

COMPETENT MEDICAL AUTHORITY (CMA) HEALTH RISK ASSESSMENT (HRA)
6 (UK) DIV EX SPARTAN HIKE 24 SERRE CHEVALIER France 6 – 20 Jan 24
MEDICAL PLAN

Unit or Organisation conducting activity	HQ 6 (UK) DIV
Unit Duty of Care (DoC) level for safety risk scrutiny	SO1 G7 6 (UK) Div
Chain of Command (CoC) for Risk elevation	COS 6 (UK) Div
Date of Activity	6 - 20 Jan 24
Date Med Plan submitted for CMA evaluation	22 Sep 23
Date CMA Evaluation returned to Unit CoC	22 Sep 23

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

500 to 550 Regular and Reserve Service Personnel (SP) from across the Army will be deploying to Serre Chevalier to participate in Ex SPARTAN HIKE 24 (Ex SH24) from 6 – 20 Jan 24. Included in activity will be between 2-6 civilian appointed officials. Ex SH24 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.

Ex SH24 will be supported by a Physiotherapist who 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 musculo-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 deployment of the Physiotherapist can be found [HERE](#).

The activity HSS Plan has been evaluated by the Competent Medical Authority. This HRA forms the evaluation of the identified likely health risks and of the standard and provision of each capability of care that a casualty may require.

The HRA advises the CoC of medical risk and with the mitigations and control measures enacted if the risks to health and healthcare delivery have been managed to ALARP. It will identify any residual risks that remain after reasonable mitigations are enacted in accordance with the principles of risk management.

This HRA assumes that the identified mitigations and control measures are enacted or a revised HRA assessment will be needed. Appropriate Duty Holder level – **OF5 / 1***

In accordance with The Army's Safety and Environmental Management System ([ACSO 1200](#)) this activity is identified as being within the Duty of Care (DoC) of the Commanding Officer (CO) or higher CoC.

In accordance with guidance from [ACSO 3215](#) providing mitigation measures listed below are implemented the overall risk of standard and provision of health and healthcare delivery is **MEDIUM** and is deemed ALARP.

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).

Identified Risk		Mitigation measures for DH to consider Treat, Take, Tolerate, Terminate or Transfer	
CLIMATIC INJURY: Heat and cold injuries.	MEDIUM	TREAT: <ol style="list-style-type: none"> Activities are being conducted under supervision of qualified instructors. FHP brief issued prior to deployment. All deploying personnel must be able to recognise the signs and symptoms of climatic injuries and know the immediate action drill. 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). 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. Risk reduced to LOW	LOW
DISEASE: Seasonal influenza and Coronavirus COVID-19. There are no COVID-19 restrictions for travellers to France. .	MEDIUM	TREAT: <ol style="list-style-type: none"> COVID 19. Information on travel to and from France can be found at Entry requirements - France travel advice - GOV.UK (www.gov.uk) Preventative measures; avoiding individuals who are unwell, avoiding where possible enclosed, crowded locations, and maintaining good hand hygiene. Risk reduced to LOW	LOW
GASTRO-ENTERIC ILLNESS: Food and water borne diseases are significant health threats. Use of hotels and restaurants may reduce risk	MEDIUM	TREAT: Self-Catering apartments <ol style="list-style-type: none"> Check open source health resources prior to deployment. Hygiene/hand washing enforced. Approved food providers to be used. Risk reduced to LOW	LOW

ROAD TRAFFIC INCIDENT (RTI) Vehicle travel in Europe. SP travelling by Minibus to / from resort	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). No part of the ski area exceeds this altitude.	MEDIUM	TREAT: 1. Personnel should receive briefings on Acute Mountain Sickness (AMS) signs, symptoms and Immediate Actions as part of RSOL. 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 ODH should be consulted prior to CMA review 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. Ex SH24 will be supported by a Physiotherapist who 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 musculo-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 deployment of the Physiotherapist can be found HERE . Comprehensive list of local medical facilities in the Med Plan.			
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: 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			
<p>Initial 'Buddy Buddy' first aid expected on scene through deploying UK personnel / Instructors and activity/ accommodation staff. 'On Piste' medical providers available - facilitated through Ski-pass and activity ski insurance policy to cover the extra cost (not included in EHIC/GHIC cover). HN Emergency Services (112) arranged ambulance with PHEC provision available.</p> <p>Serre Chevalier is an international Winter Sports resort well serviced by professional emergency services and high standard medical facilities. It is highly likely that a casualty will receive professional paramedical support and get to a primary receiving hospital within 1 hour. However, depending on location of incident, the required treatment, stabilization and packaging of the casualty, ambulance platform (Gnd or Air) and local weather conditions, the time to hospital may take between 1 to 2 hrs in some circumstances.</p>			
Identified Risk		Mitigation measures for DH to consider Treat, Take, Tolerate, Terminate or Transfer	
<p>ACCESS TO APPROPRIATE FULLY ASSURED LIFE SAVING FIRST AID (NLT 10 MINS) AND ENHANCED FIELD CARE (IDEALLY 20 MINS BUT NLT 60 MINS).</p> <p>EMERGENCY HOSPITAL CARE COULD TAKE UP TO 2 HRS</p>	MEDIUM	<p>TOLERATE:</p> <ol style="list-style-type: none"> 1. Individual to be in-date ITR Core Fitness package, plus unit first aid trg 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. <p>Risk remains MEDIUM</p>	MEDIUM
Identified overall PHEC Risk	MEDIUM	Risk post-mitigation	MEDIUM

MEDICAL EVACUATION (MEDEVAC) Summary of Medical Plan			
<p>Serre Chevalier is an international Winter Sports resort well serviced by professional emergency services and high standard medical facilities.</p> <p>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'.</p> <p>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.</p>			
Identified Risk		Mitigation measures for DH to consider Treat, Take, Tolerate, Terminate or Transfer	
<p>MEDEVAC CAPABILITY THROUGHOUT THE CARE PATHWAY</p>	LOW	<p>TOLERATE:</p> <p>Ensure deploying personnel are aware of notification process and ask to speak with an English-speaking operator.</p> <p>Risk remains LOW</p>	LOW
Identified overall MEDEVAC Risk	LOW	Risk post-mitigation	LOW

(DEPLOYED) HOSPITAL CARE (DHC) Summary of Medical Plan			
<p>Serre Chevalier is an international Winter Sports resort well serviced by professional emergency services and high standard medical facilities. 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. Comprehensive list of local medical facilities in the Med Plan.</p>			
Identified Risk		Mitigation measures for DH to consider Treat, Take, Tolerate, Terminate or Transfer	
<p>RECEIVING HOSPITAL(S) HAVE A FULL RANGE OF ACUTE CARE FULLY ASSURED TO UK STANDARDS</p> <p>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.</p>	LOW	<p>TOLERATE:</p> <ol style="list-style-type: none"> 1. Immediately inform AECC and JCCC to enable appropriate STRAT MEDEVAC prioritisation. 2. In cases of severe injury/illness it may be appropriate to have surgery in situ, but the preference is to bring Service Personnel home first for 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. <p>Risk remains LOW</p>	LOW
Identified overall DHC Risk	LOW	Risk post-mitigation	LOW

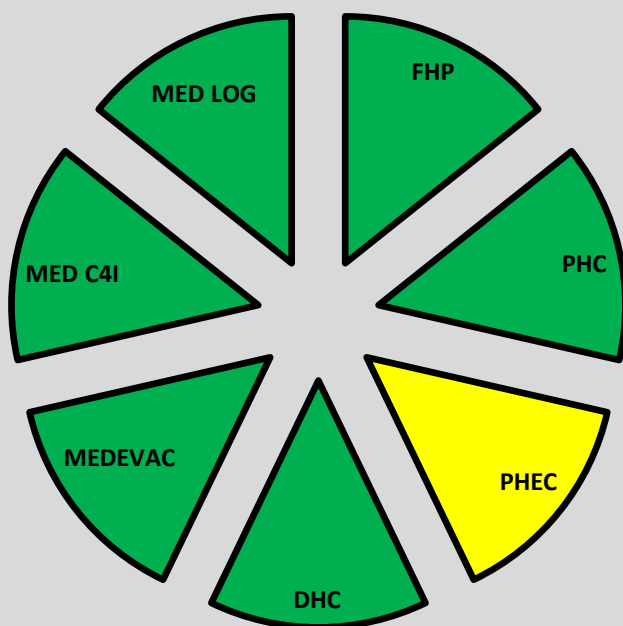
MEDICAL C4I (MED C4I) Summary of Medical Plan			
<p>Medical C4I will be challenging due to the deployed individuals being dispersed across the ski/trg area but appropriate Instructor cover will mitigate risk. A location/'actions on' brief should be obtained through the event organisers and RSOI will be implemented.</p> <p>All deployed personnel will be given SF mandatory briefs (Avalanche Awareness, weather, etc). Constant communications to next level of aid available. 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.</p>			
Identified Risk		Mitigation measures for DH to consider Treat, Take, Tolerate, Terminate or Transfer	
<p>PAPER RECORDS AVAILABLE FOR ALL SOLDIERS. MEDICAL RECORDS FROM HN FACILITIES WILL NOT BE RETURNED TO THE UK</p>	MEDIUM	<p>TREAT:</p> <ol style="list-style-type: none"> 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. <p>Risk reduced to LOW</p>	LOW

UNFAMILIAR ENVIRONMENT AND LIMITED SITUATIONAL AWARENESS RESULTS IN DELAY TO IMMEDIATE TREATMENT OF INJURIES AND ACCESS TO MEDICAL CARE	MEDIUM	TREAT: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 1. An in-date EHIC/GHIC is to be carried by deployed personnel <u>at all times</u>. This should be presented to healthcare providers on arrival and any subsequent bills claimed back through JPA by the individual. 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: <p>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</p> Risk reduced to LOW	LOW
Identified overall MED C4I Risk	MEDIUM / HIGH	Risk post-mitigation	LOW

MEDICAL LOGISTICS (MED LOG) Summary of Medical Plan			
<p>Medical Logistics is provisioned through individual and Team First Aid Kits and access to HN medical facilities for prescribed medications.</p> <p>Blood. CD Path comments: Blood Components from EU countries are regarded as safe for UK Service Personnel, based on their very close alignment to our own standards.</p>			
Identified Risk		Mitigation measures for DH to consider Treat, Take, Tolerate, Terminate or Transfer	
MEDICAL CONSUMABLES ARE CERTIFIED TO UK STANDARDS	LOW	TOLERATE: <ol style="list-style-type: none"> 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(s)/control measures enacted the anticipated standard of delivery and provision of Health Service Support for this activity is evaluated as overall **MEDIUM Risk and is deemed as ALARP**

Capability of care risk scores are based on Annex F standard of delivery & provision



Note: This risk assessment does not evaluate the likelihood of the activity resulting in a casualty. The HRA risk score is to be considered as part of the overall Activity Safety Risk Management

Health Risk Assessment

(HRA is based on expected standard of delivery of the capabilities of care in HSS (Medical) Plan

CMA	Low	Medium	Medium to High	High	Very High
Rank of CMA for evaluation of HSS plan and completion of Health Risk Assessment for inclusion in SRM	Delegated to OF4 on behalf of CMA and Delegated to OF3/C2 on behalf of CMA	Delegated to OF4 on behalf of CMA (OF5)	CMA (OF5)	CMA (OF5)	CMA (OF5)

Name of Competent Medical Advisor	Appointment	Contact Email/Telephone/Mobile
Maj AE Philpott (Authority d/gated by Comd Med 6UKXX)	SO2 Med Assurance & Compliance	Anthony.Philpott464@mod.gov.uk
DoC responsibilities / SRM/ RtL: DDH/ODH/SDH	Appointment	Contact Email/Telephone/Mobile
Lt Col Geoff Brocklehurst	SO1 G7	Geoffrey.Brocklehurst711@mod.gov.uk

14 Aug 23

Ex SPARTAN HIKE 24 – Serre Chevalier, France 6 – 20 Jan 24

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 Health 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 24](#)

SITUATION

1. 500 to 550 Regular and Reserve Service Personnel (SP) from across the Army will be deploying to Serre Chevalier to participate in Ex SPARTAN HIKE 24 (Ex SH24) from 6 – 20 Jan 24. Included in activity will be between 2-6 civilian appointed officials. Ex SH24 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. Further detail on this and other Army Alpine Nordic Skiing and Snowboard Exercises over 2023-24 can be found at [2023DIN10-015.](#)

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 SH24 participating personnel during the period spent in Serre Chevalier, France).

CONDUCT OF Ex SPARTAN HIKE 24

3. This activity will be conducted in four phases:
- a. **Phase One** Individual teams and participants travel to country on/about 9 Jan 24.
 - b. **Phase Two** Participation in event from 10 to 18 Jan 24.
 - c. **Phase Three** Recovery of participants to UK on 19 Jan 24.

Medical Treatment Eligibility.

4. All SP will be classed as 'On Duty' for the duration of Ex SH24 and a complete nominal roll of deploying personnel will be published on individual Unit Part One Orders.
5. law [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 SH24 will be between 500 to 550 military personnel (including officials) as well as between 2-6 civilian appointed officials.

COVID-19 Precautions

7. There are no COVID-19 restrictions for travellers to France.

Disease Outbreak

8. All participating teams should have a Med Isolation Plan in the event of a disease outbreak within their team accommodation. 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.

FORCE HEALTH PROTECTION (FHP)

9. 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.
10. **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.
11. **Physiotherapist Support to Teams.** Physiotherapy support to SH24 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 musculo-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 SH24 are at [Ref J](#).

MEDICAL CARE

12. **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.

13. **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 MANOEUVRE

14. **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.

15. **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.

16. 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 eyesight. 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 ITR BCD / 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**.

d. **Clinical Timelines.** Serre Chevalier is an international Winter Sports resort well serviced by professional emergency services and high standard medical facilities. It is highly likely that a casualty will receive professional paramedical support and get to a primary receiving hospital within 1 hour. However, depending on location of incident, the required treatment, stabilization and packaging of the casualty, ambulance platform (Gnd or Air) and local weather conditions, the time to hospital may take up to 2 hrs in some circumstances.

17. **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**.

18. **Surgery in France.** 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.

19. **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.

20. **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 \(JCCC\)](#). Full details on activation of STRATEVAC can be found at **Annex B**.

21. **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)

22. **Accountability hierarchy:**

- a. CGS retains **FULL COMMAND** of all personnel deployed on this task.
- b. **OPCOM** and ODH - **TBC**.
- c. COs of participating individuals are the relevant **DoC Activity (Risk) Owners**.
- b. **CMA** is Comd Med 6 (UK) Div.
- e. **Ex Director** is 6UKXX SO1 G7 Lt Col Geoff Brocklehurst geoffrey.brocklehurst711@mod.gov.uk who is responsible for ensuring that Ex SH24 is planned and conducted in a safe manner IAW [Reference A](#).
- f. **Ex Controller and main POC for Ex SH24.** Ex Controller for Ex SH24 will be SO2 SPARTAN HIKE Maj Ross Anderson Ross.Anderson166@mod.gov.uk.

23. **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 Tue 9 Jan 24 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 SH24:

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 Ex Controller.

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 SH24.

24. **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 SH24:

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

25. **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.

26. **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.

27. **Army Reporting Cell (ARC).** All incidents are to be reported to the to the Army Reporting Cell (ARC) ASCen-ARC-Mailbox(MULTIUSER) ASCen-ARC-Mailbox@mod.gov.uk.

28. **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).

29. **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

30. **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. Individual teams are recommended to have their own Team first aid kits as well as first aid kits for all vehicles used throughout Ex SH24. Any required resupply will be via Host Nation suppliers.

31. **Blood.** [CD Path comments](#): *Blood Components from EU countries are regarded as **safe** for UK Service Personnel, based on their very close alignment to our own standards.*

32. **Physiotherapy Module.** All Physiotherapy kit and materiel for Ex SH24 will be provided by 256 Fd Hospital and charged against the HQ 6 (UK) Div UIN **A3913A**.

SUMMARY

33. The overall raw medical risk associated with medical incident during this activity will be considered by CMA Comd Med 6 (UK) Div, in the 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.

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

AE Philpott
Maj
6UKXX-MED-A&C-SO2
Anthony.Philpott464@mod.gov.uk
For Comd Med

Annexes:

- A. [Force Health Protection Instruction \(FHPI\) – Ex SPARTAN HIKE 24](#)
- B. Emergency Contact Details.
- C. Medical Care Facilities
- D. Immediate Action Aide memoire – Le Monetier Les Bain Range

**Annex A to
Ex SPARTAN HIKE 24 HSS Plan
Dated 14 Aug 23**

Author: HQ 6 XX

Approval Date: 6 Sep 23

Expiry Date: 6 Apr 24

GENERIC FORCE HEALTH PROTECTION INSTRUCTION
WINTER SPORTS EUROPE

EMERGENCY CONTACT DETAILS

Ser	Organisation	Contact details
1	Joint Casualty and Compassionate Centre (JCCC)	Tel: 00 44 1452 519951
2	<p>Army Reporting Cell - see ABN 118/2021</p> <p>As part of the Army's adoption of the Defence Unified Reporting and Lessons System (DURALS) the Army Incident Notification Cell (AINC) will be changing its organisational title to the Army Reporting Cell (ARC) to reflect the change in its role and responsibilities.</p>	<p>The new contact email address for the ARC is ASCen-ARC-Mailbox (MULTIUSER) ASCen-ARC-Mailbox@mod.gov.uk which will be active from 1 Jan 22.</p>
3	<p>The Aeromedical Evacuation Control Centre (AECC)</p> <p>IF YOU HAVE MODNET – (Must Use Chrome) The process for submitting Patient Movement Requests (PMRs) for Strategic Aeromedical Evacuation has now changed to a Digital Aeromed Request Platform. From now on all requests for Aeromedical Evacuation should be directed to the Digital Aeromed Request Platform (DARP). Any Patient Movement Requests received via email will no longer be accepted and returned to the originator unless prior permission has been granted by AECC.</p> <p>IF YOU DON'T HAVE MODNET - you will still need to speak to AECC and initiate the request via other means</p> <p>For the latest guidance and template for PMRs go to AECC Sway</p> <p>AP 3394 – The Royal Air Force Aeromedical Evacuation Service</p> <p>For latest guidance on Aeromed pathway 2022DIN03-019 <i>Initiating Strategic Aeromed</i> Applies</p>	<p>Working Hours:</p> <p>Tel: 00 44 (0)1993 895300</p> <p>Silent Hours Duty Mobile</p> <p>Tel: 00 44 (0) 7770 648688.</p> <p>AECC Duty Senior - 07989683402 (For urgent matters/if duty controller is uncontactable)</p> <p>TMW Ops Desk 0778814475</p> <p>Email:</p> <p>AIR Med Ops-TMW AECC (MULTIUSER) Air-MedOps-TMW-AECC@mod.gov.uk</p>
4	Ex Controller and main POC for Ex SH24 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

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 Clal Prélong +33 4 92 24 71 37	WEBSITE DIRECTIONS
Hospital Ctr Des Escartons	

©2017 Google - Map data ©2017 Google 1 km Terms of service

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

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)