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ARMY BE THE BEST	**FORCE HEALTH PROTECTION INSTRUCTION: WORKING SAFELY IN A COVID-19 ENVIRONMENT**
Authorised by Senior Health Adviser (Army)	
Version 16.4: Issued 13 Jan 22	**Last Updated: 13 Jan 22**

FHPI administrative document check last conducted: 17 Jan 22

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Annexes:

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

Amendments:

Amendments for Version 16.4		
Date	Change Description	Location
13 Jan 22 (v16.4)	*__Update__* Insertion of DAN 15 links and detail. DAN 15: Safer Working in the Defence Environment	Para 13, 25, 31, 36, 37
	Update Insertion of DAN 13 links and detail. DAN 13: Virus Testing for Defence Personnel	Para 14, 15

Amendments for Version 16.3		
Date	Change Description	Location
13 Dec 21 (v16.3)	*__Update__* Word highlight (existing text): Subject of mutation	Para 6 and Para 8
	Update Activity Assurance	Para 9
	Update Reporting sick	Para 13
	Update Self-isolation	Para 14
	Update Outbreak control and notification	Para 17
	Update Legal reporting requirements and POCs	Para 18
	Update Booster vaccine and link	Para 22

Amendments for Version 16.2		
Date	Change Description	Location
12 Oct 21 (v16.2)	***Update*** Annex D has been removed	Annex D

Previous amendment tables can be found at this link.

FORCE HEALTH PROTECTION INSTRUCTION – WORKING SAFELY IN A COVID-19 ENVIRONMENT v16.4

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. 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 for the **workplace**. 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.

7. The incubation period (time from contracting the virus to becoming symptomatic) ranges from 1 to 14 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 attending the workplace and before undertaking any planned activity, all COs and HoE are to conduct a COVID-19 risk assessment to determine their ability to achieve and maintain FHP measures within the workplace. DAN 15 provides definitive guidance for assessing workplace activities and the risk posed by COVID-19. This risk should be assessed in line with the direction in JSP 892 (Risk Management). Additional assistance from Fmn Environmental Health (EH) Teams can be provided but only 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.

Occupational Health Risk Assessment

10. 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

11. 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 Lft 6-7-7 Joint Service Manual of Medical Fitness.

Reporting Sick

12. 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**,** dependent on virus variant and extant national or devolved administration guidance. Further advice can be sought from Environmental Health staff. Local medical staff should be notified immediately along with Fmns as directed. Annex E provides details on immediate actions.

NHS App and Self Isolation

13. SP must isolate immediately if told to self-isolate by the UK Health Security Agency (UKHSA), Medical Staff, NHS Test and Trace or the NHS COVID19 app. 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 follow local security rules where they apply. Specific guidance on the current requirements for self-isolation can be found in full in DAN 15. DAN 15 will be updated periodically to reflect changes in self-isolation timelines and guidance.

Testing

14. Guidance on the testing for Defence personnel is contained within COVID-19 DAN 13. 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.**

15. Lateral Flow Device (LFD) tests are quick and can provide results within 30 minutes. 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 always be maintained if potential transmission is to be prevented. DAN 13 provides details on accessing, use and actions on results of LFD testing. Queries relating to the advice contained within DAN 13 should be addressed to: SG-DMed-Med-Ops-GpMailbox@mod.gov.uk.

16. Guidance on isolation during outbreaks can be found at Annex A and should be read in conjunction with JSP 950 Lft 7-2-2 and also DAN 15. 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. Actions during outbreaks should now be part of the routine business continuity plan. Rules and guidance regarding isolation of contacts are dependent upon variant of concern. Those who are advised that they are COVID-19 positive or a close contact of a case, must ensure that they follow the advice provide by UKHSA, the relevant devolved administration or RC EHT at the time of notification. 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. UKHSA 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).

17. There is an **absolute** legal duty (link) for an employee to inform their employer as soon as possible if they are told to self-isolate and are due to work somewhere other than where they are self-isolating. Units are to report **ALL** confirmed and suspected cases of COVID-19 to HQ RC Environmental Health SPOC (RC-Med-COVID19-SPOC-Report (MULTIUSER)) as soon as possible, who will undertake contact tracing to protect Army outputs and to support local health protection teams and UKHSA investigations. Alternative contact addresses are given at Table 1 below. Immediate actions are detailed at Annex E.

Movement of Cases

18. 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. Exercise med plans must include the management of potential COVID-19 cases and contacts. 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.

19. 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[1].

Primary MODNET: RC-Med-COVID19-SPOC-Report (MULTIUSER) RC-Med-COVID19-SPOC-Report@mod.gov.uk					
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

20. Being fully vaccinated against COVID-19 is strongly recommended for all personnel. This includes taking up a booster dose as soon as an individual is eligible. 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

21. 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

[1] 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.

up to 7 days post vaccination. Individuals must report any post vaccination symptoms to allow appropriate management.

Temperature Screening

22. 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

23. 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

24. When it has been determined by CoC that larger numbers of SP (e.g. Coy group) are required to be in 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 and Formal Gatherings

25. A cautious approach when considering events is highly recommended. Gathering people together will increase the risk of spreading infection. **The subsequent potential impact on capability 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, etc. DAN 15 provides specific guidance for ceremonial or other official gatherings on the Defence Estate.

Travellers

26. Quarantine and testing requirements for specified countries/regions are subject to continual change for those arriving and departing the UK. Further advice for Defence travellers can be found in DAN 16 and DAN 18 respectively.

Self-Protection Measures

27. 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 principles of 'Hands, Face, Space' are essential and enduring **for all variants of the disease:**

Hands

28. 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. **Alcohol gels are not an alternative to handwashing with soap and water; they are a supplementary measure**.

Face

29. 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. If no tissue is available, aim a cough or a sneeze into the elbow, not the hand(s).

Space

30. 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

31. DAN 15 provides guidance relating to conducting meetings and events within the workplace. Information regarding risk assessment, workforce management, ventilation, reducing contacts, ventilation, etc is all included. This guidance should be used as the primary workplace reference and will be periodically updated according to the current COVID-19 environment.

Accommodation

32. Social distancing is a master principal of infection prevention. 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.

FHP Measures when Social Distancing cannot be maintained

33. There will be some training activities and operational tasks which require close proximity. These activities must be risk assessed as per DAN 15. 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 cleaned regularly and/or between individual users.

b. **Hand hygiene.** Adherence to hand washing practices using soap and water (or hand sanitiser when soap and water is not available) must be maintained as a key mitigation.

c. **Cohorting.** Training in cohorts is good practice. Limiting contact with other cohorts and reducing risk of infection between cohorts should be maintained where possible (e.g. same instructor for the same students for the entire trg period. Where possible, cohorting should be used for duty travel, with personnel only travelling in vehicles with a designated partner or fixed team.

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

34. Annex B provides the procedures for cleaning workplaces and accommodation during the COVID-19.

Communal Feeding

35. Communal feeding activity should be risk assessed in conjunction with the primary contractor and appropriate controls established. All shared ablution facilities must have a supply of running water, soap and paper towels (or hand driers).

Face Coverings

36. Face coverings are not recognised as PPE. Their main benefit is protecting others by reducing the spread of COVID-19 in certain circumstances[2,3,4]. The wearing of face coverings should be in accordance with the relevant national or devolved administration regulation. DAN 15 provides guidance relating to the procurement and use of face coverings within the Defence Estate and whilst travelling.

Physical Training

37. 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[5,6]. All indoor gym activity must be subject to Risk Assessment as per DAN 15 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.

38. 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.

[2] HMG Guidance - Working safely during coronavirus
[3] UK HSA - Face-coverings in the community
[4] HMG Guidance on wearing face coverings
[5] ABN 072 2020
[6] 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.

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.

39. **Outdoor Sport and Physical Recreation.** Outdoor sporting/physical recreation activities are now considered suitable at this 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.

40. **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 the activity is as safe as practicable as well as that currently provided by HMG at this link.

41. **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

42. DAN 15 provides advice to CO/HoE on how to implement the Government guidance on returning to work, including commuting. 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.

Annex A to
FHPI v16.4
Dated 13 Jan 22

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.

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 the specified self-isolation period

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 during the isolation period. Individuals who are fully vaccinated or aged under 18 years and 6 months are not required to self-isolate if classified as a contact of a case. A specified 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.

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.

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 Revie discussion. Further information is available on Defence Connect in Army Health and Wellbeing.

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 COVID-19 Stay at Home guidance	Accommodation is equivalent to a typical UK household
SSSA in UK	Follow COVID-19 Stay at Home guidance	MOD equivalent of a house in multiple occupation (HMO).
SLA modernised	Follow principles of COVID-19 Stay at Home guidance 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. If you are fully vaccinated or aged under 18 years and 6 months you will not be required to self-isolate if you are a contact of someone who has tested positive for COVID-19.	

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[7]. 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
Home, Office, and Conference Room: 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
Bathroom: 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.

[7]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

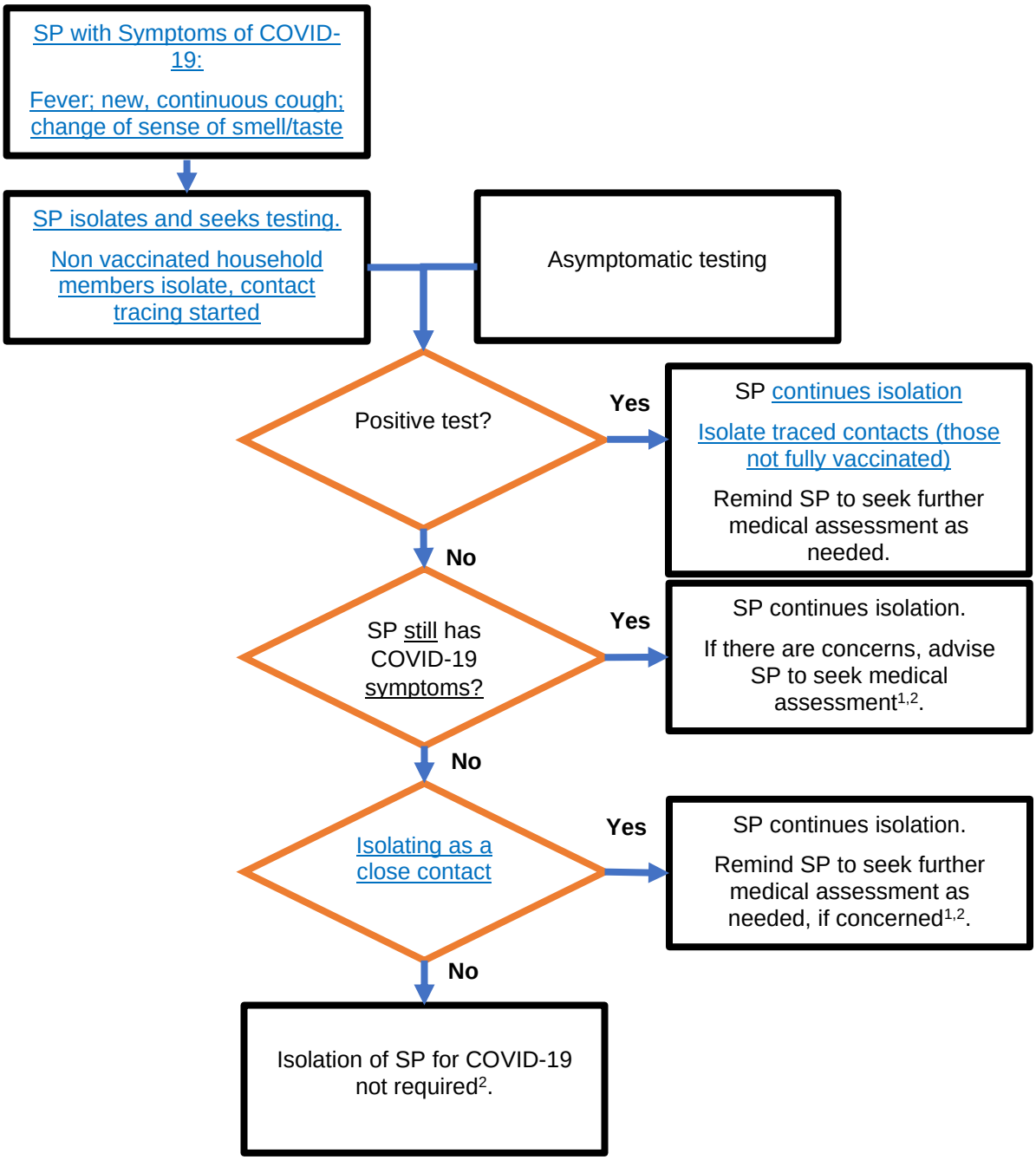
14. Where possible alcohol gel or hand sanitiser should be made available outside frequently used areas and/or communal areas (such as on entering offices, at reception, near simplex coded doors, etc) to further reduce the spread of COVID-19.

For further advice please refer to:

15. Stay at home: Guidance for households with possible COVID-19 infectionCOVID-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:

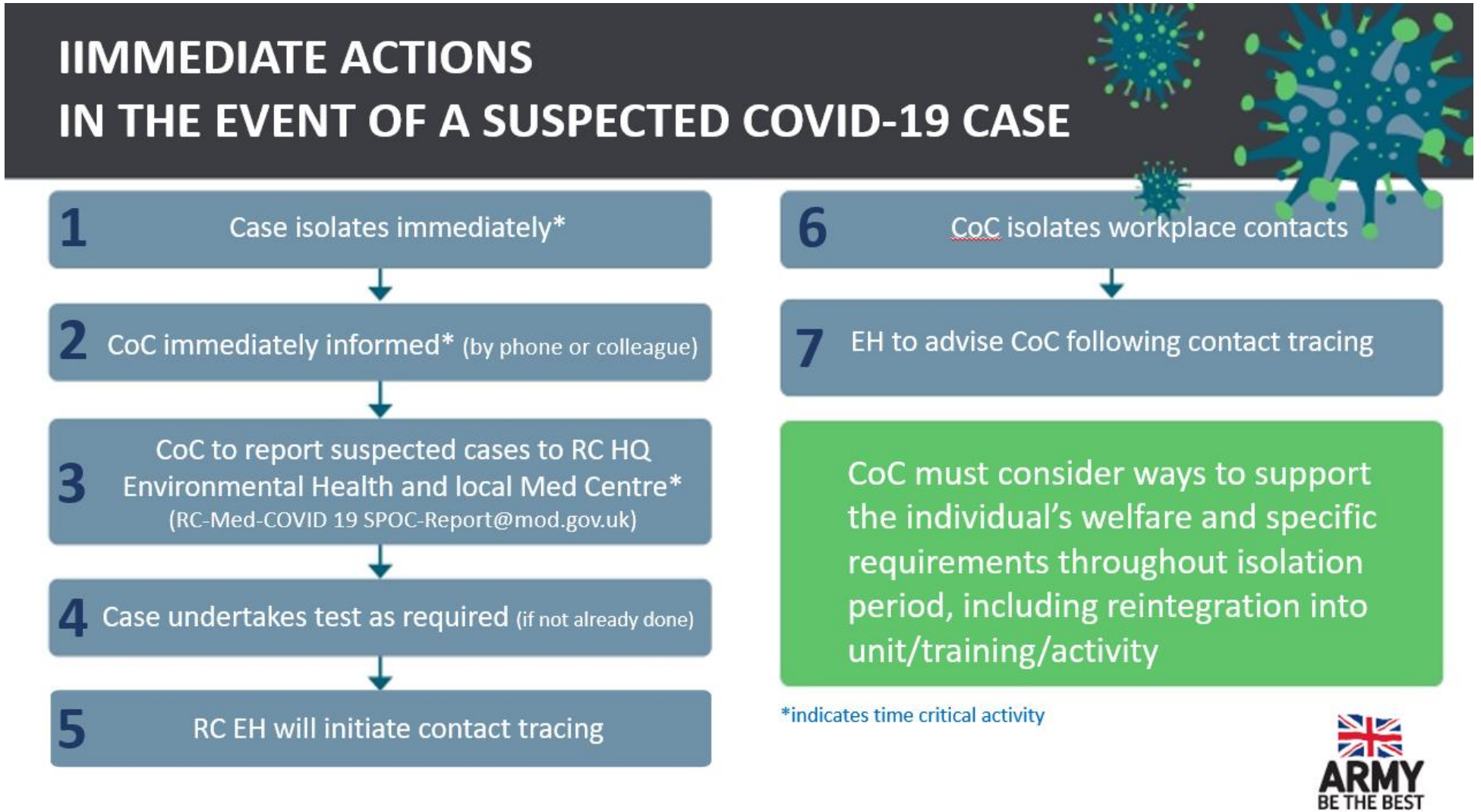
1. If there are concerns and SP is seeking medical assessment, recommend continued isolation of household and MOD workplace contacts until outcome of assessment.

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 (as maybe applicable)
- 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



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?"