102 Log Bde Main Body personnel are to report to HQ 102 Log Bde NLT 1000hrs on Wed 05 Jan 22.

c. **Phase 3: Recovery A.** RLS Main Body will depart Les Contamines on Tue 18 Jan 22 at 0700hrs. All Main Body personnel should plan to be back in Grantham late the same day. Other travel arrangements. A list of personnel travelling to/from Les Contamines under other arrangements is at Annex B, Appx 1. All personnel flying from Geneva will be collected on arrival.

d. **Phase 4: Recovery B.** Rear Party will depart Ex loc on Wed 19 Jan 22 at 0700hrs. All Rear Party personnel should plan to be back in Grantham late the same day.

8. **Medical laydown.** 1x Physiotherapist will deploy for the duration of this Ex. Individuals will also be equipped with bespoke first aid kits and heightened awareness of DBNI threat and preventive measures will reduce the requirement for PHC referral.

<sup>6</sup> HNMS are provided by the resort which will respond to all medical emergencies that may occur during the Ex.

9. **Medical Treatment Eligibility.** All SP will be classed as 'On Duty' for the duration of Ex PIPEDOWN 22 and a complete nominal roll of deploying personnel will be published on individual Unit Part One Orders.

## COVID-19 PRECAUTIONS

10. As at 04 Oct 21, France is not on the UK Government 'Red List'. IAW [DAN 18](#) and French Government guidelines, the following COVID-19 precautions are planned but subject to 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 Governments Website](#).
- c. If any personnel develop coronavirus symptoms while deployed then they must take a test and if positive self-isolate in accommodation in line with HN guidelines.
- e. France is not on the UK Governments 'Red List' and all double vaccinated personnel returning to the UK are not required to take a PCR test but must prove they have booked a day-2 PCR test and completed a [Passenger Locator Form](#).
- f. All personnel are to be in possession of a valid in date NHS COVID -19 Vaccination Pass in hard copy and downloaded on a personal mobile phone.

## FORCE HEALTH PROTECTION (FHP)

11. FHP is arguably the most important element of the medical plan. Get FHP right and the rate of Disease and Non-Battle Injuries (DNBI) and training accidents should be at a minimum – consequently the need for the PHC, PHEC, MEDEVAC and DHC should be significantly reduced. The FHP paragraphs are divided into 3 sections – pre-deployment FHP (medical preparation), deployed FHP and post deployment FHP. The DDH will need to confirm as part of the conditions check that pre-deployment FHP has been completed.

## PRE-DEPLOYMENT FHP – MEDICAL PREPARATION

12. **Pre-deployment Health Brief.** All deploying personnel are to receive a mandatory pre-deployment health brief on the health risks and associated hygiene issues associated with the deployed location. Units must contact the 1 (UK) Div EHT at least 4 weeks prior to the deployment to ensure that an assured and current briefing package can be produced and delivered during the ARB (contact 94 777 5059. **Treat.** The admin party of 35 personnel come from a range of Regular and Reserve units. It is not possible to get all personnel together to centrally deliver the FHPB, but due to the relatively low risk nature of the activity it is acceptable for a copy of the brief to be sent to each person at least a week prior to deploying. This will give them time to read the FHPB and ask any questions before deploying.

13. **Medical Employment Standards.** All personnel who are not Medically Fully Deployable (MFD) must receive a Deployment Medical Risk Assessment (DMRA) prior to deployment, iaw [AGAs Vol 2, Chap 78, Army Medical Employment Policy PULHHEEMS Administrative Pamphlet \(dated May 2019\)](#). Medically Non – Deployable (MND) personnel must not deploy. All those who have suffered from previous NFCI's are to seek medical advice, prior to deploying. All personnel are to ensure that they are dentally fit prior to deployment (NATO Dental Cat 1). [2019DIN01-079 – Medical Preparation for Reservists Deploying Overseas](#) provides specific detail regarding the medical preparation of Reserve personnel deploying overseas.

#### 14. **Payment for Medical Provision.**

a. **European Health Insurance Card (EHIC)/Global Health Insurance Card (GHIC).** All personnel are to be in possession of an in date EHIC/GHIC which should be used in the first instance – the EHIC is not an alternative to travel insurance – for example it will not cover private medical healthcare. The cost of treatment will be reduced by using the EHIC system: any other costs are to be covered by the individual's insurance cover or settled by the Ex OIC. All medical bills must be settled prior to departing the Ex area.

b. **Additional Insurance and Indemnity.** No competitor will be permitted to compete without providing a certificate of third party and medical repatriation insurance to cover inclusive dates of all races entered, which must specifically mention participation in competitive races, as detailed in 2019DIN07-089 para. 11. All participants are to hold their own personal insurance. This will enable them to undertake "off-duty" recreational winter sports activities outside of the Ex activity (e.g. recreational skiing): and for which such activities may not be covered by MOD liability in accordance with [JSP 419 – Adventurous Training in the UK Armed Forces](#). It is to include 3<sup>rd</sup> party liability insurance to cover such areas as personal liability, injury or loss of, or damage to property.

15. **Vaccinations. Vaccinations.** All personnel are to be up to date for routine service vaccinations in accordance with extant immunisations and vaccination policy in accordance with [JSP 950 Leaflet 7-1-1 – Immunological Protection of Entitled Personnel v2 dated July 18.](#)

16. **Climatic Illness / Injury guides.** Personnel are to deploy with copies of [JSP 375, Chapter 42, Annex E, A Commander's Guide to Cold Injury Prevention V1.0](#) and [JSP 375, Chapter 42, Annex F, An Individual's Guide to Cold Injury Prevention V1.0.](#)

#### **DEPLOYED FHP**

17. **Overview.** Advice regarding the gathering of medical info or medical intelligence is detailed in [2016DIN06-009 Informing Force Health Protection and Health risk Management Through the Use of medical Information and Medical Intelligence](#). The FHP Risk Table for Exercise PIPEDOWN 2022 is at Annex B<sup>7</sup>. This lists the main health risks and their mitigation. The principal risks are associated with operating in a cold climatic environment, MSK injuries and gastro-intestinal infection.

18. **Climate.** Personnel must be aware of the risks and take the necessary precautions to prevent climatic illness/injury. JSP 539 provides detailed guidance, whilst the Commanders and Individuals Climatic illness/injury guides are useful pocket/TAM sized guides. The OIC must be conversant with the requirements of JSP 539 and is responsible for conducting dynamic risk assessments throughout the deployment IOT minimise incidents of cold weather injuries and ensure that sufficient acclimatisation has taken place. All personnel are to deploy with robust civilian cold weather clothing and ensure that sun cream (at least SPF 30) is applied frequently when exposed to the sun.

19. **Biting vector disease prevention.** Detailed Guidance regarding the prevention of biting vector diseases is contained within the [HQ 1 \(UK\) Div Directive: Disease Spread by Biting Insects](#). This Directive, and references contained within must be consulted and adhered to, in order to ensure that the risks associated with biting vectors are reduced to a level that is as low as reasonably practicable (ALARP).

20. **Accommodation/Feeding/Water.** All personnel will be accommodated in a mixture of hotel/hostel and self-catering apartments. Though food hygiene standards have not been determined, all accommodation is considered of reasonable quality, providing basic, clean facilities and adequate food hygiene standards. It is assessed that personnel are at low risk of food borne

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<sup>7</sup> [JTTP 4.10.1 Force Health Protection and Health Risk Management dated 30 Mar 17.](#)

disease, particularly if dining in the approved hostels/hotels/restaurants. Consumption of raw, uncooked meats are to be avoided. Piped water is considered safe, can be consumed for hydration, teeth cleaning, showering and shaving.

21. **Personal hygiene.** Maintaining high standards of personal hygiene is an essential component of disease prevention, particularly gastro-intestinal disease and skin infections:

- a. **Hand Washing.** Effective hand-washing must be practised before all meals and after visiting the toilet as it is the single most effective measure to prevent gastrointestinal disease.
- b. **Showering facilities.** Maintaining personal cleanliness will not be hindered during the Ex and due to the accessibility to showering facilities.
- c. **Laundry.** Accommodation is expected to offer laundering services.

22. **Sanitation / refuse disposal.** Sanitation and refuse disposal will be provided in each chalet as part of the host nation support and is considered on par with normal standards.

23. **Communicable Disease Plan.** To prevent the spread of communicable diseases, provision must be made to isolate personnel ASAP, through using separate accommodation facilities and reporting of symptoms early. If personnel continue to deteriorate or worsen, they should report to the nearest HN Medical Treatment Facility and for further assessment.

24. **Prevention of RTC.** Teams are expected to deploy under unit transport arrangements and for which transport will remain employed in location throughout the course of the Ex. Once in location, all movement to and from activity areas are to be under the direction of the respective Team Captain. Road moves at night are to be minimised, unless in the event of a medical emergency. Drivers hours are to be adhered to.

25. **Biosecurity.** Biosecurity involves the introduction of a series of measures to protect against the entry and spread of pests and diseases (particularly from one country to another). Applications to transit to or through France must be accompanied by a Vet Cert. The certificate has a 30-Day validity for one way/return move and will be completed for all vehicles.

## **POST-DEPLOYMENT FHP**

26. Post-deployment responsibilities must not be forgotten on return from the deployment. Such responsibilities are:

- a. **PXR.** A medical PXR will not be required as only a physiotherapist is being deployed.
- b. **EH Post Activity Report.** ACSO 3215 directs that for any activity overseas a separate EH post activity report should be completed and sent to formation EH staff. An EH template is included at [Appendix 2 to Annex B of ACSO 3215](#).

## **PRIMARY HEALTHCARE (PHC)**

27. **Primary Health Care (PHC).** The Ex will rely on HN civilian services for PHC. Therefore, sick parades and the convenience of on-site PHC will not be available. For non-emergencies white fleet vehicles are to be used for the onward movement of DBNI casualties to the nearest HN Medical Treatment Facility. The Expedition will have a Physiotherapist present at all races and available for appointments after races. Key HN medical facilities/contact details are as follows:

### **FRANCE:**

**Sallanches (R3)** HN Hospital. A&E + X-Ray capability, operating theatre. Open daily 6.45 am to 9pm. No imaging capability or trauma doctors on call for weekends. Address: 380 Rue de L'Hospital, 74700. Tel + 33 4 50 47 30 30.

**Chamonix (R3)** Mont –Blanc Hospital. Address: 509 Route Des Pelerins, 74400 Chamonix-Mont-Blanc. Tel: + 33 4 50 53 84 00

**Les Contamines Medical Centre (R1).** GP consultation (**no X-ray**), 0800-1900hrs daily. 61 Chemin des drets, 74710 Les contamines. Tel: + 33 (9) 818 81 50 64.

**Les Contamines Physiotherapist.** (Cathering Dourric) 516 Routes Des Moranches, 74170, Les Contamines. +33 (0)4 5047 04 19.

**Saint-Gervais Les Bains Med centre (R1).** GP consultation (X-ray). 24hrs Mon-Fri. 9am-12pm Saturday. Closed Sunday. 201 Avenue De Miage, 74170 Saint Gervais Les Bains. Tel: + 334 50 93 51 78

**Les Contamines Chemist.** Open daily (0830-1230pm, 2:30-1930pm). Closed Sundays. 241 Route De Notre-Dame de la Gorge, 74170 Les Contamines. Tel: + 33 (0)4 50 47 020 28.

**Resort Ski Patrol.** Rescuers hold O2 therapy backpack, defibrillator, immobilisation board/ splints and cervical collar. **Tel: +33 (0) 450 90 80 58.**

28. **Dental.** All personnel should deploy dentally fit, if emergency dental care is required it will be provided by the host nation dental centre.

## PRE-HOSPITAL EMERGENCY CARE (PHEC)

29. Contact HN emergency services on 112 (dial on UK or EU mobile). MATT3 delivered buddy-buddy immediate first aid at the Point of Injury (POI) and until the arrival of HN medical care. Thereafter, immediate response, enhanced field care and skilled resuscitation will be delivered by the ski resort patrol rescuers (SPR) and HN blue light emergency services. **10-1hr** clinical timelines will be achieved.

30. **Basic Principles.** Following trauma the 10, 1, 2<sup>8</sup> clinical timelines are used to plan medical support:

a. **Point of Wounding.** In the unlikely event of a serious casualty, immediate life saving measures will be provided by buddy-buddy first aid to a MATT 3 standard.

b. **1 Hour from wounding.** Skilled resuscitation is highly likely to be delivered within the clinical timeline. This care will be provided by Dedicated Resort SPRs (Ski Patrol Rescuers). In coordination with race officer, SECMH emergency central directs medical rescue (i.e. ambulance or RW CASEVAC). Intervention and triage: **10 mins.** Evacuation off slope to aid post/RV circa **40 mins.** HN AMB Evac to St Gervais les Bains circa **14 mins.**

## HOSPITAL CARE

31. There is no UK deployed hospital care. The nearest HN delivered secondary healthcare is located in Sallanches and Chamonix. Sallanches Hospital has no imaging capability or trauma doctors on call at weekends. Whilst not independently assured, it is reasonable to assume that these hospitals will deliver safe and effective care. Facility contact numbers can be found at paragraph 33 to this document.

32. **Medical Scheme of Manoeuvre.** A schematic describing the casualty evacuation chain from the Point of Injury/Illness to Hospital Care is at Annex C.

## MEDICAL EVACUATION

33. **Fwd MEDEVAC.** Evacuation to HN hospitals will be delivered by HN emergency services i.e. Search and rescue (SAR) or National Mountain Police (PGHM), by air or ground means. Validation or credentials with regards to clinical currency/competency of HN emergency medical responders cannot be confirmed – but is expected to meet UK standards.

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<sup>8</sup> [Allied Joint Publication 4.10 \(B\) Allied Doctrine for Medical Support, AFM Sustainment.](#)

34. **Strategic Aeromedical Evacuation (Strat AE).** If access to the AE service is required then Aeromedical Evacuation Control Centre (AECC) are to be contacted directly. It is essential that [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 including how to raise a Patient Movement Request (PMR).

- a. **AECC Contact Details** - Routine Contact (0800 – 1700 hrs UK Time) – +44 (0)1993 895300 or 95461 5300, Out of Hours (1700 – 0800 hrs UK Time) – Mobile +44 (0)7770 648688, Email address – [Air38Gp-TMWAEECC@mod.gov.uk](mailto:Air38Gp-TMWAEECC@mod.gov.uk).

35. **ROCC Drill.** On the night of registration a ROCC Drill will be conducted to rehearse the requirement for all types of medical evacuations.

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

36. **Accountability:**

- a. CGS retains **FULL COMMAND** of all personnel deployed on this exercise.
- b. GOC 1(UK) Div is **OPCOM** and the **ODH**.
- c. COs of participating teams/individuals are the relevant **DoC Activity Risk Owners**.
- d. **CMA** is SO1 Med 1(UK) Div.
- e. **Ex Controller and Main POC for Ex PIPEDOWN 22.** Ex Controller for Ex PIPEDOWN 22 is Lt Col RRT Eve [Richard.eve185@mod.gov.uk](mailto:Richard.eve185@mod.gov.uk).

37. **Communication.** Initiation of the medical response will be led by either team Captains or Race Slope OICs. The Race Office is to be informed throughout of all medical emergency responses requested. Personnel will use a triband mobile phone as the primary means of communication for medical correspondence. Although mobile phone connectivity in France is expected to be reliable, due to altitude, a secondary means of communication will be provided to the race OIC in the form of 2-way handheld radios which link in back to the Race Office. All medical phone numbers are to be pre-loaded into the phones. Phone numbers are listed in Table 2 below:

Serial	Contact	Phone Number
1	HN Emergency Medical Services	112
2	Sallanches Hospital	+33 (0) 450 47 30 30
3	Chamonix-Mont Hospital	+33 (0) 450 53 84 00
4	AECC	+44 01993 895300/07770648688
5	Ski Resort Office	+33 (0) 450 90 90 58
6	Chemist Les Sallanches	+33 (0) 450 58 45 45
7	Chemist Les Contamines	+33 (0) 450 50 47 02 028
8	SO1 Med 1 (UK) Div	+44 01904 662011

Table 2: Emergency Contacts.

38. **Medical Command.** It is the responsibility of the Team Captain to evacuate non-urgent cases, in consultation with AECC, and coordinate this through the Ex Administrative Officer.

39. **Translators / Liaison Officers.** Should a translator be required it will be requested through the tourist information office on resort and the team captain will be the liaison officer as required.

40. **Capturing patient medical records.** Team Captains are to ensure that they capture all patient healthcare records from HN providers. HN Healthcare records entries must be either

scanned or summarised to the DMICP Integrated Healthcare Record upon RTU. Copies of any diagnostic imagery must be requested from the HN MTF prior to discharged.

41. **Briefing.** All team Captains will be given a copy of the Medical Plan at registration and informed it will be their responsibility to brief their team of its content. They are also to ensure a copy of the medical plan is always made available to their team . A casualty ROC drill is to be conducted on the biathlon range prior for all Nordic personnel prior to any live firing to ensure all Race Control Staff (RCS) are aware of evacuation and communication procedures. The following is to be carried out prior to the first Team Captains meeting and throughout the duration of Ex PIPEDOWN 22:

a. **Alpine and Nordic.** Chief's 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 the POC.

b. **Race Office.** The exercise Admin Officer is to implement a robust communication plan for both Nordic and Alpine events and ensure the race office is manned during all race serials.

42. **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 HQ 1(UK) Div G1 Branch and assistance may be facilitated through the British Embassy.

43. **Casualty Incident Reporting and Management.** Whilst deployed the Ex Leader is to report casualties by phone to their unit CoC/G1 Branch. Correct casualty reporting is imperative to ensure NoK are informed through the Joint Casualty and Compassionate Centre (JCCC). The NOTICAS process 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.

44. **Telemedicine.** No telemedicine support is provided for this exercise but advice can be sought from SMO 1 (UK) Div.

45. **Army Injury Notification Cell (AINC).** All accidents or near misses are to be reported to AINC using [MOD Form 510](#).

## MEDICAL LOGISTICS

46. **Medical Equipment.** 1x bespoke 353 Module will be deployed to provide physiotherapy support to the PAR and for which no resupply is expected.

47. **First Aid kits and Personal Prescription Medicines.** All SP are advised to take a personal first aid kit. They should deploy with sufficient quantities of personal prescription medicines to last the duration of the exercise/deployment.

## SUMMARY

48. The overall medical risk associated with medical provision for Ex PIPEDOWN 22 is considered LOW by 1(UK) Div CMA. Actions are to be taken to mitigate all risks ALARP in line with the medical plan as detailed above and risk assessment for the activity.

Acknowledge:

Authenticate:

Eve  
Lt Col  
SO1 PIPEDOWN

S Lambirth  
Lt Col  
SO1 Med 102 Log X

**Annexes**

- A. Suggested Packing List.
- B. Force Health Protection Risk Table (Operational).
- C. Medical Flow Chart.
- D. Plan on a Page.

## **SUGGESTED PACKING LIST**

1. **Routine medication.** All personnel are to take sufficient supplies of routine medication for the duration of their deployment as re-supply will not be available in country. Personnel who would be adversely affected by the absence of their medication should be assessed by an MO.
2. **Spectacles/Corrective Lenses.** Those personnel who require spectacles or contact lenses are to ensure that sufficient spares are taken. Personnel are to be advised that weather conditions will have an impact on those who wear contact lenses. Wearers are to ensure that they have cleaned their hands thoroughly and prior to putting in or removing their contact lenses.
3. **Documentation.** All personnel are to deploy with an F/Med 965 (Operational Medical Record) or DMICP printout – on which allergies or known illnesses are to be recorded. This is to be updated by unit medical staff prior to deployment.
4. **Personal first-aid kits.** It is advised that personal and vehicle first aid kits are also carried. Suggested contents lists are here.
5. **Climatic Illness / Injury guides.** Personnel are to deploy with copies of the the Commander's Guide to Climatic Injury and Individual's Guide to Climatic Injury as required.
6. Sunblock.
7. Flip flops for wearing to and in the shower.
8. Talcum powder to assist with foot care.
9. Disposable single use wet wipes and alcohol gel to assist with hand cleaning.

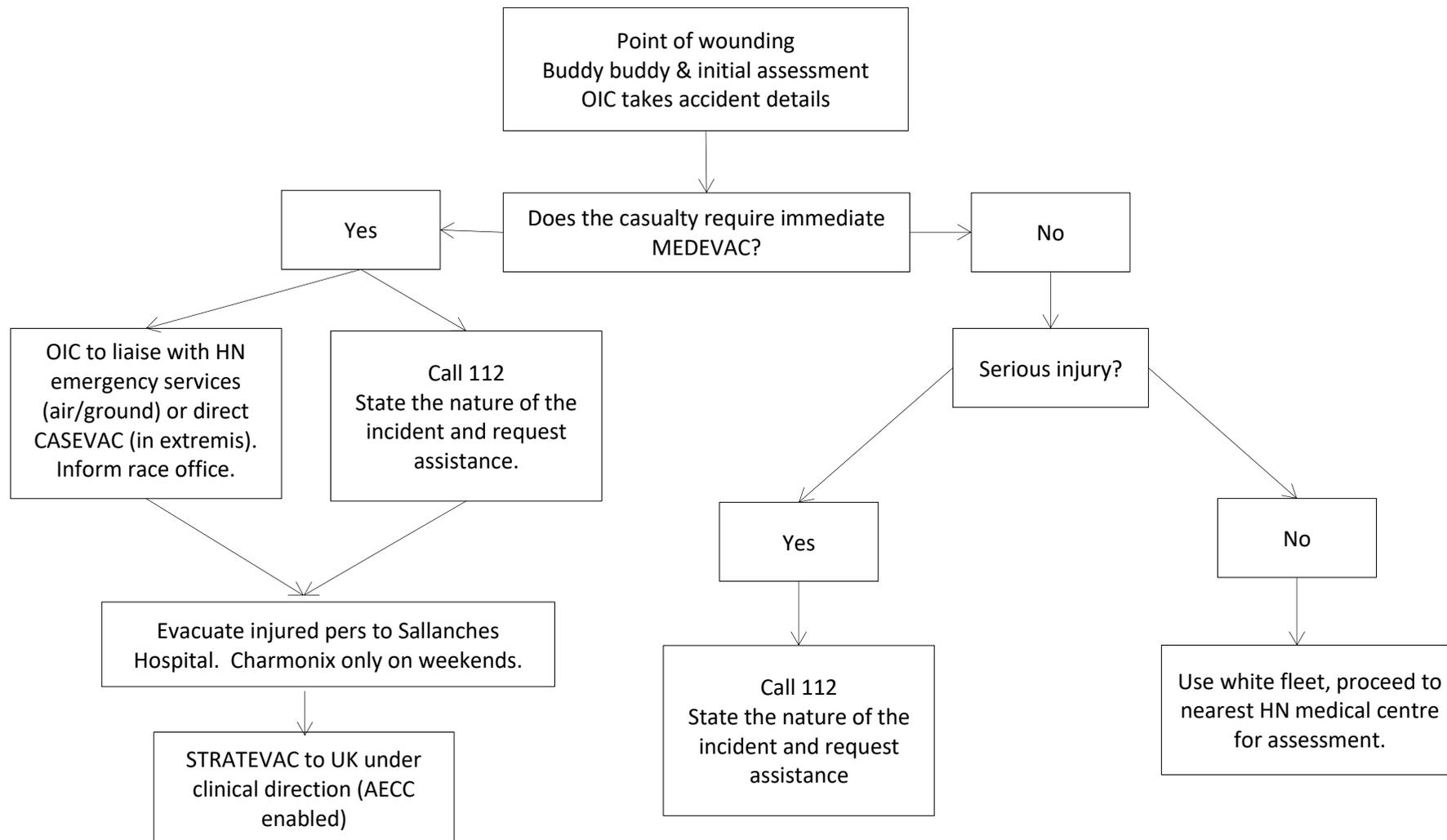
**FORCE HEALTH PROTECTION RISK TABLE (OPERATIONAL) – Ex PIPEDOWN 22**

	6 Unavoidable	5 (Extremely Likely)	4 (Highly Probable)	3 (Probable)	2 (Possible)	1 (Unlikely)
<b>5 (Catastrophic)</b>	30	25	20	15	10	5
<b>4 (Major)</b>	24	20	16	12	8	4
<b>3 (Moderate)</b>	18	15	12	9	6	3
<b>2 (Minor)</b>	12	10	8	6	4	2
<b>1 (Insignificant)</b>	6	5	4	3	2	1

	Threat	Likelihood	Impact	Overall Risk	Proactive measures	Reactive measures	Likelihood	Impact	Residual Risk	Remarks
<b>Non-battle traumatic hazards</b>										
1.	MSK injuries	Probable-3	4	12	Equipment maintenance, training, safety briefs.	Swift medical support on the slopes.	Possible-2	3	6	
<b>Infective and vector hazards</b>										
2.	Gastro-intestinal infection	Possible-2	3	6	Approved drinking water, food from approved sources, hand washing measures to be in place.	Report to medical staff at an early stage. Isolation of infected personnel.	Unlikely	3	3	
3.	Hepatitis A	Unlikely-1	3	3	Approved drinking water, food from approved sources, hand washing measures to be in place.		Unlikely	1	3	
4.	Typhoid/ paratyphoid	Unlikely-1	3	3			Unlikely	1	3	
5.	Meningitis	Possible-2	3	6	Vaccination		Unlikely-1	3	3	
6.	Tuberculosis	Unlikely-1	3	3	Vaccination	Unlikely-1	3	3		
7.	Gonorrhoea	Unlikely-1	3	3		Unlikely-1	3	3		

	Threat	Likelihood	Impact	Overall Risk	Proactive measures	Reactive measures	Likelihood	Impact	Residual Risk	Remarks
8.	HIV	Unlikely-1	3	3	Reduced opportunity of contracting STIs by having barrier contraception available, and pre-deployment briefing.	Report to HN MO at an early stage for treatment, within 72hrs for PEPSE	Unlikely-1	3	3	
9.	Hepatitis B	Unlikely-1	3	3			Unlikely-1	3	3	
10.	Hepatitis C	Unlikely-1	3	3			Unlikely-1	3	3	
<b>Environmental and Industrial Hazards</b>										
11.	Climate	Possible-2	3	6	Acclimatisation. Direction in JSP 539 to be adhered to. Restrict physical activity.	Immediate first aid. Initiate PHEC plan.	Possible-2	2	4	
12.	Industrial incident/pollution	Possible-2	3	6	Avoid industrial areas.		Unlikely-1	3	3	
13.	Dermatological	Unlikely-1	3	3	Briefing on personal hygiene.	Report to medical staff at an early stage.	Unlikely-1	3	3	
14.	Excessive Alcohol consumption	Possible-2	3	6	Personnel briefed and restricted access during exercise.		Unlikely-1	3	3	
15.	Illegal substances	Unlikely-1	3	3	Personnel briefed about the dangers.		Unlikely-1	3	3	

### MEDICAL FLOW CHART



**PLAN ON A PAGE**

<p><b>SITUATION.</b> Exercise PIPEDOWN 22 (Ex PDN 22) is the 57th Army Alpine and Nordic Qualifying Championship Semi-Final and will be held in Les Contamines, Montjoie, France from 08<sup>th</sup> – 19th Jan 22. Ex PDN 22 will be delivered by GOC 1 (UK) Div and is currently an enduring annual task.</p>						
<p><b>KEY MEDICAL FACILITIES/ CONTACT DETAILS</b></p> <p><b>AECC. RAF Brize Norton, UK.</b> Tel: 01993895300 / 07770648688  <b>SO1 Med. HQ 1 UK Div. York, UK.</b> Tel (0044) 1904 662179  <b>SO2 Med 102 Log X. Grantham, UK.</b> Tel (0044) 07814 784920</p> <p><b>FRANCE:</b>  <b>Sallanches (R3)</b> HN Hospital. A&amp;E + X-Ray capability, operating theatre. Open daily 6.45 am to 9pm. No Imaging capability or trauma doctors on call for weekends. Address: 380 Rue de L'Hospital, 74700. Tel + 33 4 50 47 30 30.  <b>Chamonix (R3)</b> Mont –Blanc Hospital. Address: 509 Route Des Pelerins, 74400 Chamonix-Mont-Blanc. Tel: + 33 4 50 53 84 00  <b>Les Contamines Medical Centre (R1).</b> GP consultation (no X-ray), 0800-1900hrs daily. 61 Chemin des drets, 74710 Les contamines. Tel: + 33 (9) 818 81 50 64.  <b>Les Contamines Physiotherapist.</b> (Cathering Dourric) 516 Routes Des Moranches, 74170, Les Contamines. +33 (0)4 5047 04 19.  <b>Saint-Gervais Les Bains Med centre (R1).</b> GP consultation (X-ray). 24hrs Mon-Fri. 9am-12pm Saturday. Closed Sunday. 201 Avenue De Miage, 74170 Saint Gervais Les Bains. Tel: + 334 50 93 51 78  <b>Les Contamines Chemist.</b> Open daily (0830-1230pm, 2:30-1930pm). Closed Sundays. 241 Route De Notre-Dame de la Gorge, 74170 Les Contamines. Tel: + 33 (0)4 50 47 020 28.  <b>Resort Ski Patrol.</b> Rescuers hold O2 therapy backpack, defibrillator, immobilisation board/ splints and cervical collar. <b>Tel: +33 (0) 450 90 80 58.</b></p>						
<p><b>RW grounded. FWD MEDEVAC from slope considerations:</b> Dedicated Resort SPRs (patrol chief and rescuers). In coordination with race officer, SECMH emergency central directs medical rescue (i.e. ambulance or RW CASEVAC). Intervention and triage: <b>10 mins.</b> Evacuation off slope to aid post/RV circa <b>40 mins.</b>  <b>HN AMB Evac to Flaine MTF circa 15 mins.</b></p> <p><b>Clinical Timelines:</b>  <b>10 mins:</b> MATT3 delivered immediate first aid and until the arrival of Resort SPR or HN medical care. <b>COMPLIANT.</b>  <b>1 Hour:</b> Skilled resuscitation by Resort SPR or in Sallanches (latter if RW available) <b>COMPLIANT.</b>  <b>2 Hours:</b> Damage Control Surgery: Sallanches or Chamonix R3 <b>COMPLIANT.</b></p>						
<b>Med C4I</b>	<b>FHP</b>	<b>PHC</b>	<b>PHEC</b>	<b>MEDEVAC</b>	<b>Hospital Care</b>	<b>Med Log</b>
FMed 965. In theatre GSM mobile phones. FMed 965 / HN healthcare records to be added to DMICP on return.	MFD, Vaccinations. App 26 if not MLD. Dental MDF. Health Brief. EHIC card registered. Winter sports personal liability insurance. Civilian PPE.	HN enabled PHC.	No organic PHEC capability – HN Ski patrol enabled PHEC (Chamonix only on weekends).	HN Blue-light ambulance. Onward Evac to Sallanches/ Charmonix HN R3.	Directed by HN blue light situation dependent (MEDEVAC and admit to Sallanches/ Chamonix); stabilise or Strat AE to UK.	Sunscreen, Individual FFD, Individual and Veh First Aid Kits.
<p><b>Health Threats &amp; Risks</b></p> <p><b>Host Nation Support.</b> HN R3s expected to meet UK NHS standards. Risk if clinical timelines become extended.</p> <p><b>RTC.</b> RTC remains a threat for serious injury.</p> <p><b>DNBI.</b> MSK, Gastro intestinal illness, dehydration, cold weather injury.</p> <p><b>Endemic/ Vector Disease:</b> Hep A,/B Cholera, HIV, Meningitis, Diphtheria, TB, Tick- Borne Encephalitis</p>						
<p><b>Mitigation</b></p> <p><b>TREAT.</b> Early AECC STRATEVAC to UK Role 4 on clinical need. MEDEVAC ROC Drill on arrival and confirm with local authorities all emergency contact numbers. Regular comms checks to assure comms resilience.</p> <p><b>TREAT.</b> European Matrix Test, driving brief, vehicle parades. Adhere to Driver Hours, limit driving at night for medical emergencies only.</p> <p><b>TREAT.</b> Health Brief, hand hygiene, hydration, sun protection, contraception. JSP 539. Swift MEDEVAC response.</p> <p><b>TREAT.</b> Health Brief, avoid contact with locals. Consume water and food from approved sources only. Report all illness.</p>						