COMPETENT MEDICAL AUTHORITY (CMA) HEALTH RISK ASSESSMENT (HRA)

Activity: 1(UK) DIV ALPINE AND NORDIC SKI CHAMPIONSHIPS
Dates: 07 Jan to 21 Jan 26
Country: Les Contamines, Montjoie, France
Activity Risk Owner on submission (ARO): Brig Gen Betrand Debray.
Date HRA returned to Activity Owner: 03 Nov 25

Health Risk Assessment Overview

1. 44 Admin staff and 350 PAX will deploy to Les Contamines, Montjoie, France for the 1(UK) DIV ALPINE AND NORDIC SKI CHAMPIONSHIPS from 07 Jan – 21 Jan 26.

2. 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.

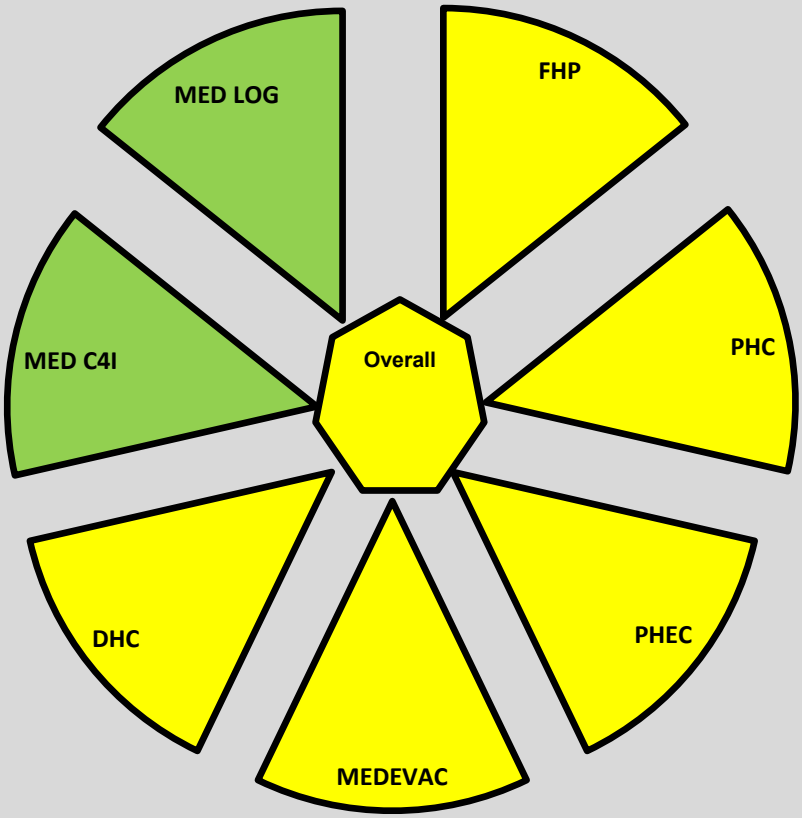
3. This HRA assumes that the identified mitigations and control measures are enacted or a revised HRA assessment will be needed.

4. **Appropriate Duty Holder level**: 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.

5. 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** for medical risk impact and is deemed to be As Low As Reasonably Practicable (ALARP)

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 medical risk impact and is deemed ALARP

Capability of care risk scores are based on ACSO 3215, Annex F, expected standard of delivery and provision of care.



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.

Delegated CMA Comments

The Health Risk Assessment (HRA) has been completed following assessment of the plan against ASCO 3215. The Activity Owner should note the HRA assesses the medical impact should the medical plan be enacted but does not assess the likelihood of an event occurring that would require the plan to be enacted.

Provided all the mitigations noted in the HRA are implemented, the following capabilities of care are assessed **above a residual LOW** grading:

FHP (MEDIUM) - Risk of RTC MEDIUM

PHC (MEDIUM) – HN PHC/ dental Facilities unable to be graded against UK firm-based healthcare as it has not been assured.

PHEC (MEDIUM) – HN PHEC capability unable to be graded against UK firm-based healthcare as it has not been assured.

MEDVAC (MEDIUM) – HN Ambulances unable to be graded against UK firm-based healthcare as it has not been assured.

DHC (MEDIUM) - HN Facilities unable to be graded against UK firm-based healthcare as it has not been assured.

The CMA must be informed if any of the activity or clinical timelines assessed change, as this may affect the residual grading.

The HSS plan must be briefed to all those deploying and rehearsed on arrival at the location. In the event that the HSS plan is activated, resulting in persons needing care in a hospital, the CMA must be informed via the SJC(UK) Duty Officer 07779973680 and RC-Med-0Mailbox@mod.gov.uk.

Personnel must be aware that surgical interventions undertaken outside the MoD may not be performed with the patient's future deployability in mind, especially if undertaken outside the UK, and that medical practices may differ between countries. Non-urgent surgery must be accessed through the MoD. **The AECC must be contacted for advice on whether it is necessary to have surgery in country, or whether any intervention can wait until the patient has returned to the UK.**

If travelling with medications, personnel must ensure that they are aware of any local legal requirements or prohibitions. Some medications available in the UK are not allowed in certain countries. Check through the Foreign and Commonwealth Office (FCDO) website.

To utilise the Duty GP capability, the HSS plan and HRA must be registered **via this form** by the Activity Owner.

It should be noted that, where medical services are not provided free of charge, payment may be required at the point of access and provision will need to be made accordingly. It must not be assumed that access to healthcare on the same terms as a local resident will guarantee free access: in many countries, local residents are required to pay an excess or surcharge up front even if the full cost of treatment is subsidised.

The Activity Owner MUST ensure that following the conclusion of the activity, a PXR form MUST be completed HERE within 2 weeks of the activity ending.

Safety Risk Manager / Duty Holder Comments

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FORCE HEALTH PROTECTION (FHP)

WHAT: FHP encompasses a wide range of generalist and specialist clinical capabilities, aimed at promoting health while preventing injury and illness.

RISK: A decreasing standard of FHP identification and ability to implement mitigations/measures will decrease the health preparation standards of individuals. This will increase the likelihood that injury/illness may not have/can be prevented during the activity contributing to worsening the health of potentially all personnel during the activity and medium to long term effects post activity.

Summary of HSS Plan

- **Force Health Protection Instruction (FHPI):** Included at Annex D.
- **Force Health Protection Brief (FHPB):** All exercise directing staff will receive a safety brief from Capt Laycock on arrival 09 Jan 26. Team Captains will receive a safety brief form Capt Laycock on their arrival 10 Jan 26.
- **Climatic Considerations:** Captured in HSS plan and RA.

- **Medical Recce:** HSS plan does not detail the conduct of any medical recce to support the development of the HSS Plan.
- **Vaccinations:** Captured in HSS plan
- **Joint Medical Employment Standards (JMES):** Captured in HSS plan
- **Civil Service Declarations: ARO MUST ensure that if CS are deploying they have completed correct health declaration.**
- **Risk Assessment:** On OOD form. Ket risks captured and signed off at correct level.
- **Road Traffic Incidents (RTIs):** Captured in RA.
- **Be Fit Ski Fit Guide –** Activity Owner to ensure all participants receive this guide.

Cause / Source / Event of Issue(s) or Risk(s) to health and of standard of capability of care anticipated	**Mitigation(s) / Control measures**
Be Fit Ski Fit Guide - New as of Oct 25. Army Health has released the Be Fit. Ski Fit injury prevention guide designed to help individuals prepare for the physical demands of skiing and to reduce the incidence of MSKI. **LOW Risk**	**Treat:** Activity Owner to ensure the Be Fit Ski Fit guide is disseminated to all active participants. This online booklet has been designed to help individuals prepare for the physical demands of skiing and to reduce the incidence of MSKI **Army Be Fit. Ski Fit Injury Prevention Guide** **LOW Risk**
RTC – Long Road move from UK to French Alps. FHPI notes RTC greatest risk to life. Potential for poor road conditions and adverse weather. **MEDIUM Risk**	**Tolerate:** Risk captured in RA with correct mitigations.
Civil Service Declarations. Any civilians attending must complete a health declaration on the Annex D to ACSO 3215 to attend this activity. The requirement must be included in the HSS Plan. **MEDIUM-HIGH Risk**	**Treat**: HSS Plan must be updated to include the requirement of completing Civil Service Health declarations. **LOW Risk**
FHP risk to health pre-mitigations **MED-HIGH**	**FHP risk to health post-mitigation(s) enacted** **MEDIUM**
	With mitigations enacted the FHP risk to health is deemed As Low as Reasonably Practicable

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PRIMARY HEALTH CARE (PHC) **WHAT**: The provision of non-emergency clinical care and advice that contributes to the protection, maintenance and restoration of health. Timeframe for access is for new onset of PHC ailments. **RISK**: A decrease in PHC capability may lengthen the timeframe that the individual(s) are unable to undertake the full range of their duties and may result in long term unintended consequences if mis-treated or misdiagnosed.
Summary of HSS Plan

- Details for local PHC facilities included in HSS plan.
- Personnel have access to a GP (military, host-nation or contractor) within 3 working days but the facility is not fully assured to UK Standard.
- **ISOS notes –** '*The French medical system is facilitated by a general practice model. Individuals seek their initial care from a general practitioner (GP), who is trained to handle a wide range of medical problems. The standard of dental care in France is high and of an appropriate standard.'*
- **Note – you can contact ISOS to provide most appropriate medical facility. Can also take guidance from Duty GP.**

Cause / Source / Event of Issue(s) or Risk(s) of standard of capability of care anticipated		**Mitigation(s) / Control measures**	
HN PHC Facilities unable to be graded against UK firm-based healthcare as it has not been assured. **MED Risk**		**Tolerate**: The CMA accepts healthcare to be at least the standard expected within the UK. **MEDIUM Risk**	
HN Dental Facilities unable to be graded against UK firm-based healthcare as it has not been assured. **MED Risk**		**Tolerate**: The CMA accepts healthcare to be at least the standard expected within the UK. **MEDIUM Risk**	
PHC risk to health pre-mitigations	**MED**	**PHC risk to health post-mitigation(s) <u>enacted</u>**	**MED**
		With mitigations enacted the PHC risk to health is deemed As Low as Reasonably Practicable	

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PRE-HOSPITAL EMERGENCY CARE (PHEC)

WHAT: PHEC is the continuum of emergency care provided to a casualty (by individuals or teams) from first clinical intervention at point of injury or illness (this being time zero, against which all subsequent HSS planning guidelines relate to) through to the reception of the patient at Hospital Care.

RISK: The risk to health of decreasing standard/ provision of timely PHEC may increase the likelihood of casualty morbidity or impact medium-long term health with increased need for further recovery/treatment.

Emergency First Aid = EFA
Enhanced Field Care = EFC

Summary of HSS Plan

- **POI – 10 mins.** Buddy buddy. RA notes ALL SP MUST be in date for ITR 13.3 BCD.
- **EFC – Within 1 hour.** Provided by HN EMS. Call emergency number 112. Mountain rescue is available with RW assets and ski patrol. **If RW assets not available – these cannot be relied upon– EFC may be delayed to 2 hours.**
- PGHM : The world's largest mountain rescue station - The Mountains of France
- **ISOS notes** – '*The French public emergency ambulances are very efficient. Mobile intensive care services and doctor and nurse escorts are provided. Private ambulance services are also available for non-emergency transport. However, use the public ambulances for more serious cases'.*

Cause / Source / Event of Issue(s) or Risk(s) of standard of capability of care anticipated		Mitigation(s) / Control measures	
Timelines: With access to RW – EFC likely to be achieved in under 1 hour in all locations. If **no RW** available EFC may be delayed to 2 hours. **MED Risk**		**Treat:** Activity Owner MUST ensure to conduct daily dynamic risk assessment with regards to the weather and climate. **If NO RW asset available EFC timelines are MED Risk.** With RW assets available PHEC timeline **LOW Risk**	
HN PHEC capability unable to be graded against UK firm-based healthcare as it has not been assured. **MED Risk**		**Tolerate**: The CMA accepts healthcare to be at least the standard expected within the UK. **MEDIUM Risk**	
PHEC risk to health pre-mitigations	**MED**	**PHEC risk to health post-mitigation(s) enacted**	**MED**
		With mitigations enacted the PHEC risk to health is deemed As Low as Reasonably Practicable	

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MEDICAL EVACUATION (MEDEVAC)

WHAT: MEDEVAC is the movement of casualties under medical supervision in a designated transport platform equipped for role. Three categories of medical evacuation: Forward MEDEVAC, Tactical Evacuation (TACEVAC), Strategic Medical Evacuation (STRATEVAC).

RISK: The risk to health of the standard and provision of any form of MEDEVAC is delayed treatment resulting in short, medium and long term health effects and potential increased morbidity rates.

Damage Control Resuscitation = DCR
Damage Control Surgery = DCS

Summary of HSS Plan

- **POI – 10 mins.** Buddy buddy. HSS plan notes ALL SP will be in date for ITR 13.3.
- **EFC – Within 1 hour.** Provided by HN EMS. Call emergency number 112.
- **DCS** – Due to nature of activity, difficult terrain and size of skiing area – DCS Likely available within **2 hours (MEDIUM RISK)** if using Rotary wing assets.
- If NO RW assets, then DCS likely to be achieved in **under 4 hours (MEDIUM-HIGH Risk).**
- **Activity Owner MUST ensure to conduct daily dynamic risk assessment with regards to the weather and climate. If NO RW asset available MEDEVAC timelines will be extended.**
- **Timelines** – included at Annex C.
- **CASEVAC –** No comment on organic vehicle if available.
- **AECC & STRATEVAC –** details all included in HSS plan.
- **ISOS notes** – '*The French public emergency ambulances are very efficient. Mobile intensive care services and doctor and nurse escorts are provided. Private ambulance*

services are also available for non-emergency transport. However, use the public ambulances for more serious cases'.	
Cause / Source / Event of Issue(s) or Risk(s) of standard of capability of care anticipated	**Mitigation(s) / Control measures**
CASEVAC - In a non-emergency situation, a casualty could be transferred (CASEVAC) to hospital in a private vehicle, but this carries a risk of worsening the condition. **LOW Risk**	**Treat**: The casualty must only be transferred in a private (non-ambulance) vehicle if they are only slightly injured/unwell and unlikely to deteriorate in transit. Where there is any doubt about the casualty's condition, medical advice must be sought prior to transfer. **LOW Risk**
Timelines: DCS Likely available within **2 hours (MEDIUM RISK)** if injury if using Rotary wing assets. If NO RW assets, then DCS likely to be achieved in **under 4 hours (MEDIUM-HIGH Risk).** **MED-HIGH**	**Treat:** Activity Owner MUST ensure to conduct daily dynamic risk assessment with regards to the weather and climate. **If NO RW asset available MEDEVAC timelines are MED-HIGH Risk.** With RW assets available PHEC timeline **MEDIUM Risk**
MEDEVAC - HN Ambulances are unable to be graded against UK firm-based healthcare as it has not been assured. **MEDIUM Risk**	**Tolerate**: The CMA accepts healthcare to be at least the standard expected within the UK. **MEDIUM Risk**
MEDEVAC risk to health pre-mitigations **MED-HIGH**	**MEDEVAC risk to health post-mitigation(s) enacted** **MED**
	With mitigations enacted the MEDEVAC risk to health is deemed As Low as Reasonably Practicable

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(DEPLOYED) HOSPITAL CARE (DHC) **WHAT**: Covers the following specific clinical concepts: Damage Control Surgery (DCS), In-theatre Surgery, Enhanced Diagnostics, Mission-specific Clinical Capabilities. **RISK**: The risk to health of the standard and provision of hospital care (military, host/sovereign-nation or contractor) is that any decrease in hospital care capability and assurance may result in increased morbidity rates, increased recovery and medium to long term unintended consequences to health.	
Summary of HSS Plan	
• Hospitals included at Annex B. Timelines included at Annex C. • **ISOS notes** – '*The standard of medical care in France is high and of an appropriate standard'* • **ARO please ensure numbers for Duty GP and AECC are included in POAP.**	
Cause / Source / Event of Issue(s) or Risk(s) of standard of capability of care anticipated	**Mitigation(s) / Control measures**
HN Facilities unable to be graded against UK firm-based healthcare as it has not been assured. **MED Risk**	**Tolerate**: The CMA accepts healthcare to be at least the standard expected within the UK. **Treat.** Unless there is an immediate threat to life, limb or eyesight, if military, AECC must be

		contacted for advice prior to consenting to surgery, noting surgery completed overseas is not always compatible with continued military service. **MEDIUM Risk**	
HC risk to health pre-mitigations	**MED**	**HC risk to health post-mitigation(s) enacted**	**MED**
		With mitigations enacted the HC risk to health is deemed As Low as Reasonably Practicable	

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MEDICAL C4I (MED C4I)

WHAT: Medical Command, Control, Communication, Computers and Information (Med C4I)
Med C4I must be fully integrated into planning across the full area of operations or span of activity.

RISK: The risk of decreasing provision and standard of Med C4I may result in delayed care, mis/un-informed casualty assessment and inability to pay for treatment increasing health risk to casualty and reputational damage.

Summary of HSS Plan

- **Emergency Communications Plan (PACE):** HSS Plan details the following methods to be utilised in facilitating an emergency medical response:

a. **Primary** Mobile telephone – UNSECURE
b. **Alternate** Satellite telephone – UNSECURE Radios - UNSECURE
c. **Contingency** Teams through MODNET laptop – UNSECURE
d. **Emergency** Personal mobile telephone with local SIM – UNSECURE

- **Army Duty GP Number:** HSS Plan **contains** appropriate and up to date details for utilising the Army's on call Duty GP for reachback medical support and advice.

- **Payment for Medical Bills:** HSS plan details the following to be utilised for the payment of medical expenses incurred during this activity – **GHIC, MTA and race insurance. ARO MUST be clear how medical fees will be paid for.** DIN also notes – *'**Insurance.** No competitor will be permitted to compete without providing a certificate of third party and medical repatriation insurance to cover the inclusive dates of the races entered, which must specifically mention participation in competitive races.'*

- **Global Medical Support Contract (ISOS) Registration:** No comment in HSS Plan.

- **Global Health Insurance Card (GHIC)/European Health Insurance Card (EHIC):** HSS Plan appropriately directs that all personnel are to deploy with an in date GHIC to ensure that medical expenses are charged in line with that of the local population. Of note insurance providers may only cover the costs of treatment that would be incurred with a valid EHIC/GHIC where it would apply. HSS Plan should also note that private medical providers may not accept EHIC/GHICs, and medical expenses may be more expensive as a result.

- **Memorandum of Understanding (MoU)/Medical Treatment Authorisation (MTA):** HSS Plan states there is a MTA/ MOU in place – **ARO please confirm if this is correct – if incorrect remove.**

- **On/Off duty Implications for Medical Expenses:** HSS plan does NOT appropriately recommend for personnel to have personal travel insurance for medical expenses incurred whilst deemed to be "Off Duty" during this activity. HSS plan and submitted documentation does not clearly delineate between periods of On/Off Duty activity. **ARO MUST ensure SP have appropriate private travel insurance for periods of 'off-duty'.**

- **Rehearsal of Concept (ROC):** Captured in POAP.
- **Informing the Competent Medical Authority (DACOS Med SJC)** – HSS Plan does not detail that DACOS Med must be informed via the SJC Duty Officer 07779 973680 of any casualties admitted to hospital during this activity.

Cause / Source / Event of Issue(s) or Risk(s) of standard of capability of care anticipated	**Mitigation(s) / Control measures**
ISOS Registration – HSS plan does not state that Activity Owner is responsible for registering activity participants with ISOS HSS plan does not state how registration is undertaken ***ISOS are a medical broker – Activity Owner and Activity Risk Owner must note that if ISOS is used, a medical bill WILL be issued to the injured SP's Unit UIN.*** **Can be registered for by the ARO if they wish to utilise.** **LOW Risk**	**Treat**: Activity Owner to complete **Microsoft Forms registration** prior to deployment. A UIN is required for billing purposes. Clarification of ISOS registration can be found at Fd Army SOI 499 - Contracting Medical Support (ISOS) *For UK AF Sport with SP from multiple units, no UIN is required upon registration for ISOS as the UIN of the injured SP will be utilised for billing. SP's Parent Unit UINs are to be recorded by the Activity Lead prior to deployment.* **LOW Risk**
Travel Insurance - Med Plan does not recommend personal travel insurance. **MED Risk**	**Treat**: Personal travel insurance should be specified as a requirement covering the range of activity anticipated. It is also to cover 'off duty' periods. Clarity of 'on duty' and off duty' can be found in AGAI 90 Annex Q **LOW Risk**
'On duty' and 'off duty' periods are unclear.	**Treat**: The MEL should identify activities or periods classed as off duty to aid the SP in purchasing the correct personal travel insurance. It is also to cover 'off duty' periods. Clarity of 'on duty' and off duty' can be found in AGAI 90 Annex Q **LOW Risk**
C4I risk to health pre-mitigations **MED**	**C4I risk to health post-mitigation(s) enacted** **LOW**
	With mitigations enacted the C4I risk to health is deemed As Low as Reasonably Practicable

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MEDICAL LOGISTICS (MED LOG)
WHAT: The process of procurement, storage, movement, distribution, maintenance, and disposition of medical material and pharmaceuticals, including blood, blood products and medical gasses. **RISK**: The risk of decreasing provision or standard of Med Log may result in the standard of care being inadequate causing unintended short to long term health consequences.
Summary of HSS Plan
• **Prescription Med –** noted in HSS plan.

- **First Aid Kit –** Captured in HSS plan and POAP.
- **Blood and blood products –** Details for CD Path included in HSS plan.
- **ISOS notes –** '*Blood supplies in France are considered safe and are screened according to international standards.'*

Cause / Source / Event of Issue(s) or Risk(s) of standard of capability of care anticipated		**Mitigation(s) / Control measures**	
Med Log risk to health pre-mitigations	**LOW**	**Med Log risk to health post-mitigation(s) enacted**	**LOW**
		With mitigations enacted the Med Log risk to health is deemed As Low as Reasonably Practicable	

Name of Delegated Competent Medical Advisor	**Appointment**	**Contact Email/Telephone/Mobile**
Mrs Joanne Dunn	RC Plans	Dunn, Joanne C2 (RC-Med-Plans-HEO) <Joanne.Dunn151@mod.gov.uk>
HRA completed on behalf of Competent Medical Advisor	**Appointment**	**Contact Email/Telephone/Mobile**
Col C Vincent OBE	SJC DACOS Med	rc-med-0mailbox@mod.gov.uk 94222 2851
DoC responsibilities / SRM/ RtL: DDH/ODH/SDH	**Appointment**	**Contact Email/Telephone/Mobile**
Brig Gen Betrand Debray.		Debray, Bertrand Brig (1UKXX-CGp-DComd(FRA)) <Bertrand.Debray100@mod.gov.uk>

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)

Note: Delegation of CMA can only be to those listed in ACSO 3366 Annex A and have an agreed letter of delegation by CMA (OF5). CMA(OF5) retains accountability.

Annex

783-EX PIPEDOWN -20250925_Ex_PIPEDO-

783-EX PIPEDOWN -25051310_Med_Plan_

2025DIN10-020-Army Alpine, Nordic Skiing,