

**DO NOT SAVE THIS FILE - ALWAYS USE HYPERLINK**

	<b>FORCE HEALTH PROTECTION INSTRUCTION: WORKING SAFELY IN A COVID-19 ENVIRONMENT</b>
<b>Authorised by Senior Health Adviser (Army)</b>	
<b>Version 16.2: Issued 12 Oct 21</b>	<b>Last Updated: 12 Oct 21</b>

**FHPI administrative document check last conducted: 9 Nov 21**

## **Index**

[Accommodation](#)  
[Activity Planning and Exercise](#)  
[Assurance](#)  
[Behaviour Change](#)  
[Civil Service Guidance](#)  
[Cleaning](#)  
[Cohorts and Teams](#)  
[The COVID-19 Virus](#)  
[Face Coverings](#)  
[FHP Measures \(when SD cannot be maintained\)](#)  
[Health Risk Assessment](#)  
[NHS App and Self-isolation](#)  
[Kitchen Areas, Communal](#)  
[Lateral Flow Devices \(LFD\)](#)  
[Mental Health](#)  
[Physical Training](#)  
[Pregnancy](#)  
[Prevalence of COVID-19](#)  
[Quarantine and Returning Travellers](#)  
[Reporting Sick](#)  
[Self-Protection Measures](#)  
[Service Demandable Disinfectant](#)  
[Social Gatherings](#)  
[Symptom Checker](#)  
[Temperature Screening](#)  
[Travel to and from Work](#)  
[Vaccination Advice](#)

## **Annexes:**

[Annex A - COVID-19 Stay at Home \(Isolation\) D&G](#)  
[Annex B - SOP - Cleaning and Disinfecting Accommodation and Technical Areas](#)  
[Annex C - COVID-19 Isolation Commander's Decision Support Tool](#)  
Annex D - Removed  
[Annex E - Immediate Actions in the Event of a Suspected COVID-19 Case](#)  
[Annex F - Example Symptom Checker for Verbal or Visual Reminder to Personnel](#)

# FORCE HEALTH PROTECTION INSTRUCTION: WORKING SAFELY IN A COVID-19 ENVIRONMENT

## Amendments:

Amendments for Version 16.2		
Date	Change Description	Location
12 Oct 21 (v16.2)	*Update* Annex D has been removed	<a href="#">Annex D</a>

Amendments for Version 16.1		
Date	Change Description	Location
24 Aug 21 (v16.1)	*NEW* Self isolation removal for double jabbed close contacts	Para <a href="#">14</a>
	*Update* Update to Advisory Notes	Para <a href="#">15</a>
	*Update* Isolation update for fully vaccinated personnel	Para <a href="#">17</a>
	*NEW* Reasons for getting vaccinated	Para <a href="#">22</a>
	*Update* Contact tracing details are to no longer be retained	Para <a href="#">32</a>
	*Update* HMG Guidance is now available to assist with the assessment of workplace activity	Para <a href="#">33</a>
	*Update* Bed spacing and multi-occupancy rooms	Para <a href="#">34</a>
	*Update* Isolation update for fully vaccinated personnel	Annex A ( <a href="#">Para 2b</a> )

Previous amendment tables can be found at this [link](#).

---

## **FORCE HEALTH PROTECTION INSTRUCTION – WORKING SAFELY IN A COVID-19 ENVIRONMENT V-16.2**

### **Introduction**

1. This instruction is to provide direction and guidance to support all commanders regarding the medical Force Health Protection (FHP) requirements for all personnel (military, civilian, contractors, visitors) in the workplace in the coronavirus (COVID-19) environment. It provides details of the incubation and infectivity of COVID-19; the signs and symptoms; and universal preventive measures required to help reduce the spread of the virus. Hosts are to ensure that their visitors are aware of the relevant COVID-19 FHP control measures laid out in this instruction. **Additional task-specific FHP measures may be required for high-risk activities (e.g. healthcare working) and are to be determined by appropriate risk assessments or on advice from Fmn Preventive Medicine Staff.** The application of COVID-19 FHP control measures should not compromise existing health and safety control measures and where there may be a conflict, any subsequent action must be supported by a robust risk assessment.

### **Continued Prevalence of COVID-19**

2. COVID-19 remains prevalent in the UK. We must continue to adhere to the FHP recommendations contained within this instruction to **ensure that key operational and national outputs are maintained, and our workforce continue to be protected against the transmission of COVID-19.** Of key importance is early symptom recognition, testing, isolation, and adherence to the recommended FHP countermeasures.

3. FHP measures in this instruction align wherever possible to direction and policy from HMG guidance. In some circumstances definitive guidance and legislation is not apparent or detailed enough for the nature of our tasks. As such, Defence and/or Army have developed their own. Reference to law refers either to law applicable to all of the UK, or English law where the Devolved Administrations have legislated separately. Units located within the Devolved Administrations **must comply with the relevant national legislation** or Public Health guidance for that area ([N Ireland](#), [Scotland](#), [Wales](#)). Personnel overseas should seek advice from their respective chains of command. This guidance is correct at the time of amendment only and will be subject to periodic review and alteration. It must be noted that there is commonly a delay between Government announcement and publication of specific guidance.

### **Behaviour Change**

4. Government guidance to reduce the spread of COVID-19 relies on large-scale behaviour change. Many of these behaviours have become habitual and commanders must make specific consideration in maintaining these behaviours. Leaders at all levels need to use strategies to increase compliance with behavioural interventions and individuals need to accept their personal responsibility. These strategies are based on the EAST Behaviour Framework, developed in partnership with the Cabinet Office. Interventions should be:

- a. **Easy.** Make it easier for personnel to do the right thing.
- b. **Attractive.** Emphasise the benefits to themselves and others: make the individual want to carry out the behaviour.
- c. **Social.** We are heavily influenced by what those around us say and do. Be a role model. We are more likely to carry out a behaviour if those around us are doing so too.
- d. **Timely.** Consider when to promote an intervention. There will be times it is more difficult to carry out behaviours to reduce the spread of COVID: create strategies to reduce the risk.

5. Behaviour change across the workforce requires recognition that everyone is susceptible to contracting and transmitting the COVID19 virus and the immediate and longer-term impact that this can have on themselves and others. Individual responsibility includes the moral courage and integrity to raise the issue to the CoC, or directly to the transgressor when something isn't right, in alignment with Values and Standards.

## The COVID-19 Virus

6. COVID-19 can cause severe symptoms and can lead to hospitalisation and death. As with all viruses, COVID-19 can and will mutate. Mutations will lead to changes in how the virus is transmitted, its severity of symptoms and how easy it is to detect.

7. The incubation period (time from contracting the virus to becoming symptomatic) ranges from 1 to 14 days (median 5 days). Cases may be infectious soon after becoming infected and can infect others whilst asymptomatic. The median time from symptom onset to clinical recovery for mild cases is approximately 2 weeks. Asymptomatic spread is a key reason why Force Health Protection measures remain essential *for everyone*. Although vaccination is hugely protective, vaccinated individuals may still transmit the virus to others and may still become infected.

8. The disease remains novel from a scientific and medical perspective. Its ability to mutate, the symptoms caused and its propensity to spread within both vaccinated and unvaccinated populations will evolve over time with advice adapted accordingly.

## Assurance

9. Prior to any future workplace return and activity, all COs and HoE are to conduct a COVID-19 self-assurance risk assessment to determine their ability to achieve and maintain the FHP measures within the workplace. A self-assessment management guide PPT is available [here](#), an anonymised example of a 'Return to Workplace' risk assessment is linked [here](#) with a residual risk summary example [here](#)<sup>1</sup>, additional assistance from Fmn Environmental Health (EH) Teams will be provided within capacity and resources. Routine assurance to ensure that Fmns and Units adhere to FHP instruction will be conducted as necessary by relevant Fmn EH personnel (prioritised by risk and delivery capacity) and deviations from this FHPI will be highlighted and reported appropriately.

10. Associated factors that should be considered as part of the risk assessment include:

- a. Travel to and from units during any periods of restrictions (including all military, civilian contractors and visiting personnel).
- b. Travel to and from areas by unit employed personnel (including but not limited to course/exercise locations, sporting activities, home addresses, leave addresses, dispersed individual specialists or augmentees).
- c. Inclusion of lodger units (military and civilian – e.g. reserves, cadets, cafes, caterers, nurseries, Hives etc) in outbreak control plans.
- d. Reserve and Regular units must conduct a risk assessment and consider suspending training activities if required. Provision of military residential courses if located within an affected nation, region, or area.
- e. Use of Defence Training Estate sites (e.g. exercise areas, training camps) located within an affected nation, region, or area or if the planned activity requires travel through them.

---

<sup>1</sup> Developed by ARITC & HQ RC Environmental Health Team

- f. Workforce attrition due to re-imposed carer responsibilities.

## Health Risk Assessment

11. Occupational Medicine guidance for employability and deployability of service personnel can be found at this [link](#). Note that the guidance is intended for use by MOs undertaking deployment risk assessments and not individuals or line managers who should utilise their Unit Health Committee process to seek general and individual advice.

## Pregnancy

12. If there are medical concerns relating to the employment of pregnant SP, the initial POC should be the Medical Officer who will find specific occupational guidance in [JSP 950 Leaflet 6-7-7 Joint Service Manual of Medical Fitness \(v1.7 Apr 20 - 5J\)](#).

## Reporting Sick

13. Immediate actions in the event of a suspected case i.e. anyone experiencing signs or symptoms of COVID-19 infection are to isolate both the case and the contacts until further advice is received from Environmental Health staff. Local medical staff should be notified immediately along with Fmns as directed. [Annex E](#) provides simple guidance on the immediate actions required in the event of a suspected COVID-19 case occurring within a unit.

## NHS App and Self Isolation

14. SP must isolate immediately if told to self-isolate by [NHS Test and Trace or the NHS COVID19 app](#). The self-isolation period includes the day you were last in contact with the person who tested positive and the next 10 full days. The use of the app does not override any existing security restrictions on the use of personal electronic devices in designated areas and individuals should continue to follow local restrictions and security rules where they apply. With effect from the 16 August 21, [Government legislation](#) is now in effect which states an individual who is a contact of a case may no longer need to isolate if they are fully vaccinated or aged below 18 years and 6 months. Additional countermeasures may be required in specific circumstances where infection risk is high. This risk will be qualified by the CoC and additional measures advised accordingly. SP are advised to undertake a PCR Test as soon as possible<sup>2</sup> to identify any further cases and protect themselves and those around them. If the test is positive, the individual must isolate. SP awaiting results could be infectious and should observe FHP precautions to minimise potential transmission of disease.

## Testing

15. Guidance on the testing for Defence personnel is contained within COVID-19 [Advisory Notes](#) 13 and 27, and Annex A to [COVID-19 Advisory Note 4](#) which provide examples of the considerations line managers, commanders and their staff should make when designating staff as 'critical workers'. The flow diagram at [Annex C](#) provides advice on actions to take once test results are known. All positive results require contact tracing and isolation measures. Personnel awaiting test results must inform their CoC and should not deploy on exercise/operations until a result has been received and appropriate action taken. The principles of Communicable Disease Control are outlined in [JSP950 Lft 7-2-2](#). The CofC and Commanders are reminded to maintain confidentiality when dealing with personal information. [2020DIN06-018](#) provides further guidance.

16. Lateral Flow Device (LFD) tests are quick and can provide results within an hour. They are self-administered and can help identify individuals who have high levels of the virus and are not showing symptoms. Test accuracy is variable. A negative result does not guarantee the test subject is free of COVID-19 therefore strict adherence to wider COVID-secure measures must

---

<sup>2</sup> You should not arrange to have a PCR test if you have previously received a positive PCR test result in the last 90 days unless you develop any new symptoms of COVID-19. It is possible for PCR tests to remain positive for some time after COVID-19 infection.

always be maintained if transmission is to be prevented. If an asymptomatic individual tests positive via LFD, a follow-up PCR test is recommended where available. [DAN 13](#) provides details on accessing LFD testing in Defence. Queries relating to the advice contained within [DAN 13](#) should be addressed to: [SG-DMed-Med-Ops-GpMailbox@mod.gov.uk](mailto:SG-DMed-Med-Ops-GpMailbox@mod.gov.uk).

17. Guidance on isolation during outbreaks can be found at [Annex A](#). In accordance with the core principles of communicable disease control, contact tracing of cases and their relevant isolation is essential to minimise further disease transmission. From [16 August](#), individuals who are fully vaccinated (plus 14 days) or aged under 18 years and 6 months will not be required to isolate as a contact of someone who has tested positive for COVID-19. Unvaccinated individuals who are contacts of cases must continue to self-isolate for ten days. The definition of a case contact is either a household member or a social or workplace contact who has been in contact (i.e. less than 2 metres for more than 15 minutes) with a case. UK HSA provide further guidance [here](#) for household contacts and [here](#) for those contacts outside of the household. Suspected or known cases travelling (being transported by someone outside of their household) outside their isolation area (e.g. to isolation facilities, testing centres or for a medical emergency) **must** be provided with fluid resistant surgical masks to protect others from any potential casual exposure. Suspected cases are to be encouraged to self-drive if well to an isolation location or testing centre (PPE is not required if self-driving).

18. All units are to report test confirmed cases of COVID-19 to HQ RC Environmental Health so immediate advice on isolation and contact tracing can be initiated (see [Table 1](#) below). Test notification criteria has not yet been changed by HMG.

### Activity Planning and Exercise

19. Planning must take place in advance of military residential courses, FTXs or Trg Camps regarding the isolation of attendees being suspected of contracting COVID-19. Any onward movement of suspected cases/contacts should be by exception and only under the guidance of EH/clinical med staff. Legal advice must be sought from 2\* formation legal branches if there is an issue regarding voluntary isolation. The overriding aims are to limit the spread of infection, reduce the risk of additional cases, and protect others (e.g. drivers) in a lawful way. In addition, the appropriate local Health Protection Unit is to be informed (i.e. those local to where the person became symptomatic) recognising this may be in a separate jurisdiction than the home location of the infected person. Exercise med plans must include the management of potential COVID-19 cases and contacts. Suspected cases<sup>3</sup>/contacts are not to be transported long distances where there may be a requirement for temporary stops (e.g. refuelling, use of public ablution facilities, public feeding etc). Suspected cases/contacts may be transported short distances to home/unit/isolation facilities if risks to others (e.g. drivers) can be reduced to a minimum and are appropriately risk assessed. Individuals who have vulnerable family members and are unable to isolate at home present additional difficulties: this must be considered *prior* to attendance on the activity and a decision as to their attendance made accordingly.

20. Individuals who have received a positive PCR test result will be contacted by NHS Test and Trace as well as formation EH personnel. It is important that such individuals engage to help identify any non-workplace contacts regardless of their vaccination status. Further Defence guidance on NHS Test and Trace is in this [link](#) and for overseas apps [here](#).

21. Guidance relating to the return to work of SP who have been clinically confirmed as suffering from COVID-19 can be found at JSP 950 Lft 002 [Clinical and occupational assessment prior to return to duty and training post COVID-19<sup>4</sup>](#).

---

<sup>3</sup> Those not classified as double vaccinated

<sup>4</sup> Reserve personnel identified as potentially requiring further assessment should be asked for assessment by their own GP in the first instance. Further concerns would require an Occupational assessment.

Primary					
MODNET: RC-Med-COVID19-SPOC-Report (MULTIUSER) <a href="mailto:RC-Med-COVID19-SPOC-Report@mod.gov.uk">RC-Med-COVID19-SPOC-Report@mod.gov.uk</a>					
Secondary					
Regional Command (Forward) EH Team POCs					
LONDIST	11 Inf Bde & HQ SE	HQ SW	4 Inf Bde & HQ NE	7 Inf Bde & HQ East	11 Sig Bde & HQ WM
94222 7277 01252 787277	94222 7277 01252 787277	94342 2402 01980 650402	94777 2200 01904 662200	94451 2177 0115 957 2177	94480 4321 01952 74321
38 (Irish) Bde	HQ NW	160 Inf Bde & HQ Wales	51 Inf Bde & HQ Scotland	BA (Germany)	
94741 3755 0131 310 3755	94480 4321 01952 74321	94480 4321 01952 74321	94741 3755 0131 310 3755	94741 3755 0131 310 3755	
Emergency / Out of Hours					
RC SDO					
07824 414522					

**Table 1: HQ Regional Command Environmental Health Team Contact Details**

## COVID-19 Vaccination

22. Being fully vaccinated against COVID-19 is strongly recommended for all personnel. Current information relating to the administration of the vaccination to SP can be found [here](#) with further general information [here](#). Reasons for getting vaccinated against COVID-19 are:

- a. **Personal.** Protect your own health and that of friends, family, your colleagues and subordinates.
- b. **Practical.** As the COVID pandemic remains ongoing, there are likely to be increasing freedoms for those who are fully vaccinated.
- c. **Performance.** Maximising the operational effectiveness of the Army relies on us reaching a target of at least 90% fully vaccinated. Vaccination will reduce absence (both from COVID infection and, increasingly, from the requirement to self-isolate). As we move to a graduated return to work, this will be of even greater importance.

Process for Commanders regarding SP declining vaccination produced by the LOC COVID Cell can be found [here](#).

## Post Vaccination Advice

23. As per other vaccinations, it is recommended to observe 72 hours light duties after vaccination against COVID. A risk assessment for activity with a risk of heat illness is required for up to 7 days post vaccination. Individuals must report any post vaccination symptoms to allow appropriate management.

## Temperature Screening

24. Temperature screening as an indicator for COVID-19 must only be conducted as part of a clinical diagnosis by appropriate medical staff: it is not recommended in isolation.

## Symptom Checker

25. Units may use periodic verbal or visual reminders to check with individuals if they are experiencing symptoms of COVID-19. Recommended wording of such reminders is highlighted at [Annex F](#). Responses should not be recorded or collated but individuals must be directed to seek clinical advice if concern is raised during the checking process.

## Cohorts and Teams

26. When it has been determined by CoC that larger numbers of SP (e.g. Coy group) are to return to the workplace, then consideration may be given to creating smaller more manageable cohorts/teams who train, travel in vehicles, or work together - particularly those whose work requires close proximity. Cohorting does not remove the requirement for adherence to wider COVID-19 FHP measures and remains a suitable means of maintaining military outputs and limiting the spread of the virus.

## Social Gatherings

27. A conservatively cautious approach when considering events is highly recommended. Gathering people together will increase the risk of spreading infection. **The subsequent potential impact on capability loss must be a primary consideration when undertaking such activities.** Social events must follow extant national guidance and a specific risk assessment must be conducted for the planned activity. DIO regional delivery SFM Cell representatives should be contacted for specific advice and guidance regarding Mess functions and other recreational gatherings during the risk assessment process for the planned activity.

## Quarantine Testing and Returning International Travellers

28. Quarantine and testing requirements for specified countries/regions are subject to continual change for those arriving in the UK. Details for returning travellers can be found at [HMG Travel Advice and Guidance](#). Further advice for Defence travellers may also be found in [DAN 18](#), this includes potential exemption from quarantine process for 'essential Defence activity' and travel restrictions for convalescent COVID-19 cases<sup>5</sup>. [DAN 18](#) will be updated continually to provide relevant guidance regarding recent legislative changes and how they will impinge on military personnel travelling to and from overseas. Personnel should continue to use the international travel advice provided [here](#) for current reference and in advance of any update to [DAN 18](#). In addition, JSP 950 COVID [leaflet](#) 007 provides specific advice about pre-deployment testing of convalescent cases and those who have a previous positive testing.

## Self-Protection Measures

29. The likely routes of person-to-person transmission of COVID-19 are by breathing in droplets from an infected person, or from contact with infected surfaces. The following FHP countermeasures based on the '[Hands, Face, Space](#)' principles are essential and enduring **for all variants of the disease:**

### Hands

30. Personnel are to be regularly reminded of the requirement for scrupulous hand hygiene. This means washing hands more often than usual, for a minimum of 20 seconds each time with soap and warm water, or to use hand sanitiser if soap and water is not available. This is especially important when arriving home or into work; after nose-blowing, sneezing or coughing; before eating or handling food; entering or leaving a vehicle; or after contact with high-touch areas. **Alcohol gels are not an alternative to handwashing with soap and water; they are a**

---

<sup>5</sup> Individuals that have recovered from COVID-19 may continue to return a positive test result for a period time after recovery.

**supplementary measure.** Frequent handwashing can cause the skin to dry and an emollient (moisturiser) may be needed.

## Face

31. Always cover the mouth when coughing or sneezing and use disposable tissues whenever possible. All used disposable tissues are to be placed in a bin. On immediately disposing of the tissue, wash hands with soap and water or clean hands with hand sanitiser. If no tissue is available, aim a cough or a sneeze into the elbow, not the hand(s). Avoid unnecessary or discretionary contact with people suffering from respiratory illness.

## Space

32. Social distancing remains a master principle of infection prevention and control by reducing the likelihood of viral transmission. The implications of reducing social distancing are:

- a. An increase in COVID-19 cases is likely to be seen where disease is present and social distancing is not in place.
- b. Contacts of suspected cases are still identified as those who have been within 2m of the case.
- c. Devolved Administration policies, definitions and requirements differ from England and must be considered before changes to work activity are adopted.

## Workplace Guidance

33. [HMG Guidance](#) is now available to assist with the assessment of workplace activity, including conferences, lectures, meetings and office space. Information regarding risk assessment, workforce management, ventilation, reducing contacts, cleaning, etc is all included. This guidance should be used as the primary workplace reference as more individuals return to work. It will be periodically updated according to the current COVID-19 environment.

## Accommodation

34. Social distancing should be maintained as a master principal of infection prevention in accommodation and communal areas. Bed spacing and reduced capacity of multi-occupancy rooms will reduce infection risk and should be risk assessed according to the occupant population. Adequate room ventilation (natural or mechanical air turn-over) should be ensured. Consideration should be given to the creation of cohorts/teams by room for SP occupying multi-occupancy accommodation, in particular when occupants have not been fully vaccinated. Units are reminded that fire-doors are not be wedged open throughout accommodation (including workplaces) and definitive guidance can be found [here](#). Personnel should conduct regular cleaning of all surfaces within accommodation at a frequency determined by usage.

## FHP Measures when Social Distancing cannot be maintained

35. There will be some activities during training and operational tasks which require close proximity. These activities must be the subject of a suitable risk assessment. The following generic FHP measures are recommended universally where practical:

- a. **Cleaning high-touch surfaces.** All high-touch surfaces (e.g. door handles, push plates, steering wheels) must be identified and cleaned regularly and/or between individual users.

b. **Hand hygiene.** Adherence to hand washing practices using soap and water must be maintained as a key mitigation to reducing COVID-19 transmission. Use hand sanitiser when soap and water is not available. Hands should be sanitised upon entering or leaving a vehicle.

c. **Cohorting.** Where training is being conducted it is good practice to introduce cohorts. These will have limited contact with other cohorts and reduce the risk of infection between cohorts (e.g. the same instructor for the same students for the entire trg period; and where there is shift work, the same cohorts/teams should be rotated to each shift<sup>6</sup>). Where practical, activities should be conducted back to back or side to side rather than face-to-face. Where possible, cohorting should be used for duty travel, with personnel only travelling in vehicles with a designated partner or fixed team. Cohorting is not to be confused with domestic/social bubbles.

d. **Ventilation.** Activities which can be conducted externally should be moved outside wherever possible. Natural ventilation is to be encouraged by opening windows. HSE guidance on the use of mechanical indoor ventilation in an COVID-19 environment can be found [here](#). Government guidance relating to the indoor ventilation as a means of controlling COVID-19 can also be found [here](#).

## Cleaning

36. Carry out effective surface hygiene measures routinely. Wipe down in-use surfaces with anti-bacterial/sterilising wipes before you use them. [Annex B](#) provides the procedures for cleaning workplaces and accommodation during the COVID-19 threat, using domestic cleaning products.

## Communal Feeding

37. Communal feeding activity should be risk assessed in conjunction with the primary contractor and appropriate controls established. Consider encouraging eating meals outside (weather dependent) and providing packed meals to take away from central dining facilities. All shared ablution facilities must have a supply of soap and paper towels (or hand driers).

## Communal Ablutions and Toilets

38. The frequency of cleaning high touch surfaces will be determined as part of the risk assessment process: it may need to be several times daily. Consider providing hand sanitiser in close proximity to workplace ablutions as mitigation to handles and push plates being frequently touched. Where practical, cohorts or teams should be allocated dedicated toilets / ablutions.

## Communal Kitchen Areas

39. Cleaning spray and kitchen paper towel is to be provided to allow users to clean taps AND other contact surfaces before and after use. Personnel are to wash their hands prior to visiting a kitchen area.

## Face Coverings

40. Face coverings are not to be considered as PPE. Their main benefit is protecting others by reducing the spread of COVID-19 in certain circumstances<sup>7,8,9</sup>. Application of previously articulated

---

<sup>6</sup> <https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do>

<sup>7</sup> [HMG Guidance - Working safely during coronavirus](#)

<sup>8</sup> [UK HSA - Face-coverings in the community](#)

<sup>9</sup> [HMG Guidance on wearing face coverings](#)

FHP measures remains the most effective method of managing workplace risk. Face coverings became optional in most community and social settings on 19 Jul 21. However, many transport and retail businesses still advise that they are worn by patrons. Current defence guidance regarding face coverings can be found [here](#) and also at current [Government Guidance](#).

## Physical Training

41. Control of PT, including monitoring for signs and symptoms of exertional collapse or monitoring heartrate exertion, must be considered when planning PT and risk assessments must be updated and reviewed as required. Advice on planning PT with social distancing is available from RAPTC staff within Formations<sup>10,11</sup>. All indoor gym activity must be subject to Risk Assessment and should be preferentially conducted outside if safe and effective to do so. Access to military fitness facilities, including gyms, by non-military users (including Service families) for recreational activities must be managed in line with current government guidance regarding recreational gym use.

42. The following additional control measures should be applied:

- a. Gymnasium and swimming pool managers are responsible for first party assurance of FHP measures within their facilities.
- b. Social distancing to be maintained as a master infection prevention principle.
- c. Gym rooms with effective natural and mechanical ventilation should be used for indoor training activities.
- d. Personnel should consider using their designated accommodation/home facilities for showering pre and post exercise as a safer alternative to communal changing. Use of changing facilities is at the discretion of the CoC if they can assure, via Risk Assessment, that changing facilities can be used in a safe manner that prohibits the transmission of COVID-19.
- e. Appropriate risk assessments are carried out regarding specific exercise activities and that relevant FHP control measures within this document (with specific attention to cleaning of shared equipment) are fastidiously adhered to. All equipment must be cleaned by individual users following use, with enhanced cleaning of equipment between gym sessions.
- f. For swimming pool use, the guidance at the link should be consulted for examples of effective risk assessments and best practice ([Swim England](#)).
- g. Face-to-tap drinking fountains should not be used.

43. **Outdoor Sport and Physical Recreation.** Outdoor sporting/physical recreation activities are now considered suitable at any time following risk assessment. This is to include transport to venues, cleaning of shared equipment (use own equipment where possible) and any other necessary specific national guidance relating to outdoor activities. National Governing body guidance should be consulted as necessary as well as current HMG guidance at this [link](#).

44. **Indoor Sports and group Gym sessions.** To ensure the continued mitigation of COVID-19 all activities must be risk assessed and the subsequent controls agreed by the CoC. Personnel should continue to maintain force health protection measures when not directly involved in the sports activity or competing. SP who believe themselves to be symptomatic or a contact of a confirmed case must not take part in any sporting activity or report for duty. Where applicable, relevant specific professional governing body guidance should be followed to further ensure that

---

<sup>10</sup> [ABN 072 2020](#)

<sup>11</sup> Application of COVID-19 FHP measures when trg **must not** impact on measures to reduce the risk of heat injury: refresher trg and guidance on heat injury is provided [here](#).

the activity is as safe as practicable as well as that currently provided by HMG at this [link](#). A noticeable increase in outbreaks related to indoor sport will result in a review of indoor organised sports activities.

45. **Competitive Sports.** [ABN 050-2021 \(Authorisation for the Resumption of Representative Army Sport and Sport Management\)](#) issued on 27 May 21 remains extant. This provides information on how Sport is authorised and signposts policy and guidance.

### **Travel to and from Work**

46. [COVID-19 Advisory Note 15](#) provides advice to CO/HoE on how to implement the Government guidance on returning to work, including commuting. It provides the position of Defence personnel attending the workplace and sets out the related risk assessment process. For the purposes of travel in the COVID-19 context, SLA is considered an extension of the workplace and there is no restriction on individuals travelling from the workplace to their household at the weekend or when off-duty (noting individuals can only commute to one designated household).

### **Additional Service Demandable Disinfectant**

47. **VIRUSEND.** VIRUSEND Multi Surface Disinfectant has been approved for service use. It is demandable using NSN:6840-G0-010-2960. DSTL state that the disinfectant VIRUSEND has been shown to be effective for the disinfection of the SARS-CoV-2 virus from surfaces. **It is not, however, to be used to substitute existing broad-spectrum disinfection products and processes in order to ensure effective control of other pathogens (e.g. norovirus).** SP using this disinfectant should always following the mandated safety procedures regarding safe use. Information relating to the current availability of this product and priority for supply can be found [here](#).

### **Additional Civil Service Guidance**

48. Additional Civil Service guidance on administration during the current pandemic can be found [here](#). It also contains frequently asked questions.

## COVID-19 Stay at Home (Isolation) - Army Preventive Medicine Group (APMG) Direction and Guidance

1. **Introduction.** This note provides context for the application of the HMG [COVID-19 Stay at Home Guidance](#) for self-isolation and household isolation in an Army context. This is designed to comply with UK Stay at Home (Isolation) advice but is to be used as the framework for COVID-19 Support Forces (CSF) and overseas living arrangements where appropriate.
2. **Private Dwellings.** Army personnel must comply with HMG direction and guidance. For individuals living alone and personnel living in private dwellings this can be summarised as:
  - a. If you live alone and you have symptoms of COVID-19, however mild, stay at home for 10 days from when your symptoms started.
  - b. If you live with others in a private dwelling and you or one of them have symptoms of COVID-19, then all unvaccinated household members aged above 18 years and 6 months must stay at home and not leave the house for 10 days. The 10-day period starts from the day when the first person in the house became ill. From 16 August, individuals who are fully vaccinated or aged under 18 years and 6 months you will not be required to self-isolate if classified as a contact of a case. A PCR test should be taken at the earliest opportunity for these individuals which will help to identify further cases and limit spread of infection.
3. **Service Family Accommodation (SFA) and Substitute Service Family Accommodation (SSSA).**
  - a. Personnel living in Service Family Accommodation, Substitute Service Family Accommodation and Substitute Single Service Accommodation are to apply the HMG and UK HSA guidance above.
  - b. DIO, in liaison with industry partners, has developed revised processes for the management and maintenance of Service Family Accommodation with the main aim of safeguarding the health, safety and welfare of all occupants and staff.
4. **Single Living Accommodation (SLA).** Army operates a wide variety of Single Living Accommodation arrangements. The definition of 'household' in the HMG advice does not translate directly to these types of living arrangement. Commanders and Heads of Establishment are to apply the following framework to shape their considerations in directing isolation in this context:
  - a. **Bedroom with en-suite provision.** Affected individual to be isolated in own room following the principles of self-isolation. Meals to be brought to the individual.
  - b. **Bedroom with shared ablutions.** The following recommendations are made in order of precedence:
    - (1) Affected individuals should be moved to a separate isolation block/corridor with dedicated ablution facilities where possible.
    - (2) If 4b(1) cannot be achieved, affected individuals are to be isolated in an appropriate room with a '*separation by time*' use of communal facilities such as ablutions/kitchenettes with thorough cleaning between use.

c. **Multi-occupancy rooms.** Individuals sharing a room with a case or self-isolating contact are at higher risk of contracting COVID-19. Those now exempt from isolating as a contact should take a test at the earliest opportunity and act in accordance with SME advice.

d. **Transit Rooms.** Where practical, transit rooms that have been vacated by a confirmed/suspected COVID-19 affected SP, should be left empty for 72hrs prior to cleaning and further occupancy.

5. **Further Considerations.** The following should be further considered by Commanders, Heads of Establishments and line managers in developing plans for isolation of Army personnel in Defence accommodation. Much of the health and wellbeing information applies equally to those who are isolating at home or simply working remotely, noting the impact of changes in working practices and reduced social contact with work colleagues, family and friends:

a. Maintain regular contact with personnel through electronic means or telephone.

b. Ensure all Service Personnel have access to medical, pastoral and welfare services for physical and mental health advice and appropriate action if their physical and mental condition deteriorates. This includes DMS through DPHC, CoC and welfare services including Padre, UWO and AWS, and equivalent CS support through their GP and the EAP.

c. Units are to ensure that Health and Wellbeing policy and guidance continues to be applied under the governance of AGAI 57. Isolated, vulnerable and shielded individuals should be discussed in the Monthly Commanders Case Review discussion. Further information is available on Defence Connect in [Army Health and Wellbeing](#). This includes the proactive measures to maintain physical and mental fitness and Optimising Performance through Stress Management and Resilience Training (OPSMART) project provides additional resources.

d. Ensure the safe supply of food to those that are isolating under the duty of care of the unit/establishment.

e. Ensure communal living areas are well ventilated and regularly cleaned.

f. Consider appropriate disposal methods for medical/clinical waste and household waste from properties housing isolated personnel.

g. Ensure that support to personnel in isolation is available at weekends, during all block leave periods and other stand downs.

6. A simple guide produced by APMG supporting this direction and guidance can be found at Appendix 1.

Army Preventive Medicine Group - Unit Guide

Accommodation setting	Guidance on isolation	Rationale/Remarks
SSFA & SFA in UK	Follow <a href="#">COVID-19 Stay at Home guidance</a>	Accommodation is equivalent to a typical UK household
SSSA in UK	Follow <a href="#">COVID-19 Stay at Home guidance</a>	MOD equivalent of a house in multiple occupation (HMO).
SLA modernised	Follow principles of <a href="#">COVID-19 Stay at Home guidance</a> in conjunction with base outbreak plan to facilitate isolation of case. Other occupants sharing communal facilities (e.g. kitchen/ablutions) can continue to work unless they have developed symptoms.	Consider arrangements for laundry/kitchen rotas and/or feeding so that cases are not coming into contact with the well (including communal gardens).
SLA multi-person rooms (e.g. training establishments, transit accommodation)	Follow base outbreak plan and isolate case. If one room member is symptomatic or self-isolating, then all room members are to group isolate. From 16 August, if you are fully vaccinated or aged under 18 years and 6 months <a href="#">you will not be required to self-isolate if you are a contact of someone who has tested positive for COVID-19.</a>	Irrespective of the legal definition of a household, other room members are at significant risk of contracting COVID-19 and should group-isolate. (NB: Any individual at any point becoming symptomatic during the 10-day isolation period isolates for 10 days from onset of symptoms)

## Standard Operating Procedure – Cleaning and Disinfecting the Workplace, Vehicles And Living And Technical Accommodation To Prevent The Spread Of Coronavirus (Covid-19)

**Audience:** Service personnel & contracted cleaners

### Background

1. COVID-19 is known to spread from person-to-person most frequently among close contacts (within about 2 meters) via respiratory droplets. There is evidence to suggest that people who are infected but do not have symptoms can potentially spread COVID-19. A much more common form of transmission is through respiratory droplets than through fomites. Current evidence suggests that the virus may remain viable for hours to days on surfaces made from a variety of materials.

### Recommendations

#### Cleaning Regime – No symptomatic case of COVID-19

2. Conduct daily cleaning of all frequently touched areas and surfaces (see table below) with normal household cleaning products<sup>12</sup>. A link to DSTL approved Service issue disinfectant wipes can be found [here](#). This **should be conducted a minimum of once per day** and as often as necessary. Cleaning schedules should be amended to include frequently touched areas and surfaces.

3. Cleaning of visibly dirty surfaces with soap and water followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in living (i.e., SFA, SLA, private households) and technical accommodation (offices, guardrooms etc).

Frequently Touched Surfaces & Areas
<b>Home, Office, and Conference Room:</b> Door handles/knobs, handrails, table, light switches, cupboard handles & worktops, telephones/headsets/mobile phones, window handles, keyboards & mouse, remote controls, armchair/arm rests, corridors & stairwells
<b>Bathroom:</b> Door handles/knobs, cubicle handles/knobs, sink/taps & sink counter, soap & paper towel dispensers, toilet flusher, handrails, toilet paper dispenser

**Table 1.** Examples of frequently touched (High-touch) surfaces or areas.

4. Follow the manufacturers' instructions for safe and effective use of the cleaning products, including precautions personnel should take when applying the product, such as wearing disposable gloves, aprons and making sure you have good ventilation during use of the products.

5. For electronics, follow the manufacturer's instructions for all cleaning and disinfection products. Consider use of wipeable covers for electronics. If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 60% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids. Vehicles should be cleaned regularly, in particular between different users.

6. Allow a contact period post disinfection in accordance with the manufacturers' guidance.

<sup>12</sup>Bleach, antibacterial wipes, disinfectant spray, disposable cloth / paper towel etc. Alcohol-based cleaning products should contain at least 60% alcohol.

## **Cleaning Regime – After a suspected case of COVID-19**

7. Public areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.
8. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected. Apply the following steps:
  - a. Wear disposable or washing-up gloves and aprons for cleaning (Refer to para 9).
  - b. Use a disposable cloth, first clean hard surfaces with warm soapy water.
  - c. Disinfect these surfaces with the cleaning products you normally use.
  - d. Pay particular attention to frequently touched areas and surfaces (Refer to Table 1).
  - e. If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron.
9. Vehicles used to transport suspected/COVID-19 should be large enough to maintain 2m social distancing (e.g. minibuses), drivers should enter the vehicle last and exit first, and clean down all high touch surfaces with household disinfectant (this should negate the requirement for PPE) before and after use. The virus is unlikely to survive for more than 72 hours outside of the body, therefore, where practical, vehicles should be unused for this period of time after transporting any suspected/known cases.

## **Personal Waste**

10. All personal waste such as used tissues and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste. This should be put aside for at least 72 hours before being put in the usual external household waste bin. Other household waste can be disposed of as normal.

## **Laundry**

11. Do not shake dirty laundry. Wash laundry thoroughly. Read and follow directions on labels of laundry or clothing items and detergent. In general, wash and dry with the warmest temperatures recommended on the clothing label.

## **Handwashing & Use of Alcohol Gel or Hand Sanitiser**

12. In accordance with WHO and HMG guidance, hands must be cleaned frequently throughout the day by washing with soap and water for at least 20 seconds. Wash hands after removing gloves, aprons and other protection used while cleaning.

13. When soap and water are not available, alcohol-based hand sanitiser containing at least 60% alcohol can be used. If using gel, rub hands (including the backs of your hands) together until dry. If the hands are visibly soiled, wash with liquid soap and water before using gel sanitisers. This step is one of the most effective ways of reducing the risk of passing infection to others.

**Alcohol gel or hand sanitiser is, however, not a substitute for good handwashing.**

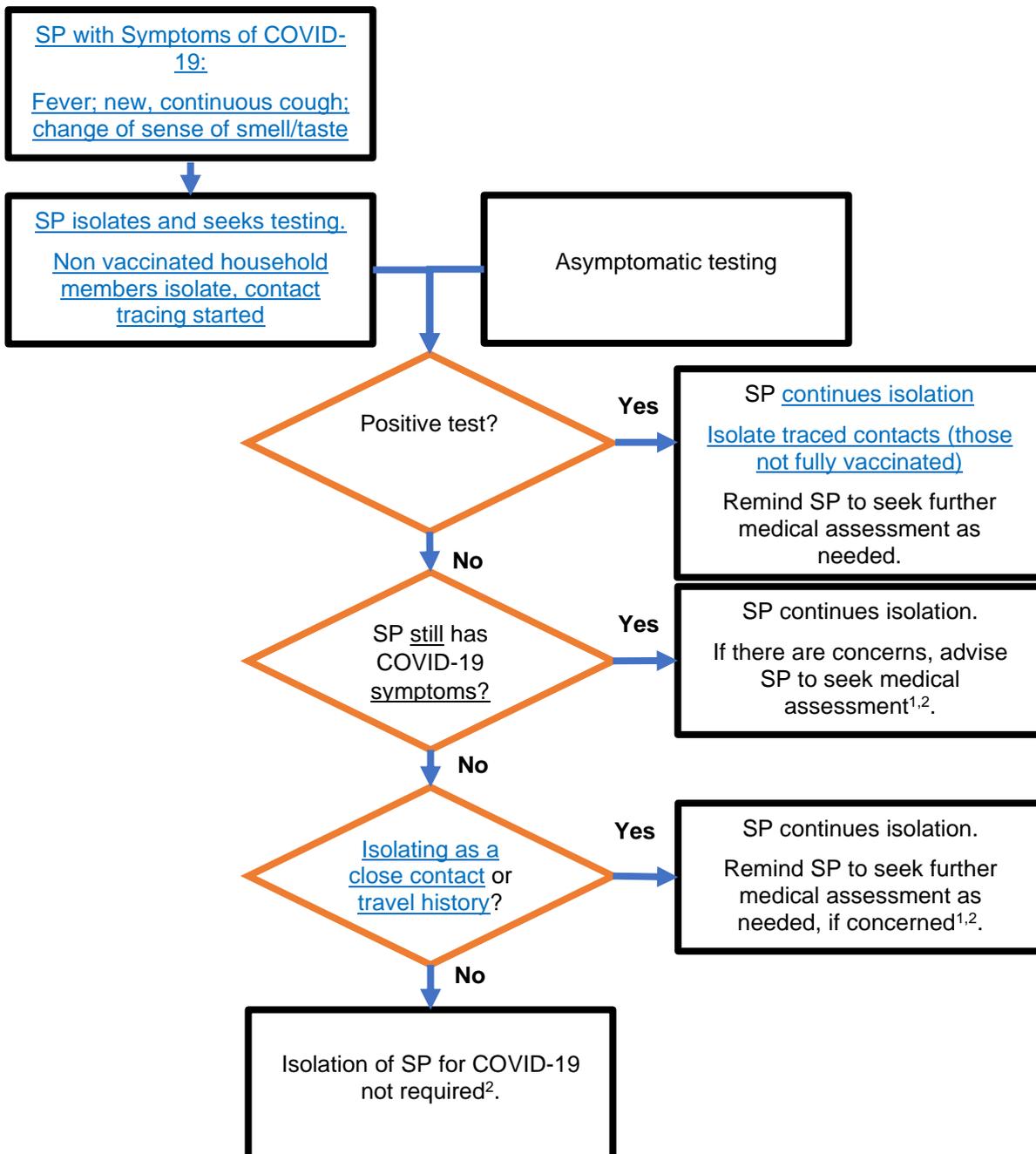
## **Provision of Alcohol Gel or Hand sanitiser**

14. Where possible alcohol gel or hand sanitiser should be made available outside frequently used areas and/or communal areas (such as on entering offices, at reception, near simplex coded doors, etc) to further reduce the spread of COVID-19.

### **For further advice please refer to:**

15. [Stay at home: Guidance for households with possible COVID-19 infection](#)[COVID-19 decontamination in a non-healthcare setting](#)
16. [COVID-19: cleaning in a non-healthcare setting- decontamination in a non-healthcare setting](#)

COVID-19 Isolation Commanders' Decision Support Tool



Notes:

1. If there are concerns and SP is seeking medical assessment, recommend continued isolation of household and MOD workplace contacts until outcome of assessment.

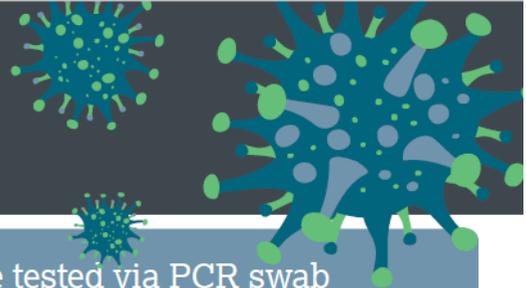
2. Where there is no concern, isolation of a close contact of the SP can end if the following conditions are met:

- they are well themselves,
- a risk assessment has been completed
- they have not been advised to self-isolate by [NHS Test and Trace](#) or Defence EH/PH because of contact with a different case,
- they have not [arrived into the UK from a non-exempt country within the last 10 days](#),
- and, for those living in the same household as the SP, no-one else in the household has symptoms or if they do, they have also received a negative result.

**ANNEX D HAS NOW BEEN REMOVED  
12 OCT 21**

IMMEDIATE ACTIONS IN THE EVENT OF A SUSPECTED COVID-19 CASE

# IMMEDIATE ACTIONS IN THE EVENT OF A SUSPECTED COVID-19 CASE



- 1 Suspected case isolates immediately \*
- 2 CoC immediately informed\* (by phone or colleague)
- 3 CoC to report suspected cases to RC HQ Environmental Health and local medical centre\*  
(RC EH Contact 94222 7374/4157 RC-Med-COVID 19 SPOC)
- 4 COVID Reporting Tool status updated
- 5 RC HQ EH will contact unit and individual to advise on isolation requirements and initiate contact tracing

- 6 Suspected case to be tested via PCR swab
- 7 EH to advise CoC following their assessment of the suspected case

**CoC must consider ways to support the individual's welfare and specific requirements throughout isolation period, including reintegration into unit/training/activity**



\*indicates time critical activity

### **Example Symptom Checker for Verbal or Visual Reminder to Personnel**

To protect yourself and others, it is important that you report any new symptoms which could be COVID related early to the Medical team. We are at our most infectious when symptoms first appear, and If we don't report symptoms early, there is a risk that COVID could be spread amongst the team and across the camp.

If you are experiencing any of the symptoms I am about to read out, notify yourself to me/the medical team immediately after this brief so you can seek the appropriate medical advice. If you are unsure if you meet one of the areas mentioned, it is best to get this checked by a member of the medical team.

Please also update the COVID-19 Reporting Tool which you can find on Defence Gateway.

- Do you feel feverish? This means that you feel hot to touch on your chest or your back?
- Have a new, continuous cough? This means you have been coughing a lot for more than an hour, or have had 3 or more coughing episodes in the last 24 hours?
- Have a loss, or change to your sense of smell or taste? This means you've noticed you cannot smell or taste anything, or things smell or taste different to normal?
- Do you have any other symptoms that you think might be COVID-19 related that are new that you would like to discuss with the MO?"