

HQ RC Med Planning Template V2 – Revised SEPT 25

PIPEDOWN2026

23 Oct 25

**MEDICAL PLAN: 1(UK) DIV ALPINE AND NORDIC SKI CHAMPIONSHIPS
EX PIPEDOWN 2026**

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. [AP 3394 - The RAF Aeromedical Evacuation Service.](#)
- G. [ACSO 3215 – The Planning of Health Service Support.](#)
- H. [ACSO 1209 – Authorisation of Comparable Activities Which Are Not Categorised as Adventurous Training or Sport.](#)
- I. [JSP 419 – Adventurous Training in the UK Armed Forces.](#)
- J. [ARMY ALPINE, NORDIC, SNOWBOARD AND TELEMARX EXERCISES 2026: EX PIPEDOWN \(PDN\), EX SPARTAN HIKE \(SH\), EX LION'S CHALLENGE \(LC\), EX RUCKSACK \(RS\), EX SNOW JACK \(SJ\), EX SNOW SUMMER \(SS\), AND EX TELEMARX TITAN \(TT\)](#)
- K. [GENERIC FORCE HEALTH PROTECTION INSTRUCTION, FRANCE](#)

Unit: 1XX	Activity Lead: Maj Andy Martin
	CO/OF4 Cmd: Brig Gen Bertrand Debray.
	1* Fmn (for risk escalation as per ACSO 1200): Brig Gen Bertrand Debray.
Dates of Deployment: 07 Jan to 21 Jan 26	Number deploying: 44 Administration Staff 350 Athletes
Activity location(s): Les Contamines, Montjoie, France	
Activity: 1(UK) DIV ALPINE AND NORDIC SKI CHAMPIONSHIPS	

SITUATION

1. This activity has been confirmed as Duty of Care (DoC)
2. References A – K have been consulted and direction within them followed throughout the planning process.

AIM

3. 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 participating personnel.

Conduct of the 1(UK) DIV ALPINE AND NORDIC SKI CHAMPIONSHIPS EX PIPEDOWN 2026

4. This event will be conducted in four phases:

Phase 1: Advance – Main Body. RLS Advance Party will depart from Nottingham at 0800hrs on Tue 06 Jan 26, cross to Calais and then overnight in a centrally booked hotel in Reims, approx. 3 hours drive from Calais. The following morning they will continue to Les Contamines, arriving by early afternoon on Wed 07 Jan 26.

Phase 2: Main Body. RLS Main Body will depart from Nottingham at 0800hrs on Wed 07 Jan 26, cross to Calais and then overnight in a centrally booked hotel in Reims, approx. 3 hours drive from Calais. The following morning they will continue to Les Contamines, arriving by early afternoon on Thu 08 Jan 26. All non 162 Regt RLC Main Body personnel are to report to RHQ 162 Regt RLC NLT 0730 hrs on Thu 08 Jan 26 or Folkestone.

Phase 3: [The Activity 1XX Medical Plan](#)

Phase 4: Recovery A. RLS Main Body will depart Les Contamines on Tue 20 Jan 26 at 0700hrs. All Main Body personnel should plan to be back in Nottingham late the same day.

Phase 5: Recovery B. Rear Party will depart Ex loc on Wed 21 Jan 26 at 1200hrs and then overnight in a centrally booked hotel approx. 3 hours' drive from Calais. The following morning they will continue to Nottingham, arriving by late afternoon on Thurs 22 Jan 26.

FORCE HEALTH PROTECTION (FHP) (See [ACSO 3215 Annex B](#))

5. **FHPI.** A [Force Health Protection Instruction](#) (FHPI) provided by CMA 1XX and is at **Annex D**. This FHPI highlights both generic health threats as well as activity-specific health risks. Direction within this FHPI is to be followed by all deploying personnel. FHP is arguably the most important element of the medical plan. Get FHP right and the rate of Disease and Non-Battle Injuries (DNBI) and training accidents should be at a minimum – consequently the need for the PHC, PHEC, MEDEVAC and DHC should be significantly reduced. The FHP paragraphs are divided into 3 sections – pre-deployment FHP (medical preparation), deployed FHP and post deployment FHP. The DDH will need to confirm as part of the conditions check that pre-deployment FHP has been completed.

6. **Key Risks.** Significant risks pulled from the FHPI and from the activity include: Climate, RTA, and feature in the [Risk Assessment](#) at Annex E with proposed mitigations.

7. **Vaccinations.** Individuals deploying must be vaccinated iaw [JSP 950 Leaflet 7-1-1 Immunological Protection of Entitled Individuals](#) and the FHPI has highlighted the following;

a. N/A

8. **JMES.** Any non MFD individuals who will be deploying with an App 26 reviewed and signed by the CoC. If personnel who are not Medically Fully Deployable (MFD) must receive an Appendix 26, deployment individual Risk Assessment (IndRA) prior to deployment, iaw Medically Non – Deployable (MND) personnel must not deploy. All those who have suffered from previous NFCI's are to seek medical advice, prior to deploying. All personnel are to ensure that they are dentally fit prior to deployment (NATO Dental Cat 1). 2025DIN01-013-Medical and dental Task Employment Standards for reservists mobilised for operations or activity in the UK.docx provides specific detail regarding the medical preparation of Reserve personnel deploying overseas.

9. **Climate.** ALL SP to be made aware of [JSP 375](#) and Commanders Guide to [Cold Injury](#) and [Heat injury](#). Generic guidance on temperature in the workplace is also available on the [Health and Safety Executive's website](#).

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 on:

- a. All exercise directing staff will receive a safety brief from Capt Laycock on arrival 09 Jan 26.
- b. Team Captains will receive a safety brief form Capt Laycock on their arrival 10 Jan 26.

PRIMARY HEALTHCARE (PHC)

11. **Routine Healthcare.** Primary Health Care (PHC). The Ex will rely on HN civilian services for PHC. Routine medical support can be found adjacent to the Race Office. For non-emergencies white fleet vehicles are to be used for the onward movement of DBNI casualties to the nearest HN Medical Treatment Facility. The ESF will provide emergency medical cover for every race, non racing emergencies cover will be provided by calling HN Emergency number (112) The Ex may have a Physiotherapist present at all races and available for appointments after races.

12. Key HN medical facilities/contact details are as follows:

FRANCE:

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

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

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

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

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

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

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

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

PRE-HOSPITAL EMERGENCY CARE (PHEC)

14. **Basic Principles. Following trauma the 10, 1, 22 clinical timelines are used to plan medical support:**

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

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

MEDEVAC

15. Emergency Medical Evacuation. In the event of serious or life-threatening injuries, military or civilian emergency services will be summoned using the emergency telephone number 112.

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

c. **Strategic Aeromedical Evacuation (STRAT AE)** STRAT AE will be provided through the UK [Aeromedical Evacuation Control Centre \(AECC\)](#) in conjunction with [UK Joint Casualty and Compassionate Cell \(JCCC\)](#). If access to the STRAT AE service is required, then contact the AECC on the numbers or email below. It is essential that [Reference G \(AP 3394\)](#) is accessed before deployment and sufficient copies taken on the deployment. This will provide all the necessary information on the procedure for requesting STRAT AE and how to raise a Patient Movement Request (PMR).

- d. Non-medical personnel can submit PMRs. In the absence of deployed DMS personnel or an appropriate parent unit, PMR 1 should detail a medical POC responsible for the patient's care. In such circumstances, a nominated individual is to remain in location with the patient to act as a single POC until completion of the AE mission.
- e. Where MODNET access is available, requests for STRAT AE should be raised via the [Digital Aeromed Request Platform](#). If MODNET is not available, PMRs are to be submitted to medfce-tmw-aecc@mod.gov.uk using the templates in AP 3394.
- f. If there is no IT capability on the ground to raise PMRs, then it must be ensured that the Parent Unit is aware of the AE process and would be able to generate a request on behalf of the patient.

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

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

Hospitalisation Support Plan – Team Captains are responsible for their team if immitted to hospital. Those Exercsie Directing Staff will be supported by Capt Laycock.

11. **CASEVAC** In certain situations, it may be necessary or appropriate for a casualty to be transferred to the next stage of medical care using a non-ambulance platform. In these situations it must be kept in mind that prolonged CASEVAC can result in deterioration of the casualty's condition. Therefore, the duration of any CASEVAC must be kept to a minimum if the casualty's condition is serious. If CASEVAC is discretionary (e.g. transferring a casualty with a slight hand injury to hospital in an Ex support vehicle), medical advice must be sought prior to transfer if there is any doubt about whether it is safe to move the casualty using a non-ambulance platform.

DEPLOYED HEALTHCARE (DHC)

12. **Locations.** All PHC, dental, pharmaceutical and emergency hospital locations can be found in Annex B and timelines found in Annex C.

13. **Surgery.** Service Personnel are advised not to agree to surgery when outside the UK unless it is to preserve life, limb or eyesight, even where the care is likely to be of a UK standard. This is because some surgical interventions can impact on future deployability, which is unlikely to be given full consideration by surgical teams outside the MoD. Once a service person is injured contact should be made early with the UK Aeromedical Evacuation Control Centre (AECC). The 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 the nature of the injury/illness, but the preference is often to bring SP back to the UK and perform the definitive surgery at a facility approved by the MoD for that purpose.

14. **Overseas Medical Care.** When receiving medical care overseas, even when the medical facilities or capabilities have been assured by competent medical persons, it is imperative that the UK Military Medical Chain are involved in the delivery of care. Medical care delivered overseas **may** deliver high quality care however, the care delivered may not account for the Service Person's continued employment within the Army. Inclusion of the

military medical chain may prevent further avoidable clinical procedures and ultimately prevent medical discharge. Critical Life, Limb and Eyesight/Hearing preserving treatment **must not** be impeded¹ but for all other surgical treatment as soon as practicable, prior to surgery, the RAF Aeromedical Evacuation and Control Centre (AECC) must be contacted and will provide military medical advice. The Competent Medical Authority² for the activity must also be notified in a timely manner prior to any evacuation. Any HSS and Emergency Medical Plan must explicitly make clear this requirement and include 24/7 contact details for both the CMA and AECC³.

¹ What constitutes “Critical Treatment” is not easily defined but should be considered as any treatment that must be administered immediately without delay to prevent a loss of life, limb, or eyesight.

² [ACSO 3366 Competent Medical Authorities](#)

³ AECC 24/7 Duty Ops number at the time of writing is +44 (0) 7770 648 688 full contact details and guidance on initiating Aeromedical Evacuation can be found at this [DIN](#)

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

15. Communications to next level of aid available via:

- 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

16. **Emergency Contacts.** A list of emergency contact numbers can be found at Annex A.

17. **Duty GP.** Where there is limited access to Primary Health Care (PHC) and no medical assets on the activity, the Duty GP can be contacted for medical support on 00 44 7977 074 069. Activities taking place in the firm base/sovereign base area would usually only require support from the Duty GP outside of normal DPHC working hours.

18. **Incident Reporting.** Any significant incidents or ‘near misses’ must be reported via [MySafety \(Defence Gateway\)](#) as soon as possible (The Army Reporting Cell (ARC) has replaced the AINC and takes reports via MySafety (renamed from DURALS). If changes to procedure are required as a result of the incident, other personnel participating in the activity must be made aware at the earliest opportunity. In addition, certain incidents must be reported to the Defence Accident Investigation Branch by telephoning +441980348622: see [2024DIN06-024](#).

19. **Patient Tracking.** 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 parent unit.

¹ What constitutes “Critical Treatment” is not easily defined but should be considered as any treatment that must be administered immediately without delay to prevent a loss of life, limb, or eyesight.

² [ACSO 3366 Competent Medical Authorities](#)

³ AECC 24/7 Duty Ops number at the time of writing is +44 (0) 7770 648 688 full contact details and guidance on initiating Aeromedical Evacuation can be found at this [DIN](#)

20. **FMED 965.** All individuals will request a FMED 965 as per [JSP 950 Leaflet 1-2-6](#) from their local Med Centre and deploy with these secure as part of their personal documentation. Reserve personnel should obtain a copy of their relevant medical record, which can be obtained via the NHS App (England only) (<https://www.nhs.uk/nhs-app/nhs-app-help-and-support/health-records-in-the-nhs-app/>) or directly from their GP.
21. **Medical Records.** Should any treatment occur, the patient will request a copy of the treatment records and on return to the UK, present this to their Medical Centre to capture the treatment on DMICP. *Reserve / civilian personnel should pass any patient records to their civilian GP.*
22. **Imaging.** Should any treatment occur which includes imaging the following procedure will be followed:
- a. Where an imaging capability/Radiographer is included in the medical laydown of the Med Plan then all imaging should automatically be transferred to CD Rad for reporting and archiving. Imaging held by CD Rad is subsequently available for onward transfer to the Role 4 or other UK medical facility.
 - b. Where imaging is provided by a host nation medical facility, a copy of the imaging and radiology report should be obtained for each patient. Images should be in DICOM (Digital Imaging and Communications in Medicine) format. CD Rad can accept and download images and reports provided by electronic link from the HN medical facility, alternatively CD Rad can provide an Image Exchange Portal (IEP) upload link for imaging supplied on CD/DVD/USB. Reports can be uploaded with the images via IEP or emailed separately, for a link or advice please contact UKStratCom-DMS-RCDM-CDR-Mailbox@mod.gov.uk. If the option for electronic transfer or removable media is not available hard copy x-ray film should be provided along with a copy of the radiology report.'
23. **Treatment Payment Mechanism.** The activity intends to utilising the following for treatment payment.
- a. **GHIC.** Individuals will travel with a valid [GHIC/EHIC](#) to offset part of the cost incurred from medical treatment. Note, this will only cover part payment and entitles the individuals to the same level of care as the locals. *[For an up-to-date list of countries where the GHIC is accepted, and for details of any restrictions on its use, please check [Applying for healthcare cover abroad \(GHIC and EHIC\) - NHS \(www.nhs.uk\)](#)].*
 - b. **MTA/MOU.** The country of travel has a Medical Treatment Agreement (MTA)/ Memorandum Of Understanding (MOU) and contact has been made with the relevant DA or PoC to enable use of this.
 - c. **Personal Ski Race Insurance.** All individuals will have personal Ski Race Insurance to cover any activity that may be undertaken whilst classed as 'on duty'. It is imperative that the insurance policy covers ski racing activities.
24. **Command.** The table found at the top of this document lists the command structure.

MEDICAL LOGISTICS

25. **First aid kits and personal prescription medicines** Unless alternative arrangements have been made, all personnel must carry a personal first aid kit stocked iaw the list at Annex G. *Group first aid kits / additional equipment [etc.] will also be carried and Team Captains will be responsible for providing these items.* They must also deploy with enough personal prescription medicines (if required) to last for the duration of their deployments and cover travel delays. Consideration must be given to how medical products will be stored in accordance with the manufacturer's instructions, e.g. relating to temperature.

26. **Blood and Blood Products.** Emergency procedures requiring the use of blood products should be considered as essential. Blood product supplies in EU member or NATO ally states should be regarded as generally safe for transfusion. Other locations or unknown states or medical facilities require a level of assurance that can be provided with advanced (21 day) notice through CD Path. CD Path should be contacted on +447500 106250 with location and facility details and will advise on the options for transfusion the patient must report to their Medical Center immediately on returning to the UK and conduct follow on screening.'



Graham Laycock
Capt
Army Foundation College

Annexes:

- A. Emergency Contact Details.
- B. Medical Care Facilities.
- C. Timelines Matrix.
- D. Force Health Protection Instruction (FHPI)
- E. Risk Assessment.
- F. Plan on a Page

EMERGENCY CONTACT DETAILS

Ser	Organisation	Contact details
1	Joint Casualty and Compassionate Centre (JCCC)	Tel: 00 44 1452 519951
2	Defence Accident Investigation Branch	Tel: 00 44 1980 348622
3	The Aeromedical Evacuation Control Centre (AECC)	<p>Working Hours:</p> <p>Tel: 00 44 1993 895300 (Mil: 95461 5300)</p> <p>Silent Hours Duty Mobile</p> <p>Tel: 00 44 7770 648688</p> <p>Email: medfce-tmw-aecc@mod.gov.uk</p>
4	Country/activity POC <i>If there is no specific POC, include details of the Defence attaché or equivalent FCDO representative in country</i>	Maj Andy Martin 07943196999
5	Country Emergency Services <i>Be aware that some countries use different emergency numbers for the different emergency services</i>	112
6	Duty GP Number <i>This number cannot receive a text message. A voicemail message with return contact details is to be left for all emergencies if the phone is not answered.</i>	Tel 00 44 7977 074 069

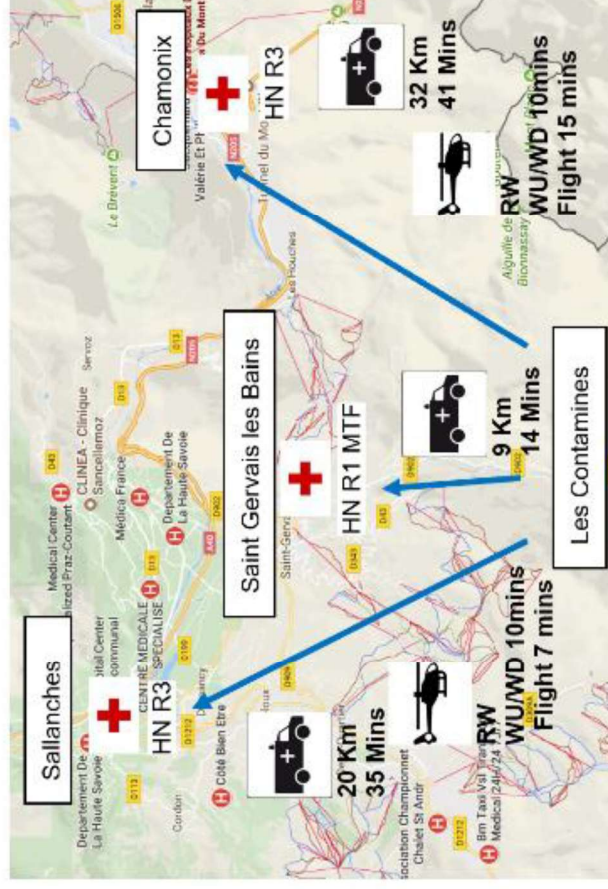
		cervical collar. Tel: +33 (0) 450 90 80 58
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TIMELINES MATRIX

Please list all locations (accommodation & activity locations)

Ser	Type (Accommodation/activity type)	Location (Accommodation & every activity location)	Nearest listed Hospital (From Annex B)	Distance by road (km)	Time by road according to maps (Hr Min)	Remarks (include Rotary Wing time activity permits)
1.	Alpine Ski Racing	MONT-JOIE Gondola, Access Point	Saint-Gervais Les Bains Med centre	9 KM	14 min	10 min
2.	Nordic Ski Racing	Nordic Park, Access Point	Saint-Gervais Les Bains Med centre	9 KM	14 min	10 min

MAPS / SCREENSHOTS



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 all 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](#)⁴ 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 unnecessarily 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.

⁴ [Force Health Protection Instruction: Return to the Workplace in a COVID-19 Environment](#)

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 travelling to any endemic areas for schistosomiasis. This case may provide evidence of a permanent presence of schistosomiasis in Corsica⁵

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.

⁵ <https://travelhealthpro.org.uk/news/53/schistosomiasis-in-corsica-france--update>

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 report⁶ and an accident report⁷ is to be raised. Deploying units should deploy with a WBGT meter where possible or use a reliable source of weather forecast information in the absence of a WBGT when planning activities.

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

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

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

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

e. **Sun damage.** Sun damage is caused by ultraviolet (UV) rays, potentially leading to serious conditions such as skin cancer and loss of sight through cataracts and short-term damage (e.g. photokeratitis) to unprotected eyes.

(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

⁶ The heat illness and cold injury templates on DMICP are to be used for case reporting.

⁷ Complete PJHQ accident report form 510 and forward as directed. In addition, sS accident and incident reporting systems are to be followed.

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 France⁸. 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.

⁸ <https://apps.who.int/bloodproducts/snakeantivenoms/database/>

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.
- 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, Echirrolles, 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 published 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.

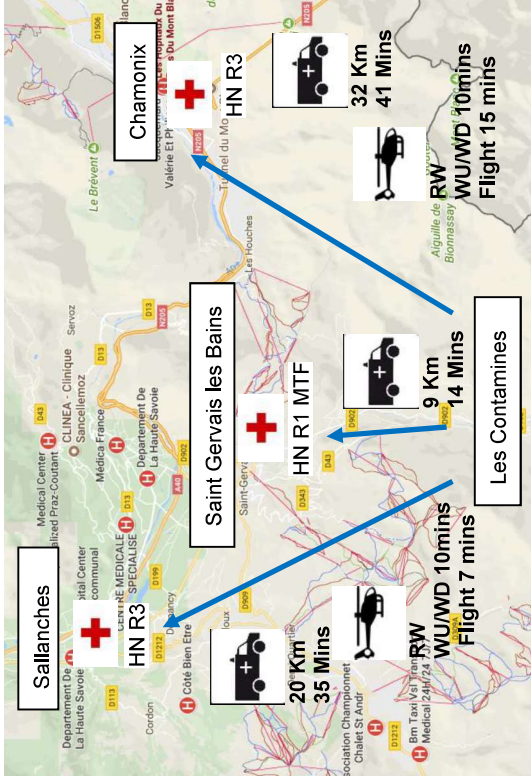
**Annex E to
Ex PIPEDOWN 26 Med Plan
Dated 23/10/25**

[EX PIPEDOWN RISK ASSESSMENT](#)

**Annex F to
Ex PIPEDOWN 2026 HSS
Dated 23/10/25**

PLAN ON A PAGE
SITUATION. Exercise PIPEDOWN 26 (Ex PDN 26) is the 61st Army Alpine and Nordic Qualifying Championship Semi-Final and will be held in Les Contamines, Montjoie, France from 07th – 20th Jan 26. Ex PDN 26 will be delivered by GOC 1 (UK) Div and is currently an enduring annual task.

KEY MEDICAL FACILITIES/ CONTACT DETAILS
AEEC, RAF Brize Norton, UK. Tel: 01993895300 / 07770648688
SO1 Med. HQ 1 UK Div, York, UK. Tel (0044) 1904 662179
FRANCE:
Sallanches (R3) HN Hospital. A&E + X-Ray capability, operating theatre. Open daily 6.45 am to 9pm. No Imaging capability or trauma doctors on call for weekends. Address: 380 Rue de L'Hospital, 74700. Tel + 33 4 50 47 30 30.
Chamonix (R3) Mont-Blanc Hospital. Address: 509 Route Des Pelerins, 74400 Chamonix-Mont-Blanc, Tel: + 33 4 50 53 84 00
Les Contamines Medical Centre (R1). GP consultation (no X-ray), 0800-1900hrs daily, 61 Chemin des drets, 74710 Les contamines, Tel: + 33 (9) 818 81 50 64.
Les Contamines Physiotherapist. (Cathering Dourric) 516 Routes Des Moranches, 74710, Les Contamines. +33 (0)4 5047 04 19.
Saint-Gervais Les Bains Med centre (R1). GP consultation (X-ray). 24hrs Mon-Fri. 9am-12pm Saturday. Closed Sunday. 201 Avenue De Miage, 74170 Saint Gervais Les Bains. Tel: + 334 50 93 51 78
Les Contamines Chemist. Open daily (0830-1230pm, 2:30-1930pm). Closed Sundays. 241 Route De Notre-Dame de la Gorge, 74170 Les Contamines. Tel: + 33 (0)4 50 47 020 28.
Resort Ski Patrol. Rescuers hold O2 therapy backpack, defibrillator, immobilisation board/ splints and cervical collar. **Tel: +33 (0) 450 90 80 58.**



RW grounded. FWD MEDEVAC from slope considerations:
 Dedicated Resort SPRs (patrol chief and rescuers). In coordination with race officer, SEC/MH emergency central directs medical/rescue (i.e. ambulance or RW CASEVAC).
 Intervention and triage: **10 mins.**
 Evacuation off slope to aid post/RV circa **40 mins.**
HN AMB Evac to Sallanches/Chamonix circa 15 mins.

Clinical Timelines:
10 mins: ITR delivered immediate first aid and until the arrival of Resort SPR or HN medical care. **COMPLIANT.**
1 Hour: Skilled resuscitation by Resort SPR or in Sallanches (latter if RW available) **COMPLIANT.**
2 Hours: Damage Control Surgery: Sallanches or Chamonix R3 **COMPLIANT.**

Med C4I	FHP	PHC	PHEC	MEDEVAC	Hospital Care	Med Log
FMed 965. In theatre GSM mobile phones. FMed 965 / HN healthcare records to be added to DMICP on return.	MFD, Vaccinations, App 26 if not MLD, Dental MDF. Health Brief, EHIC card registered. Winter sports personal liability insurance. Civilian PPE.	HN enabled PHC.	No organic PHEC capability – HN Ski patrol enabled PHEC (Chamonix only on weekends).	HN Blue-light ambulance. Onward Evac to Sallanches/ Chamonix HN R3.	Directed by HN blue light situation dependent (MEDEVAC and admit to Sallanches/ Chamonix); stabilise or Strat AE to UK.	Sunscreen, Individual FFD, Individual and Veh First Aid Kits.

Health Threats & Risks	Mitigation
Host Nation Support. HN R3s expected to meet UK NHS standards. Risk if clinical timelines become extended.	TREAT. Early AECC STRATEVAC to UK Role 4 on clinical need. MEDEVAC ROC Drill on arrival and confirm with local authorities all emergency contact numbers. Regular comms checks for assure comms resilience.
RTC. RTC remains a threat for serious injury.	TREAT. European Matrix Test, driving brief, vehicle parades. Adhere to Driver Hours, limit driving at night for medical emergencies only, with a planned overnight stop in Reims / Dijon.
DNBI. MSK, Gastro intestinal illness, dehydration, cold weather injury.	TREAT. Health Brief, hand hygiene, hydration, sun protection, contraception. JSP 375. Swift MEDEVAC response.
Endemic/ Vector Disease: Hep A/B Cholera. HIV, Meningitis, Diphtheria, TB, Tick-Borne Encephalitis.	TREAT. Health Brief, avoid contact with locals. Consume water and food from approved sources only. Report all illness.

FIRST AID KIT LISTS

Personal First Aid Kit – 1 per person.

Item	Quantity	NSN	Remarks
First Field Dressing	2	6510-99-332-2032	
CAT Tourniquet	2	6515-01-521-7976	
Disposable Gloves	2 pairs	See table 3 below	Gloves may be available via unit RAP
Paracetamol 500g	Box of 16		Local purchase prior to deployment
Ibuprofen	Box of 28		Local purchase prior to deployment
Dioralyte	1 x box		Local purchase prior to deployment
Sun screen	1 x 15ml	6508-99-579-7950	
BLS Face shield	2	6515-99-428-4729	
Plasters	1 x box of mixed sizes	TBC	Local purchase prior to deployment
BCDT Handbook	1		

**Vehicle First Aid Kit – 1 per 4 people or 1 per vehicle (whichever is greater).
NSN for Vehicle First aid kit: 6515-99-505-1883**

Item	Quantity
Sterile dressings	3
Burn bandages	3
First aid dressings	3
Large elastic bandage	3
Small elastic bandage	2
Adhesive bandage	8
Triangular bandages	2
Adhesive tape	1 roll
First aid rescue sheet	1
Disposable gloves	2 pairs
Scissors	1 pair

Disposable gloves (various sizes)

Item	Quantity	NSN	Remarks
Glove Surgeons Operating Neoprene Unpowdered untextured size 6 sterile disposable	Box of 25	6515-13-118-8441	DermaPrene Ultra 6
Glove Surgeons Operating Neoprene Unpowdered untextured size 6.5 sterile disposable	Box of 25	6515-13-118-8442	DermaPrene Ultra 6.5
Glove Surgeons Operating Neoprene Unpowdered untextured size 7 sterile disposable	Box of 25	6515-13-118-8443	DermaPrene Ultra 7

Glove Surgeons Operating Neoprene Unpowdered untextured size 7.5 sterile disposable	Box of 25	6515-13-118-8444	DermaPrene Ultra 7.5
Glove Surgeons Operating Neoprene Unpowdered untextured size 8 sterile disposable	Box of 25	6515-13-118-8447	DermaPrene Ultra 8
Glove Surgeons Operating Neoprene Unpowdered untextured size 8.5 sterile disposable	Box of 25	6515-13-118-8446	DermaPrene Ultra 8.5

Suggested contents for individual First Aid Kit based on Medical Module **041/042** found at [Team Leidos -In Service Medical Modules](#)