FHPI Activity Specific Requirements –

Unit: Various Units	**1* Fmn:** 102LOGX	**2*Fmn:** 1XX
Length of deployment: 08-19 Jan 22	**Number deploying:** 440 PAX	
Activity location(s): Les Contamines, France		
Activity: Alpine and Nordic racing to identify the RHINO SKI CLUB Champion Unit. Accommodation will comprise of hotels and privately rented chalets. CILOR has been granted, SP will buy own food from supermarkets and prepare themselves. HN and bottled water for drinking.		
EHP Input: (This area will include Force Health Protection (FHP) information specific to the activity and is for EHP input only). **The top three risks within the country consist of climatic injuries, food and water and MSKs.** **Key FHP Points:** • **Immunisations.** Routine vaccinations and boosters to be in date in line with the generic FHPI. This should include: Hepatitis A, Hepatitis B, Low-dose Diphtheria/Tetanus/Inactivated Polio, MMR and Meningococcal ACWY. • **Malaria.** LOW risk throughout country. Antimalarials are not required. • **Rabies** Low risk in country. SP to avoid bats and wild animals. DDH to identify MTF that holds appropriate post exposure treatment. • **GI Disease** food and water borne diseases are significant health threats. SP to ensure strict discipline with food and water especially when using local food outlets. • **Vector borne disease (VBD)**. There are a number of vector (animal) borne diseases outlined in Table 2 within the FHPI. SP should take appropriate prevention measures, including bite avoidance measurers and Tweezers or a tick removal kit should be taken by deploying SP. • **COVID 19.** The UK is currently on the French amber list at the time of writing this FHPI, however the Entry Requirements will undoubtedly change before deployment so it is the commanders responsibility to stay up to date and check entry requirements prior to deployment. • **Climatic Illness.** SP should be instructed to take the relevant cold weather kit for the activity including UV protection. All SP should be aware of the symptoms and management of both heat and cold injury. • **Altitude Illness**. There is a risk of altitude illness when travelling to destinations of 2,500 metres (approx. 8,200 feet) or higher.		

Date approved: 15 Nov 21

sS Public Health comments: Nil

(signed electronically)

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GENERIC FORCE HEALTH PROTECTION INSTRUCTION, FRANCE

INTRODUCTION

1. **Introduction**. This FHPI for France 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 - Additional Vaccination requirements.

Ser	Vaccination (a)	Required (b)	Justification (c)
1	Rabies	Possibly	Rabies is considered a low risk in France. Rabies is not reported in domestic or wild animals. Bat rabies disease (lyssavirus) is reported. Any lick, bite or scratch from a wild or domestic animal (including bats) to be treated with caution and SP to seek medical attention. SP should still be encouraged to avoid all contact with all domestic and wild animals. Activities such as caving to be avoided. DDH to identify MTF holding appropriate post exposure treatment.
2	Tick Borne Encephalitis (TBE)	Possibly	There is a risk of TBE in some areas of this country. The main affected areas are in the departments of Bas-Rhin and Haut-Rhin. Cases have also been reported near the cities of Nancy, Grenoble, Faverges, and in the department of Gironde. The transmission season varies however, ticks are most active during early spring to late autumn.

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 France as part of PDT. Health briefs can be arranged through the Fmn EHP. **The top three risks within the country consist of RTCs, food and water and VBDs (change as required) 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. **Prevention of Vector-borne Diseases (VBDs)**. Table 2 outlines the VBDs present in France.

Table 2 – VBDs in France.

Ser	Disease	Vector	Fact sheet
	(a)	(b)	(C)
1	Dengue Fever	Mosquito	Dengue Fever
2	Schistosomiasis	Schistosomes from freshwater snails	Schistosomiasis
3	West Nile Virus	Mosquito	WNV
4	Tick Borne Encephalitis	Tick	TBE
5	Lyme Disease	Tick	Lyme Disease

19. Previously an outbreak of urogenital schistosomiasis was associated with bathing in the Cavu river during the summer of 2013. More than 120 infections were diagnosed. Following investigations, a ban on swimming in this river was lifted on 4 June 2015. A further case of acute schistosomiasis has been reported, associated with bathing in the Cavu River, in Southern Corsica. This individual had bathed in the river during July and August 2015, had not been in other rivers on the island and had no previous history of

[1] Force Health Protection Instruction: Return to the Workplace in a COVID-19 Environment

travelling to any endemic areas for schistosomiasis. This case may provide evidence of a permanent presence of schistosomiasis in Corsica[2]

20. Due to the high risk of VBDs strict bite avoidance measures to be adhered to. **Any changes to the skin (ulcers/lesions) or infected bites must be reported to medical staff at the earliest opportunity.** Bite avoidance measures are to include:

a. **Pre/re-Impregnated Uniform with Permethrin (Permapel®)**. Where there is a risk of personnel being bitten all uniforms (this should not include PPE or Aircrew clothing), including pre-impregnated uniforms, should be impregnated with Pelgar EX4 Permapel RFU (Permethrin Spray) NSN 6840-99-670-1469. It is an insecticidal & repellent fabric spray which contains: 0.5% permethrin and is packed in a 300ml Trigger Spray aerosol. This product is non-irritant, non-staining and odourless. Ex4 Permapel RFU will kill and repel mosquitoes, midges, ticks and other biting insects. CHD trained personnel can undertake bulk re-impregnation by immersion in a solution of Permapel, NSN H1/6840-99-638-4327.

b. **Personal Clothing**. Personnel are to wear long-sleeved shirts and trousers, unless protected by mosquito netting.

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

d. **Mosquito Nets**. Mosquito nets which are impregnated with an insect repellent such as Permethrin should be issued and used. Mosquito nets require re-impregnation every 6 months.

e. **Ticks**. Personnel should check their skin regularly for ticks and remove them as soon as possible with a recommended technique. Tweezers or a tick removal kit should be taken by deploying SP.

21. **Climatic Illness**. Anyone who suffers from a climatic illness will require an immediate medical risk assessment and possible aeromedical evacuation. A climatic illness report[3] and an accident report[4] 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.

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[2] https://travelhealthpro.org.uk/news/53/schistosomiasis-in-corsica-france--update

[3] *The heat illness and cold injury templates on DMICP are to be used for case reporting.*

[4] *Complete PJHQ accident report form 510 and forward as directed. In addition, sS accident and incident reporting systems are to be followed.*

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 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.

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

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

(3) **Sunglasses**. 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.

22. **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.

23. **Schistosomiasis.** Schistosomiasis risk is believed to be present in Southern Corsica in the Cavu River. Schistosomiasis is a parasitic infection transmitted by freshwater snails that can penetrate intact human skin following contact with untreated freshwater. Personnel must avoid wading, swimming, bathing or washing clothes in freshwater streams, rivers, oases or lakes. SP who have potentially been exposed or become symptomatic (itchy rash/fever) should seek medical attention whilst on deployment. Any potential exposure should be recorded (with details of time, location and activity) and follow-up arranged at 3 months in the UK with their GP for schistosomal serology. GPs should refer patients who have positive schistosomal serology to their local infectious diseases service and inform DPHU through SG-DMed-Med-DPHU-GpMailbox@mod.gov.uk.

24. **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.

25. **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 Lflt 7-2-1 – Guidance on risk assessment and immediate management of needlestick/ sharps/ blood/ body fluid and tissue exposure incidents.

26. **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.

27. **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 France 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).

28. **Venomous Snakes.** WHO guidelines state there is one species of venomous snake in France[5]. There is a **Low** risk associated with the snakes in country.

a. All deploying SP should be aware of immediate post-bite first aid measures.

b. Deploying SP should be aware of the preventative measures and this will also be covered within the pre deployment health brief.

c. Anyone who suffers a bite will require an immediate medical risk assessment to determine if treatment or follow up is required and possible Aeromedical Evacuation for post bite management.

d. An accident report is to be raised and forwarded to the Fmn SO2 FHP.

e. The duty holder should identify MTFs which hold antivenom in the medical plan.

29. **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.

30. **Environmental and Industrial Hazards (EIH).** Direction on the risk assessment and operational risk management of EIH on Operations can be found with DIN 2017DIN06-004. This is an essential element of Force Protection. Where there is evidence that an individual may have been exposed to a potentially harmful substance, the following details are to be recorded in accordance with the procedure given in DIN06-004, and on FMed 965, and transferred to DMICP on returning from Theatre:

a. Grid Reference of hazard, and name of site if known.

[5] https://apps.who.int/bloodproducts/snakeantivenoms/database/

b. Nature of hazard.

c. DTG(s) of exposure.

d. Duration of exposure.

e. Any protection worn or employed.

31. **Asbestos**. Asbestos containing materials (ACMs) are still widely used in many developing countries; and there are potential legacy issues in developed countries. The presence of ACMs per se do not create a health risk. The main risks to health are from the inhalation of individual airborne asbestos fibres; this may happen when fibres are released into the air by undertaking work that disturbs dust or material containing asbestos fibres e.g. drilling holes, or impact damage (however minor e.g. surface paint scraped off) to ACMs e.g. caused by vehicles manoeuvring. More information can be found in the Field Army Environmental Health Asbestos Leaflet.

32. **Action on suspecting ACMs in your location:**

a. Stop activity in the area.

b. Mark and avoid any suspected asbestos containing material (ACM); if suspected it must be presumed materials contain asbestos until there is strong evidence that they are not. Display a warning sign to ensure nobody enters the area.

c. Report the issue through the CoC and consider the requirement to have a sample of the material analysed.

d. If identified as asbestos, further action will be required to remove the asbestos. This should only be completed by the appropriate contractors. **DO NOT ATTEMPT TO REMOVE THE ASBESTOS YOURSELF**.

e. Following exposure to asbestos, JSP 375 Pt Vol 1 Chapter 36 Asbestos para 36.2.35 (Managers) and 36.2.42 (All personnel) (Link) provides the policy on completing Form 960 – Asbestos Exposure Form.(Link). **If there are any issues with Asbestos identification or monitoring is required, contact your Fmn Environmental Health Officer in the first instance.**

33. **Air quality.** Air quality in France can be affected by the automotive industry, food processing, and vehicle emissions. Available data indicates that La Mulatière, Echirolles, Vienne, Annecy, and Marseille can experience high levels of air pollution. 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.

34. 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.

35. **Biosecurity.** African Swine Fever (ASF) and Avian influenza is endemic in France. 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.

36. **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.

37. **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

38. **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.

39. 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'.

40. 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).

41. **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.

42. **Post Deployment Illness**. Upon returning from France 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 France.