Army Safety & Environment Matters

50 | Winter 2014-15

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CHIEF ENVIRONMENT &
SAFETY OFFICER (ARMY)

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CESO-Army

British Army Safety

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Editorial

Welcome to Issue 50 of Army Safety & Environment Matters magazine, which has come a long way since its first issue in March 2001 with only a 4 page (A4) pamphlet. Jump forward 13 years and we have a bumper 28 page milestone issue. To date over 181,000 copies have been produced and distributed across the Command.

CESO(A) have been at the forefront of delivering H&S Policy information across the Army, and will hopefully continue to do so for another 50 issues and beyond.

This issue's primary focus is on Reservists and why H&S is just as important for them as Regular soldiers; articles provided by 3 R WELSH and RTMC Chilwell offer a good insight in to the cross mapping of skills and how safety matters to them.

Both BATUS and 212 Field Hospital have provided useful environmental articles with some outstanding results. On a difficult and personal level, my wife has written an article on contact lenses and how she has lost an eye due to one of the worst diseases you can catch in the eye, Acanthamoeba; I thank her for her contribution.

Now, it can't go un-noticed that this is Issue 50, so to celebrate we are offering one lucky winner a £50 Amazon gift voucher! Head to the back page and simply complete the 'Spot the Difference' competition, send your results in to me by close of play 2nd March 2015. All correct entries will be catalogued and a random winner will be selected using a digital randomiser, ensure you include your name and contact details.

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CESO(A) now has a group page on Facebook, where you will find digital copies of the magazine, posters and information of interest.

Simply search for CESO-Army and 'Like'.

In this Issue

Army Safety & Environment Matters is the half yearly publication of the Chief Environment & Safety Officer (Army), CESO(A) – https://www.armynet.mod.uk/armysafety Its primary aim is to promote good practice in safety and environmental issues throughout the British Army. If you wish to comment upon any article, make a contribution, or have a query regarding distribution of this publication, please contact: SO2 Comms, CESO(A), Army HQ, IDL 10, Floor 1, Zone 4, Blenheim Building, Marlborough Lines, Monxton Road, Andover SP11 8HJ. Mil: 9 4393 7536 or Civ: 01264 88 7536.

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News in Brief

CESO(A) Move

CESO(A) has moved office. Our new address is: Army HQ, IDL 10, Floor 1, Zone 4, Blenheim Bldg, Marlborough Lines, Monxton Road, Andover, SP11 8HJ. Refer to page 27 for our new contact details.

AKX

CESO(A) now has a presence on the Army Knowledge Exchange (AKX) you can access the AKX on any MOD Network. CESO(A) plans to use this medium to push Health and Safety information out to the wider community, http://akx.landforces.r.mil.uk/armysafety/Pages/home.aspx

MOD Form 510

The authors of JSP 375 announced that the MOD Form 510 had been withdrawn from use. This is not the case. The Army, as the only users of MOD Form 510, were advised that it was no longer a MOD sponsored Form and therefore not retained in the JSP, however, it remains in use across the Army TLB for all accidents and incidents that are reported in to the AINC.

The form remains available on the CESO(A) website and MOSS area. Any difficulty in obtaining the form should be referred to AINC. Please also note that the version does change from time to time and local storage of the form needs to be updated with the current version.

Certified Free From Explosives (CFFE)

CESO(A) is currently collaborating with AMEC and Jump (GB) Ltd to deliver a new training DVD similar to that of the 'Don't Gamble with Ammo' campaign. The DVD will focus on the importance of CFFE and the consequences, should the process not be followed in accordance with JSP. The video will be available early February 2015.

Congratulations to Captain Anthony Dale, WO2 Gary Shuck and Captain Karen Thomson

Breaking News...

...for All Civilian LMs, HRMS and Civilian Occupational Health Surveillance/Assessment

December 2014 will see an update to HRMS to include Occupational Health Monitoring within the Workforce Monitoring menu. The main purpose of the update is to:

- Provide a uniformed approach to managing civilian staff's occupational health surveillance/assessment requirements.
- Reduce the accidental lapse of occupational health surveillance/assessment through the provision of automatic reminders to line managers.
- Direct line managers towards the department's policy, guidance and services for occupational health surveillance/assessment.
- Provide the department with Management Information regarding civilian staff's occupational health surveillance/assessment requirements, quantities, expiry dates etc.

If you're a line manager and this applies to you, please follow the few simple steps shown in the link below to ensure your staff's occupational health surveillance and/or assessment requirements are included on HRMS: http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/HOCS/Organisations/Orgs/DBS/PeopleServices/HealthWellbeingandSickness/Occupationalhealthadvice/Pages/occupationalhealthadvicestatutoryreq.aspx

NEBOSH Diploma Success for USEAs

Three Unit Safety and Environmental Advisors were each awarded their NEBOSH Diplomas at the NEBOSH Graduation and Awards Ceremony held at the University of Warwick on 23rd June 2014. Those receiving their Diplomas were presented with the qualifications by Judith Hackitt CBE, Chair of the Health and Safety Executive.

Captain Anthony Dale (USEA 29 EOD S Gp) and WO2 Gary Shuck (USEA 5 Trg Regt) each gained their NEBOSH Occupational Safety and Health (OSH) Diploma and Captain Karen Thomson (USEA 14th Signal Regiment (EW) gained her NEBOSH Environmental Diploma.

Sir Bill Callaghan (Chair of NEBOSH) said: *"We are proud of the contribution of NEBOSH qualified Safety, Health and Environmental Practitioners, who apply their knowledge and skills to evaluate risks and determine appropriate control measures"*.

Congratulations to all of them for their hard work and dedication to achieve such prestigious qualifications.

Is Your Chair Strong Enough?

Please be aware that an employee was recently injured when the chair they were sitting on collapsed. The chair is part of the Defence Accommodation Store range and is normally issued as a visitor chair. Details of the chair are as follows:

7110 99 808 9743 – Visitor's cantilever metal frame chair

Certain chairs appear to have a weakness in the framework, QMs will be contacted and requested to inspect chairs for serviceability and quarantine any which show signs of weakness.

You should also be aware that the manufacturer has stated that the maximum weight for this chair is 18 st.

Access to Unit Accommodation 'Out of Hours' – something to be considered?

The recent death of a Serving Person may have been preventable if master keys were available to all Unit Accommodation. In similar circumstances quicker access may enable a responder to intervene and prevent a fatal outcome. It is recommended that The Guardroom should hold a set of master keys to enable access to any room, office or building on camp.

Duty personnel should also be briefed on any concern for the welfare of Service Personnel or their families, the police should be informed as they can force entry into SFA/SLA if life is deemed to be at risk.

Congratulations

Capt. Ian (Dave) Morrin (SHEF Colchester Garrison) beat off some fierce competition to win the 'NVQ Student of the Year Award 2014'. The award is given to the student who has achieved the qualification against all odds and is awarded annually by Health & Safety Training provider Corporate Risk Systems Ltd (CRS), based in Burton on Trent, Staffs.

The City & Guilds NVQ Level 5 Diploma in Occupational Safety & Health is considered to be the best route to CMIOSH (Chartered Membership of Institute of Occupational Safety & Health) and one of the top Health & Safety Qualifications required for Health & Safety Managers.

Martyn Grant, one of the senior NVQ assessors' for CRS commented: *"Despite the distractions and heavy workload that come with his post, this candidate has completed the NVQ Level 5 Diploma in Occupational Safety & Health in double quick time..."*

Martyn then went on to say: *"To complete this qualification, whilst holding down an exceptionally busy day job, in little over 4 months could well set a record for CRS"*.

Captain Morrin was presented the award at a special presentation at Sahara Force India F1, HQ Silverstone, by Richard Ball – A senior assessor for CRS. www.crsrisk.com/mod

Well done from the team at CESO(A).

Comments?

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Safe Army Reserves

The 3rd Battalion The Royal Welsh is the only Reserve infantry unit in Wales, with its HQ in Cardiff and a number of Army Reserve Centres (ARC) throughout Wales. Captain Richard Smith, C COY PSAO, sets the scene...

C Company, which I'll focus on, is located in the heart of the South Wales valleys in Pontypridd about 20 miles north of Cardiff. Those serving, or who have served at a Reserve unit, will understand some of the complexities of ensuring we provide a safe environment and a safe system of training in and out of the ARC, which I'll endeavour to elaborate on.

Firstly, The 3rd Battalion The Royal Welsh (3 R WELSH) is no different to any other unit when it comes to complying with Health and Safety Legislation. The QM is the focal point, but instead of having one location we have six, which as you can imagine, requires a bit more coordination as we are not always the sole users. Therefore at each location we have a SHEF focal point, which in our case is the PSAO, who provides the vital continuity that is required for this task. So here at Pontypridd we require all the documentation required by JSP 375 and we have to ensure we work closely with the other users of the ARC. So how do we ensure that when our Reservists or anyone else enters the ARC, they are in a safe environment and a safe system of training is in place?

Firstly the ARC – this is similar to any other MOD establishment, but on a smaller scale and with a few minor differences. The estate is managed by the Reserve Forces' & Cadets' Association (RFCA) instead of the DIO. Also, the ARC can be hired for use by other organisations or individuals which can range from communal functions to the area being used as a film set. Therefore we ensure individuals are inducted and other users are complying with the RFCA policy to ensure our duty of care responsibilities are in place. This can be protracted with the requirement of providing liability insurance, etc.

As you can imagine, the majority of training we do is infantry skills and drills which comes under the 'Infantry Safe System of Training', but also utilising JSP 375 Vol 2 when required. This is all reinforced by mandated training and the use of 'Toolbox Talks' on equipment, which is very useful at the moment with the amount of new equipment that has been issued to the Reserves.

As part of the Reservist training from induction and during normal training, we stress the importance of Accident Reporting and the completion of the Electronic Form 510. This is particularly relevant for Reservists who are injured during training and are unable to work due to an injury. Reservists are entitled to claim Disability Allowance from the Army for the period where they are unable to work due to being injured whilst on duty. Therefore, it is stringently reinforced and in the interest of the Reservist to report every accident during training and complete a Form 510. Without the Form 510, the Disability Allowance claim would be rejected by the APC, and the Reservist could suffer financially, especially if they are self employed. I'm sure every Reserve unit will be familiar with this procedure, but regular personnel will not be, and with the new pairing mechanisms of A2020 in its infancy, they will need to be mindful of this. The only other extra complication we have to deal with is driving hours, which at times is a struggle and we have to monitor this closely especially if the Reservist is a professional driver.

In summary we are utilising not just the SHEF policies and legislation, but incorporating them with our Equipment Care Policy, the Infantry Safe System of Training and a variety of policies and documents. It is imperative we do this to ensure we provide the realistic, relevant and safe training all in a safe environment. Using all these procedures correctly provides our Reserve soldiers with the right Force Protection, ensures they are financially compensated if they are unable to return to their civilian job due to being injured on duty and ensures we generate the capability required for the future demands of A2020.

Many thanks to Captain Richard Smith for contributing with this article.

Life as an Army Reservist

3 R WELSH's Captain Mike Jones, QM (Tech), offers his own views on being a Reservist

How long have you been a Reserve?

I've been a Reserve for 33 years and have been fortunate enough to have visited 18 different countries including an Operational Tour to Iraq.

What is your full time job?

I am a Highways Network Manager for a local authority; part of my remit is to ensure that all public utilities (gas, electric, water companies and private contractors) are complying with their duties under the HASAWA. This ensures that the general public can undertake their normal day to day life, using the public highway in a safe environment.

How does being a Reserve impact family life?

It can be a massive strain at times; however, my family have been fully supportive throughout my Reserve career, despite missing a number of family birthdays and being away on father's day numerous times.

What particular skills would you say are key and transferable between a Reservist and Civilian life?

Without a doubt, discipline and organisation, these are key transferable skills which have benefited my employer and work colleagues immensely.

Being in the Army Reserve and within an environment where H&S is vitally important and paramount has helped me tremendously within my civilian life. It has made me take a step back and assess things with a different and objective way of thinking.

What's your view on health and safety?

H&S is important in all aspects of the Army Reserve (AR), as it shapes the way we train. We take into consideration H&S as a matter of course, for example, when programming training we must think about how we organise manpower, particularly in terms of do we have enough manpower to undertake the task in a safe manner?

All the skills I have learned whilst being in the AR has undoubtedly helped me in my civilian employment and environment. Example experiences can be broken down into the relative departments:

Quartermasters Stores

It is important that before any Army Reservist Training can take place, the right equipment must firstly be provided and delivered, for example:

1. Manual Handling procedures – can we get the kit on the transport safely without hurting the individuals loading the kit, i.e. is it too heavy to load, or does it need to be broken down into smaller sized packages for easier loading?
2. Is the kit stowed away safely to travel the distance required?
3. Do we have enough transport to get all the kit there without cross contamination?, e.g. gas bottles and ammunition should not be on the same transport!
4. Is the kit and equipment fit for use and are there enough competent people trained in the QM's department to use the equipment?

An example of this is the issue generator. An instruction came out that they could not be used because of issues with servicing. However, one clever individual from a company turned up on exercise with his own private generator. He was quickly informed that he could not use it – "why" was the response? A quick lesson on the implications of using such equipment was explained to the individual, and he went away well informed of the reason health & safety was in place... Ignorance cannot be used in mitigation!

Catering Platoon

As we deploy on exercises as a self-contained unit we must draw on the resources we have trained within the unit.

If we want to conduct central feeding during an exercise there are several factors we must take into account, for example:

- The number of trained chefs within the unit (who are deploying for that exercise).
- The numbers of soldiers to be catered for – ratio for working hours and preparation time for the chefs.

Continued...

- Chefs or staff trained on the safe operation of the field cooking equipment.
- Do we have enough qualified food handlers to undertake the task in hand?
- Are there enough drivers or are the catering staff also drivers?

Motor Transport Department

Driver's hours are an important thing to consider. Because we have lost Crown Immunity we must now comply with driver's hours and ensure that every driver has the requisite sleep before driving. If Fusilier Bloggs is a driver and says he is, but then doesn't turn up on a weekend, we must have contingency plans in place to be able to, e.g.

- Get reservists to the training area – for example, is the distance too great to travel in a Troop Carrying Vehicle in the time available?
- Deliver the training in accordance with the training objectives for the weekend. Once there do we have enough drivers to undertake the driving tasks required?
- Recover the reservists back safely to their respective Army Reserve Centres. Do we have enough drivers with enough driving hours left to get back?

Infantry Company / Platoon level

Further examples:

- Before any training can start we must have completed a Range Action Safety Plan & Exercise Action Safety Plan (RASP & EASP) – ensuring it is sent to the training area that we are going to be using.
- All exercising and non-exercising troops must have a brief before training commences so they are aware of the risks involved and the 'actions on' if anything occurs during the exercise.
- Have all necessary checks been undertaken for 'blank to live firing'?
- Do all personnel have the correct PPE such as ear defenders and are they serviceable?
- Simple things like; does everyone have a water bottle and is it full? How, where and when does replenishment occur?

Summary

As you can see from the simple task of the issuing of kit and checking that it is fit for purpose, to the deployment of reserve soldiers on exercises, H&S cannot be avoided as it plays a vital part in everything that we do.

Managed correctly, H&S will allow us to complete our training in a realistic, but safe manner and get back to work in our civilian jobs without injury.

Many thanks to Captain Mike Jones for his assistance with this article.

RTMC Chilwell's H&S Approach

The Reinforcements Training and Mobilisation Centre (RTMC) is based at Chetwynd Barracks, Chilwell. It trains, equips and administers individual service and civilian reinforcements in order to prepare them for operations or peacetime defence commitments. WO2 Matt Finch (CTG-RTMC-QM-RQMSM) provides an overvew...

The unit is integrated into the Operational Training and Advisory Group (OPTAG). OPTAG ensures that every individual's pre-deployment training is refreshed and ready for future operations in the Land environment.

The unit trains a wide variety of soldiers and officers for deployment globally. Health and Safety is a matter that the unit stresses in the training that it delivers and it goes to great efforts to ensure that the subject is covered comprehensively and in a manner that is appropriate to all levels of experience. Course personnel leave RTMC understanding the importance of operational safety and how to maintain their own personal health during their deployment.

A representative from the Department of Environmental and Occupational Health (DEOH) supports the course by delivering a brief. The content is adapted to the requirements of the course, many of whom will be deploying to new areas where they have little experience. For some of the more experienced military personnel, lessons such as 'personal hygiene in the field' and 'the effects of climatic injuries', are just a reminder, but many of those who attend RTMC courses, have not spent time in uncomfortable and hostile environments and it is therefore essential that they are made aware of the potential hazards they may face during deployment and how to combat them.

Course attendees are also trained in disease and health protection, environmental and industrial hazards, and climatic injury and remediation. The training is supported by images of sores, bites, diseases and injuries that can be quite an 'eye-opener' for some!

Many of the countries where the Army deploys do not have a well developed road system. The risk of personnel being involved in road traffic incidents is thus increased. RTMC is equipped with a Roll Over Drills and Egress Trainer (RODET) which enables students to experience a vehicle roll over in a controlled and safe environment. The RODET demonstrates the risks from IEDs and road traffic incidents. The trainer, based on a MASTIFF platform, enables training in the evacuation of casualties from a vehicle in various stages of inversion. It provides students with the opportunity to practice and refine lifesaving skills that they may need during their deployment.

RODET training session

All soldiers like to get their hands on new and shiny kit and the trip to the Quartermaster's Department for the famous 'Black Bag' issue is no exception. As well as receiving their operational clothing individuals will get personally fitted for their personal protective equipment (PPE). Prior to arrival all students are categorised according to where they are deploying and their role in theatre. PPE is issued accordingly. On arrival a collective brief is given on the kit issue process, highlighting the various operational safety points that need to be considered when being issued and fitted for PPE. Those with no or very little operational experience sometimes fail to grasp the importance of wearing their PPE and what protection it provides. The information given during the process and the lessons conducted by the training wing emphasise that personal operational safety is an individual responsibility; the correct wearing of PPE is critical.

A member of the Quartermaster's Deptartment will assist in the sizing of individuals for their Helmet, tier 2 pelvic protection, Osprey/ECBA and gloves. Students get the opportunity to try on the kit to find the correct size under the watchful eye of the staff. RTMC staff assist in ensuring helmets fit correctly and sit at the correct level above the eyes, Osprey/ECBA is of the correct length; not too short as to leave an unprotected area around the midriff but not so long as to prevent a comfortable seated position in a vehicle, as well as sizing for gloves and the pelvic protection. The method of correctly fitting of pouches to the Osprey is explained so that the pouches do not become projectiles if the wearer is subjected to a blast. Other common faults are highlighted during the fitting process. It is important that everyone leaves with the understanding of how to wear their PPE correctly and what it can and will do, to protect them as long as it is worn in the correct manner.

Many thanks to WO2 Matt Finch for his assistance with this article.

A Season to Be Jolly Safe

A cocktail of people, excitement, stress, tiredness and alcohol can create unexpected hazards in the home or place of residence at Christmas time.

According to the NHS, more than 80,000 people a year need hospital treatment for injuries such as falls, cuts and burns during the festive season. Time for some Christmas common sense!

Kitchen

Heat, hot fat, boiling water, sharp knives and not to mention stress levels make the kitchen one of the most dangerous places during the busy holiday period. Try to keep other people (especially children) out of the kitchen, maintain hydration levels, avoid alcohol until you've finished cooking, and wipe up spills as soon as they happen.

Stairs

Clutter, alcohol and tiredness make the stairs an accident hotspot during Christmas. Common accidents involve falls, especially after a few units have been consumed. Keep the stairs well lit and free from obstacles, especially if you have guests who could be going up to the bathroom when it's dark.

Presents

The introduction of new toys, games and various electrical items introduces hazards, especially on Christmas Day. Fighting your way into packaging and trying to remove that doll from what seems like Fort Knox with copious amounts of twist ties, plastic and clamshell packaging, mixed with frustration is enough to raise any calm individual's blood pressure to boiling point – making you want to reach for the nearest pair of scissors/screwdriver or chainsaw to remove said doll from its box! Make sure you have the right tool to remove your child's prized present from its packaging safely!

People often cut/stab themselves with sharp instruments when they're opening presents too quickly. Tripping over toys and electric cables while rushing around are also common accidents. Take time to enjoy the moment. Have the right tools ready for toys that are a Krypton Factor challenge. Clear up the packaging and wrapping paper as you go along, and remember to recycle.

Christmas Trees, Lights and Decorations

Beware of your Christmas tree. That Norwegian spruce is not as innocent as it looks. Every year, about 1,000 people are injured by their tree, usually while fixing stars, lights or other decorations to the higher branches. Always use a stepladder to put up the decorations and don't over-reach yourself. Reconsider the size of tree to eliminate the need of cutting it to down to size– do you really need a 15ft tree?

Around 350 people a year are hurt by Christmas tree lights, according to the Royal Society for the Prevention of Accidents (RoSPA). Injuries include people falling while installing them, children swallowing bulbs, and electric shocks / burns from faulty lights. Test your lights and the wiring before you put them up, as they can deteriorate over the years. If you have old lights, buy new ones that meet higher safety standards. Don't introduce a fire risk by overloading plug sockets.

FACTOID **The first use of electric Christmas lights in a household is generally credited to Edward H. Johnson, a close friend of Thomas Edison. Johnson rigged up a Christmas tree with electrical lights in 1882.**

About 1,000 people a year are hurt when decorating their homes, says RoSPA. Children bite into glass baubles and adults fall while using unstable chairs instead of ladders to put up streamers, or fall out of lofts while looking for the decorations.

Candles

People are 50% more likely to die in a house fire over Christmas than at any other time of year. Taking care with candles and oil burners is one way to help you and your family and friends avoid a Christmas house fire.

- Never put candles on or near a Christmas tree.
- Never leave an open flame unattended.
- Always place tealights inside an appropriate container, they have been known to burn through baths and television sets!

FACTOID **The earliest known candles originated in China around 200 BC, and were made from whale fat. Candles did not appear in Europe or the Middle East until sometime after AD 400, due largely to the availability of olive oil for burning in lamps.**

Christmas Plants

Mistletoe is poisonous. Its berries contain toxic proteins that slow the heart rate and can cause hallucinations. The orange berries of the Christmas cherry can cause stomach pains. Check your plants are non toxic and if they aren't, keep out of reach of children.

FACTOID **The Christmas rose is so effective at causing diarrhoea that it was used as a chemical weapon by the ancient Greeks.**

Stress

Christmas is one of the most stressful times of the year for many of us. The combination of drink, relatives, lack of sleep and the stress of Christmas shopping can be too much for some people, not to mention being away from families and loved ones during the festive period.

Be mindful of your feelings and those around you, learn how to identify and manage stress, communicate with people you trust and can confide in.

Indigestion and Food Poisoning

Food poisoning is always a worry at Christmas. Ensure your game/fowl is defrosted and cooked according to the instructions. If you don't, you could contract illnesses such as salmonella poisoning, which can be life-threatening for vulnerable people.

Studies by the British Nutrition Foundation (BNF) reveal that, on average, we gain 2kg (5lbs) in weight during the Christmas period, so restrict the amount of chocolate, cakes and nuts you eat!

FACTOID **Salmonella bacteria are not destroyed by freezing, but UV light and heat accelerate their demise, Salmonella bacteria perish after being heated to 55 °C (131 °F) for 90 min, or to 60 °C (140 °F) for 12 min. To protect against Salmonella infection, heating food for at least ten minutes at 75 °C (167 °F) is recommended, so the centre of the food reaches this temperature.**

Source http://en.wikipedia.org/wiki/Salmonella

Alcohol

Apart from the risks to your own health, alcohol can be the chief mischief maker when it comes to accidents. Risk awareness is reduced and will reduce our perception of everyday risks.

After a party, empty any alcohol out of glasses. Children are more than likely to sample the goods on offer if they get up early to play with their new toys and gadgets. Never drink and drive.

FACTOID **Reported casualties (2012):**

- **280 killed due to drink driving during.**
- **1,120 serious injuries due to drink driving.**
- **8,500 slight injuries due to drink driving**

Source: Department of Transport: https://www.gov.uk/government/statistical-data-sets/ras51-reported-drinking-and-driving#table-ras51104

Have a very safe Merry Christmas and a Happy New Year

Source contribution: Royal Society for the Prevention of Accidents (RoSPA) and http://www.nhs.uk/Livewell/Healthychristmas/Pages/Christmasinjuries.aspx

Personal Protective Equipment (PPE)

It's not a fashion show!

PPE has many important functions including eye, hearing, respiratory and skin protection. It should always be the last line of defence against hazards; however, there are still too many instances where people are not using it, why?

Issues to consider:

- **Fitting** – If the PPE does not fit correctly it will hinder the user's ability to do the job safely and effectively. A good fit for the individual wearer is essential to ensure proper protection. Some PPE is only available in a limited range of sizes and designs, so consider the options, size and shape of the potential user before issuing the kit.
- **Choice** – There is some evidence that giving a choice of PPE to the wearer will improve its chances of being used.
- **Practicality** – Just how practical is it to use? If the PPE is uncomfortable (too hot, heavy, big or small) or restricts movement or vision then it is unlikely to be willingly worn.
- **Maintenance** – Poorly maintained, scratched, dirty or damaged PPE will discourage use. Ensure all PPE is thoroughly cleaned and serviceable after every use then stored carefully; take responsibility for your kit.
- **Appropriateness** – Is the PPE the right PPE? Will it protect users? Ensure the right PPE for the task in hand and ensure its availability. Often the wrong PPE is used because "it was the only PPE there".

- **Ownership** – In order to get soldiers or anyone else to do something properly, they need to 'own' the issue. If soldiers can be involved in PPE decisions based on parameters (e.g. breathing apparatus has to filter out A, B and C substances and last X amount of time), then they are much more likely to understand why they need to wear PPE and the limitations of what is available.

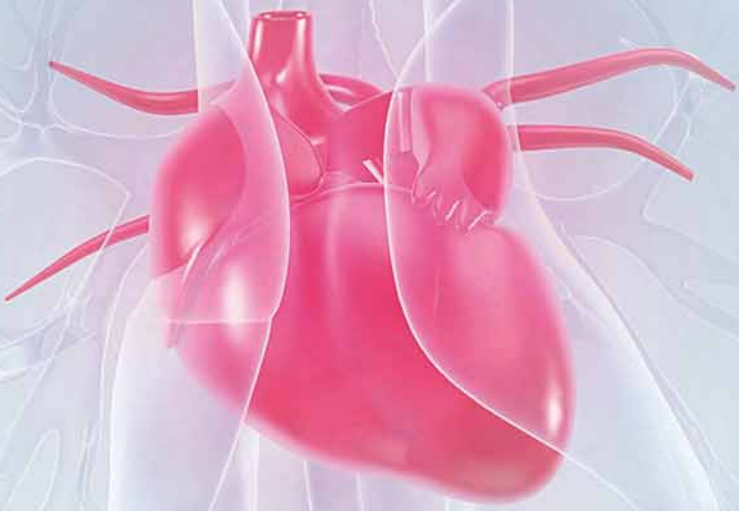
- **Time** – How long should PPE be worn for? Long hours spent in uncomfortable PPE will not encourage use. Can the task be broken down into shorter periods? Conversely, any need for frequent removal of PPE which may be dictated by the nature of the work may also encourage risk taking.
- **Culture** – It is important that senior management shows the right attitude to safety and sets an example when working in hazardous environments. Lack of a safety culture will affect motivation, participation and compliance.

For further guidance and policy on the use of PPE, refer to: JSP 375 Health and Safety Handbook, Part 2, Vol 1, Ch 15.
http://defenceintranet.diif.r.mil.uk/Reference/DINsJSPs/Pages/JSPArchiveIndex.aspx

Article contributed by Roger Fellowes (LAIT SO1A)

Sudden Cardiac Arrest (SCA) and Automated Electronic Defibrillators

Few people seem to be aware that about 100,000 people in the UK die from Sudden Cardiac Arrest (SCA) each year, that's about 250 people per day.



30% of these deaths occur whilst outside hospitals or other clinical care, the survival rate in these cases is less than 5% which amounts to only 4 survivors per day! The majority of cases are in the elderly population, but SCA also affects those that are apparently young, fit and healthy. Every week in the UK, approximately 12 fit and healthy young people aged 35 and under die from undiagnosed cardiac conditions.

SCA is not a heart attack. It is an abrupt loss of pulse and consciousness caused by an unexpected failure in the heart's ability to effectively pump blood to the brain and around the body. It is usually caused by life-threatening arrhythmias, abnormalities in the heart's electrical system.

There are various manufacturers of Automated External Defibrillators (AED) – typically, they cost around £1,500

A person suffering from a heart attack normally maintains consciousness, and is breathing. However, the sudden cardiac arrest victim first loses his or her pulse, then consciousness, and finally the ability to breathe. All of this happens quickly - within a few seconds.

The chances of survival using cardiopulmonary resuscitation (CPR) alone is 5%; CPR will not usually be sufficient, on its own, to save the person's life. But when an automated external defibrillator (AED) is used combined with CPR the chances of survival increases to 50%

The only definitive treatment for SCA is defibrillation – an electric current that 'shocks' the heart so that a normal rhythm may resume. This shock must be delivered within minutes of the arrest, because the chance of recovery from SCA decreases by about 10% every minute, until a shock is administered. For this reason Automated External Defibrillators (AED), which have voice prompts and clear illustrations for ease of use by a passer-by, are increasingly becoming available in public places likely to attract large gatherings.

A typical AED costs about £1,500. They are easy to demand and easy to use! Furthermore policy, set out in JSP375 Part 2 Vol 1 Ch 5 (First Aid), recognises the use of AEDs by untrained staff, or bystanders, in emergency situations. This use is considered safe and effective as AEDs have clear instructions and cannot administer a shock in the wrong circumstances.

Increased awareness and access is the key. It could save someone's life.

Safety and the Army Cadet Force

The Army Cadet Force (ACF) is one of the country's largest voluntary youth organisations. It is also one of the oldest, having celebrated its 150th anniversary in 2010.

The ACF offers young people up to the age of 18 years 9 months a broad range of challenging, educational and adventurous activities which helps them to develop physically, mentally and socially.

Whilst not part of it, the ACF has close links with the Army and is organised on military lines and mirrors the Army's Values and Standards. Managing and keeping the cadets safe highlights some of the key issues for the ACF.

Working with Young People

Cadets can join from the age of 12 and the majority are aged 16 or under. There is a specific responsibility to look after the safety and welfare of all cadets. As an organisation the ACF has a number of measures in place to specifically address child protection and safeguarding issues. These include:

- An established child protection policy (see right).
- Safe systems of training.
- Safeguarding card issued to all cadets.
- Screening of all adult volunteers.
- Annual training on safeguarding of children, for all adult volunteers.

All images this article © ACFA

Working with Volunteers

Cadet Force Adult Volunteers (CFAVs) are the lifeblood of the ACF and it would not be able to operate without them. They fall into two categories: Adult Instructors and ACF Officers, who give up their own time during the evenings and weekends as well as extended periods of time on annual camps.

Coming from a civilian background, volunteers can bring many skills and benefits as well as an appreciation of wider approaches to safety. It also provides its own challenges though in terms of allocating time for training in the ACF's systems and procedures. Whilst ensuring that the necessary health and safety requirements are understood and followed, training has to be carried out during the evenings, weekends, and personal time already given up by the volunteers, which is away from the cadets. This is essential in ensuring that the ACF has trained individuals that build upon the existing safety culture and follow the necessary procedures for keeping cadets safe.

A wide range of structured courses are provided for the ACF CFAVs. All of the courses have elements of health & safety and safe systems of training built into the course programmes; this helps keep the CFAVs fully up to date with ever changing elements of safety and environmental issues so that they in turn, can pass the knowledge on to both the cadets and other CFAVs alike.

ACF Child Protection Policy

It is the primary responsibility of ALL adult members of the Army Cadet Force to safeguard the moral, psychological and physical welfare of cadets, regardless of gender, religion, race, ability, disability, sexuality and social background; by protecting them from any form of physical, emotional and sexual abuse or neglect.

With thanks to Mr Dean Kirkpatrick, Cadet Administrative Assistant, The North West of England & The Isle of Man Reserve Forces' & Cadets' Association for his contributions to this article.

CFAV Training Courses

- **Familiarisation & Assessment Training (FAM-AS).**
- **Basic Induction Course (BIC).**
- **Intermediate Induction Course (IIC).**
- **Advanced Induction Course (AIC).**
- **Adult Leadership and Management Course (ALM).**
- **Skill at Arms Course (SAA).**
- **Exercise Conducting Officer's Course (ECO).**

The ALM and SAA courses replaced what was known as the Adult Instructor's Course (AIs) and the ECO Course replaced what was known as the King George the Sixth Memorial Course (KGVI) located at Frimley Park in Camberley, Surrey.

Risk Assessment includes:

- **Range Aid Memoires (RAM).**
- **Exercise Aid Memoires (EAM).**
- **Admin Letters.**
- **Stores/Personal Protective Equipment (PPE) lists.**
- **Public/Military Events (PME).**
- **Detailed Training Programmes.**
- **Training on Private Land (TOPL) through Regional Brigade G3 Lands,Training Areas and Ranges (LTAR) and the Joint Service Adventurous Training Form Alpha (JSATFA) as appropriate.**

Safe Systems of Training

The focus on safety can be found throughout the ACF, this can be seen through the relatively new ACF Syllabus which provides a way of working more aligned with that of the Army and within Cadet Training Safety Precautions (CTSP) 2014.

The Safe System of Training (SST) is central to the ACF approach. It consists of four separate elements where the hazards have been assessed and the consequent controls have been integrated at the highest level into formal procedures in order to reduce the risks to as low as is reasonably practicable. The four elements are **safe persons**, **safe equipment**, **safe practice** and **safe place**.

In practical terms the form used by each respective county (Application to Hold Training in Addition to the Normal Parade Night or Away from the Normal Detachment Location), provides the main way to deliver the SST. It covers the activities, qualified/authorised personnel, seasonal weather risks, parental consent and a whole host of criteria to ensure cadets and CFAVs are kept safe. It identifies the safety requirements for a particular training event or weekend and ensures these are put in place. It also prompts for a risk assessment for each activity (see top right).

Once all the related activity paperwork has been collated and the safe system of training is deemed to be in place, the training or activity is authorised by the Commandant with the person in charge of the activity being informed in writing.

The risk assessments need to take into account common causes of accidents and, where working with young people, poses additional considerations that need to be considered including:

- Carelessness or indiscipline in not obeying the rules.
- Overestimation of the physical and/or mental stamina of cadets.
- Failure to ensure that the rules are explained and understood by all concerned.

All cadet activities must be undertaken in accordance with the SST. Special attention is given to the need for evolving risk assessments, e.g. in response to changing weather conditions, training locations or area, availability of qualified trainers, etc. There is a Regular full-time Training Safety Advisor (TSA) in every ACF county to ensure all training is conducted as safely as possible, while still being exciting and challenging.

Accidents and Dangerous Occurrences

With a strict SST, and a rigorous reporting process, accidents and incidents are kept to as low as reasonably practicable. In 2013 only two dangerous occurrences were reported to the AINC and (at the time of writing) one in 2014.

In terms of numbers, as of April 2014, the Army Cadet Force had 41,040 cadets and 9,440 Cadet Force Adult Volunteers.

A Safe System of Towing

OK, it's not your typical vehicle towing activity, but a group pull of a vehicle can be fraught with H&S issues. The Land Accident Investigation Team's Captain Russ Reid (RAPTC) offers his thoughts on how to approach one, based on experience.

What I would like to cover in this article is towing or pulling a vehicle as part of a command task or PT lesson. Before we review the finer detail, I would like to inform you that this activity is neither taught at the Royal Military Academy Sandhurst or the Army School of Physical Training. Consequently, if you are the responsible officer authorising such an activity, the PTI responsible for managing the activity or any other person directed by the Chain of Command to facilitate such an activity, then I would urge you to continue reading!

Prior to conducting an extraordinary event, we must first ask or maybe direct some pertinent questions such as:

- What is the aim?
- Why are we doing this?
- Is there any other way of achieving our aim that would involve an item of equipment that is more appropriate or an event that has fewer hazards?

Now that we have confirmed why we are doing this particular event and the Commanding Officer, as the Delivery Duty Holder (DDH), is content with this activity, we are going to approach the planning of this event using the Safe System of Training (SST) as detailed in Leaflet 11 of JSP 375. The SST has four headings: Safe People, Safe Equipment, Safe Place and Safe Practice. Listed below under each heading are a series of questions that should be addressed with possible outcomes. These questions are not exhaustive and you may think of some additional ones. Also, some of these questions may be applicable under different headings of the SST – I may have only used them in one context.

I hope these questions provoke some thought and will aid you in your risk management of what can be, a potentially dangerous event.

Safe Persons	
Is the person responsible for conducting the event competent?	Have they done this before, have they rehearsed the event, what happens when things don't go to plan?
Is everybody fit enough to conduct the event?	As a bare minimum, have the mandatory fitness tests been passed? Do the participants have the appropriate medical category to conduct such an activity?
Is the driver familiar with the vehicle?	Does the driver have a license for this type of vehicle, do they have a valid FMT 600. Have they practiced operating the vehicle in such conditions?
Have the participants ever done this before?	Have they been briefed appropriately? Would it be good for them to have a demonstration? Can they practice the event in slow time as a rehearsal?
Is the driver tall enough to see the front of the vehicle?	Some vehicles have blind spots at the front.

Safe Equipment	
Is the vehicle serviceable?	The MT must not allow you to use a vehicle that is classed as 'off the road'.
Is the engine required to be running for the brakes and steering to work?	The qualified driver should know this but once again, practice!
What ropes do you use to tow the vehicle?	A rope with a reasonable amount of girth and grip would be best. Something similar to a tug of war rope.
How are the ropes connected to the front of the vehicle?	What are you securing them to? Is this attachment point safe to use? Are you tying knots or are you using a mechanical device?
Are the ropes long enough?	If the ropes are too short, you will be limited to the amount of participants on the rope, thus pulling the vehicle will be more difficult. If you have short ropes, then the likelihood is that participants will be placed closer to the vehicle and at greater risk in the event of a slip.

Safe Practice	
Is the event achievable?	Prior to the command task or PT lesson, this scenario must be rehearsed.
Participants briefed?	Participants require a thorough briefing as a minimum. To reduce the risk further, provide them with a demonstration. To reduce risk even further, allow them a practice and provide coaching and feedback where appropriate.
The controller	This person is ultimately responsible and should be positioned in a place where there is clear sight of all the activity.
Where does the driver look?	If the driver looks at the controller, then he is not concentrating on where he/she is driving.
Employ a vehicle commander	The vehicle commander (sat in the passenger seat) is the nominated person who looks at the controller and relays any pre arranged signal, such as 'Stop', to the driver.
How is the 'Stop' signal communicated?	This could be verbal, unless you are using an armoured vehicle that has windows that do not open. In this case consider hand signals or flags.
Is there a blind spot at the front of the vehicle?	If this is the case, ensure that no competitors are permitted to enter this space. Mark the rope with a 'No Go' zone.
What is the stopping distance?	Practice.
What is the reaction time from the point of signal to the point of stop?	This needs to be practiced in a controlled environment.
Have you added the stopping distance time and the reaction time together?	Add an additional percentage as a safety factor and undergo further practice.
Have you reduced the risk to As Low As Reasonably Practicable (ALARP)?	If not, revisit the requirement to do the activity.

Safe Place	
Is the vehicle to be driven on the flat, up or down hill?	Uphill can aid with stopping; however down hill may have greater consequences as speed and the rolling of the vehicle towards those pulling it may become far more of an issue.
What is under foot?	If you are on gravel, there is a greater chance of slipping. What is the ambient temperature? Might ice be present?
Is emergency medical cover close by?	Defence Primary Health Care Medical Centre's do not cater for emergency care; this should be directed to 999. With that said, some emergency provisions and a qualified medical practitioner may save life in the event of an accident.

Once content with all the risks, brief the DDH accordingly and ask them to endorse the risk assessment. Remember, this is an authority that sits outside of normal military activity; individuals are not formally trained to conduct it.

BATUS Waste Management

There are currently around 1300 British military vehicles deployed in BATUS. During the prairie storm exercise season the vehicles and personnel manning the vehicles create a considerable amount of waste.

This waste is sorted and, where possible, recycled and sold for a profit which is put back into the budget.

In BATUS we currently have a contract with a Canadian company to recycle all military track off of the AFVs, which previously we would have shipped back to the UK for disposal. This has made a saving of £1.2 million this year alone to the MOD plus we are also making money back from the recycling process, which over the next three years is worth over £21,400.

We sell all our waste oils and oil filters which puts money back into the system also.

Any used oil is collected in large tanks and on a weekly basis it is collected by an oil company for recycling, which BATUS receives payment for on a per litre basis.

In BATUS we have dramatically reduced the amount of rubbish being put into landfill because all wastes must be separated for recycling. This is monitored and checked on a daily basis by a small team made up of three Canadian civilians employed by BATUS and the FMA SSM SSgt O'Driscoll.

BATUS has dedicated collecti on points set up all around the maintenance areas which ensures that personal don't have far to travel to dispose of their rubbish, which cuts down on cross contamination of items for landfill and recycling.

As BATUS is located in Canada most of our supplies are flown or shipped in from the United Kingdom, which involves lots of packaging materials which are ether re-used or recycled.

Current items that BATUS recycles:

- **All AFV track.**
- **All scrap metals.**
- **All wood.**
- **All cardboard.**
- **All lithium and lead acid batteries.**
- **Used oils and filters.**
- **Water.**

Since 2010 BATUS has dramatically reduced the cost of disposing and recycling of waste. In the year 2014 to 2015 BATUS predicts that it will actually be making a profit on disposing and recycling which should continue into future years.

The cost of disposing/recycling waste in BATUS has dropped from £36,561 in 2010/11 to £220 in 2013/14. The cost has already turned into a profit in 2014/15.

The following are examples of how this trend was achieved:

- **Batteries** – BATUS are now sorting unused batteries and returning them to stores instead of disposing of them after exercises. Used batteries are separated into their different types; Alkaline, Lithium and Ni-Cad and disposed of free of charge, this is due to the scrap value of metal rising.
- **Waste Oil** – BATUS has been disposing of its waste oil for profit since 2010/11. A profit of £4006 was made in 2013/14.
- **Water** – The cost of disposing of water from the BATUS wash down facility has dropped from £8006 in 2010/11 to £1750 in 2013/14. This is due to an 85% increase in water recycling.

The savings achieved are to a large degree down to the efforts and enthusiasm of Neil Sloan, the Hazardous Disposal Supervisor at BATUS, who works for the Canadian Armed Forces in support of the training delivered.

Article contributed by SSgt Dean O'Driscoll – BATUS FMA SSM

JSP 375

DSEA-CPA have now restructured JSP375 into the new Part 1 and Part 2 format, as required by Defence Reform Unit (DRU).

The major changes are:

- **A new Part 1 directive document.**
- **The renumbering of Volumes 2, 3 & 4 to become Part 2 (guidance documents).**
- **Volume 2 leaflets reorganised and renumbered as chapters (see below).**

From the table a number of leaflets are shaded grey:

- **Leaflet 3** – is basically what the whole JSP is about, i.e. safety management and as such is to be covered in the Part 1 document with a few points now incorporated into Leaflet 17.
- **Leaflets 11 and 23** – these may be deleted. Leaflet 11 could be in LFSO 3216 as a separate annex and referred to in new Leaflet 39. At time of going to press, this issue is still under debate.
- **Leaflet 28** – is now by and large out of DSEA-CPA control and managed by DIO or their contractor (the RPC) whom have to supply a Welfare Regulations compliant estate; some salient points have now been incorporated into Leaflet 17.
- **Leaflet 29** – Diving safety is being published in its own JSP.
- **Leaflet 32** – This has been subsumed into various leaflets as most of our sites are shared workplaces (especially with DIO and RPCs).
- **Leaflet 42 and 49** – these have been subsumed into Leaflet 13 PPE.
- **Leaflet 60** – As DIO now own the MOD estate this leaflet is managed by DIO, where a shared workplace and communication issues are captured in the various leaflets.

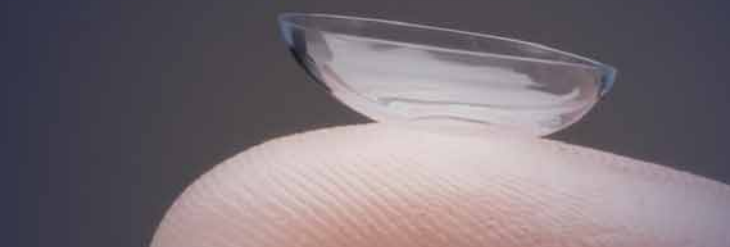
Old Leaflet Number	New Chapter Number	JSP 375 Volume 2 moves to JSP 375 Part 2 Volume 1
1	1	Emergency and Disaster Planning
2	14	Health Surveillance & Monitoring
3	N/A	Arrangements on MOD Premises
4	10	Manual Handling
5	11	Management of Hazardous Substances
6	25	Control of Noise at Work
7	27	Working at Heights
8	22	Work Equipment
9	24	Lifting Operations & Lifting Equipment
10	28	Confined Spaces
11	N/A	Military Training & Exercises
12	23	Electrical Safety
13	15	Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE)
14	16	Accident/Incident Reporting and Investigation
15	3	Traffic Management (Pedestrians & Vehicles) on MOD Estate/Vessels
16	7	Site Transfer or Closure Procedures
17	2	Office & General Workplace Safety
18	30	Permit to Work
19	32	Control of Legionella in Water Systems
20	33	Construction on the Defence Estate
21	4	Workplace Inspections
23	N/A	Site Risk Assessment
24	12	Display Screen Equipment
25	17	Stress
26	18	Lone Working
27	5	First Aid
28	N/A	Workplace Environmental Comfort
29	N/A	Diving Safety Policy
30	29	Pressure Equipment and Systems
32	N/A	Health and Safety on Multi-Occupier Sites
33	35	Excavation
34	34	4C System: The Management of Visiting Workers and Contractors
35	19	Young Persons
36	20	New and Expectant Mothers
38	26	Control of Vibration
39	8	Risk Assessment
41	21	Managing Staff Remotely
42	N/A	Protection of Persons Using Compressed Air RPE
44	6	Safety Signs
50	13	Management of Smoking in the Workplace
54	36	Management of Asbestos
55	39	Retention of Records
56	9	Dangerous Substances and Explosive Atmospheres
57	37	Public Events
58	40	Organisational Change
63	38	Animals in The Workplace
64	31	Hot Working

I Lost My Eye to a Contact Lens

In total there are 3.7 million contact lens wearers in the UK, which represents nine per cent of the adults aged 15-64 years.

Of this group, 1.61 million people use daily disposables and 1.74 million people use frequent replacement lenses (of which 1.32 million wear silicone hydrogels). The number of lens wearers has risen from 1.6 million in 1992 to 3.7 million in 2012.
Source: http://www.bcla.org.uk/press

Are you a contact lens wearer? Do you maintain the required hygiene standards? Do you look after your eyes? Serving personnel in Operational areas are possibly more likely to suffer with eye complaints due to the environment they are working in; eye care should be one of your top priorities if wearing Contact Lenses. Your career could be at jeopardy should your vision become impaired.



This bulk of this article has been written by my wife, Angie, whom this year has suffered with a rare and very serious eye infection since January 2014.

It has been an extremely painful time for her and a big impact on my family especially the children, whose mum has been unable to give them the time and attention young children need. Basic things like reading and watching TV have been really difficult, often impossible, due to the pain and headaches caused by the infection. Angie's story does include some graphic images of her eye which I have taken throughout her ordeal; however I feel these are necessary to understand the impact and risks.

We only have one pair of eyes, look after them!

Regards – Ed.

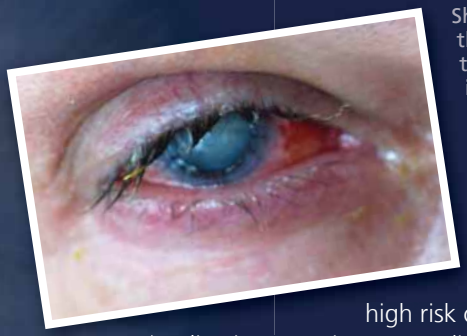
It was early January 2014 when I first noticed something different, my right eye felt a little uncomfortable but, having worn contact lenses for well over 20 years, I put this down to tired eyes! A week or so later my eye became very red and painful and it felt as though I had something in it. After a trip to the local 'Medical Drop In Centre' I was told I had an eye infection. I continued with the drops as advised, but by the time the weekend came I was in agony with my eye, I knew something was very wrong.

I went to the Accident and Emergency Dept at my local hospital and after a long wait, was told I had a very large ulcer on my eye caused by my contact lens, and was advised to take drops hourly (even through the night) and to attend an appointment at the hospital Eye Clinic on the Monday. Treatment continued thereafter and I was discharged from the hospital as, although the ulcer was still there, things appeared to be getting better.

I returned to work but within a week or so knew something was very wrong with my eye again. I returned to the Eye Clinic to be told my eye had got a lot worse. The pain was unbearable. I had some tests done at the clinic where they continued to treat me for an ulcer over the next couple of months. I could hardly open my eye, the pain was excruciating and, although my sight was improving, I knew something was far from right. Eventually I was referred to another hospital who had a more specialised Eye Unit and was told they feared I may have Acanthamoeba Keratitis; a very serious eye infection in contact lens wearers. The next day I was in theatre having a full scrape of the eye and within a couple of weeks my diagnosis was confirmed! Acanthamoeba is not only a very painful infection but an extremely difficult one to treat and with the delay in diagnosis the prognosis was not looking good.

I continued to have treatment, eye drops and pain killers every hour. At one point I was on seven drops an hour from 6 am until midnight! I also had a corneal transplant, but unfortunately the infection was too deep in my eye so this was not successful.

Post operation (corneal transplant): Image provided by my consultant, the eye developed a quick forming cataract which caused further complications.



Shortly after the corneal transplant the infection spread

In August 2014 the infection was beginning to spread to the back of my eye, representing a high risk of permanent neurological implications. Options were discussed with the medical consultants about another Cornea transplant, this time including the whole front layer of the eye, but I just could not face the months of further pain and potential risk of another failure, I lost count at the amount of scrapes and injections in the eye I had!

So, I made the decision to have an evisceration of my eye (removal of the eye's contents, leaving the scleral shell and extraocular muscles intact). I had the op within a week and am currently healing, waiting for my prosthetic eye to be made. I am adjusting to life with one eye but I know it's going to take time to gain my confidence back.

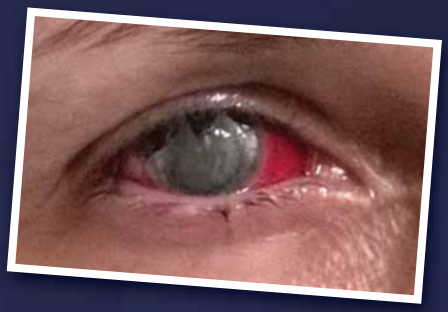
I never ever thought a contact lens could cause so many problems; I was always scrupulously clean with my eye care and changed my solutions regularly. Although this infection is somewhat rare, since attending hospital appointments and meeting others in similar situations to me, I fear this may becoming more common, especially with so many people choosing to wear contact lenses.

I never ever thought a contact lens could cause so many problems

Please always remember to:

- **Change your contact lens pot regularly (once a month).**
- **Buy a good quality contact lens solution.**
- **Never shower in your contact lenses.**
- **Never swim in your contact lenses and if you do throw them away straight afterwards –** *Acanthamoeba* **lives in water!**
- **Try not to nap in your contact lenses.**
- **Have regular check ups with your optician and if something doesn't feel quite right, get checked out immediately.**

On the 19th August I went in to theatre to have the evisceration procedure. Evisceration meant I kept the white of the eye, this will allow a future prosthetic to move more naturally.



August 2014 – prior to the evisceration procedure

Post operation, 26 Aug 2014:

Pain free at last, a conformer and surgical gauze placed over the remaining tissue to help with the healing.

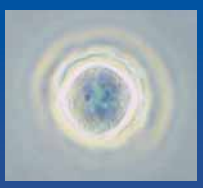
I wanted to share my story with you to make readers aware of the risks (although small) with wearing contact lenses, I was one of the unlucky ones.

By the time you read this article, I should hopefully have a date for my next round of treatment, which is a spherical orbital implant in to the eye ball in preparation for an artificial eye, I have been advised that this implant will be the most painful part of my ordeal! Within the next 6 months, this whole experience will be behind me, life can then at least return to some normality.

Throughout this whole ordeal I have remained positive in the fact that I know people have to deal with much worse life changing challenges, without the support of family and friends I don't know how I could have coped and I thank them all!

Angie Elkins

What is *Acanthamoeba* Keratitis?



Acanthamoeba Keratitis is a rare but serious infection of the eye that can result in permanent visual impairment or blindness. This infection is caused by a microscopic, free-living amoeba (single-celled living organism) called *Acanthamoeba, which causes Acanthamoeba Keratitis* when it infects the transparent outer covering of the eye called the cornea. *Acanthamoeba* amoebas are very common in nature and can be found in water bodies, soil, and air.

What are the symptoms of *Acanthamoeba* Keratitis infection?

The symptoms can be very similar to those of other more common eye infections, and can include:

- Eye pain.
- Eye redness.
- Blurred vision.
- Sensitivity to light.
- Sensation of something in the eye.
- Excessive tearing.

Eye infection with Acanthamoeba has never been known to cause infections in other parts of the body.

Continued...

Who is at risk of infection?

Acanthamoeba Keratitis is most common in people who wear contact lenses, but anyone can develop the infection.

How can I prevent infection?

These guidelines should be followed by all contact lens users to help reduce the risk of eye infections, including *Acanthamoeba* Keratitis:

- Visit your eye care provider for regular eye examinations.
- Wear and replace contact lenses according to the schedule prescribed by your eye care provider.
- Remove contact lenses before any activity involving contact with water, including showering, using a hot tub, or swimming.
- Wash hands with soap and water and dry before handling contact lenses.
- Clean contact lenses according to instructions from your eye care provider and the manufacturer's guidelines:
  - Never re-use or top-up old solution. Use fresh cleaning or disinfecting solution each time lenses are cleaned and stored.
  - Never use saline solution or rewetting drops to disinfect lenses. Neither solution is an effective or approved disinfectant.
  - Be sure to clean, rub, and rinse your lenses each time you remove your lenses. Rubbing and rinsing your contact lenses will aid in removing harmful microbes and residues.
- Store reusable lenses in the proper storage case:
  - Storage cases should be rubbed and rinsed with sterile contact lens solution (never use tap water), emptied, and left open to dry after each use.
  - Replace storage cases at least once every three months.

Contact lens users with questions regarding which solutions are best for them should consult their eye care providers. They should also consult their eye care providers if they have any of the following symptoms: eye pain or redness, blurred vision, sensitivity to light, sensation of something in the eye, or excessive tearing.

Source: www.CDC.gov

Waste Management Initiative

212 Field Hospital has the capability to both staff and operate up to a 200 bed Field Hospital almost anywhere in the world at short notice. In terms of its waste management in the UK, an initiative started when the FTRS USEA (WO1 Shane Deakin) attended a number of environmental courses at RAF Halton – an awareness of the need to look after our world increased ten-fold and the urge to spread the word commenced...

After passing on key facts to a number of personnel at 212 Field Hospital, the RQMS (WO2 Glen Reeves) got the bug and immediately enrolled onto the Waste Manager's Course. Upon completion of the course he jumped head first into the issues relating to waste management within the unit and starting making improvements straight away.

Veolia's David Ward shows the team around

WO1 Shane Deakin, WO2 Glen Reeves and Maj Martin Pickford – visiting Veolia's impressive Energy Recovery Facility (ERF) in Sheffield during Sept 2014

Initial assessment proved to be promising as we realised that all of the unit waste is sent to the Veolia Energy Recovery Facility (ERF) on Bernard Road in Sheffield. The ERF burns the waste in a controlled manner, enabling Veolia to then convert the superheated steam that is generated, into electricity for the National Grid. It also produces hot water for the District Energy Network (DEN) that provides heating for almost 150 buildings in the City including Ponds Forge and The Crucible Theatre.

It was a great start to know that we had 0% landfill from our waste; however this was not enough for our newly appointed waste manager. He took the ethos of a circular economy (preserving the value added in products for as long as possible by retaining resources within the economy and continuing their productive use and create further value) and started RECYLING! Glen decided to instigate a waste bin inspection regime and soon found that recyclables were being discarded into the general waste with alarming regularity. General waste bins were reduced and recycling bins were provided by Veolia.

After providing information to unit personnel and persevering with the bin inspections, the unit waste has changed to 82% recycling / 18% general waste. The waste manager records all details on the TRaSH Waste Management System to enable the unit to provide reports to Support Command and, more importantly, allows us to show the results to unit personnel to make them aware of the benefits of recycling.

This has been an amazing achievement over the last year; however, this still was not enough for our now, permanently active waste manager. Glen decided we needed to go further and the next initiative was to reduce items that were difficult to recycle.

We identified that hazardous waste is not only bad for the environment but a serious issue for removal. Substitution has been the main effort this year and has replaced a number of hazardous substances with healthier non-hazardous alternatives.

Other initiatives that have been implemented include:

- Used cooking oil from the unit kitchen is recycled for use as Bio Fuel.
- Used oil drained from the heating system is cleaned and re-used as industrial heating oil.
- Local training areas under the unit responsibility are being brought into the waste management plan; these will be provided with waste and recycling bins and procedures amended for handover procedures.
- Increasing the number of recycling points within the unit with bins labelled for differing recycling streams.

With continued perseverance from our USEA and Waste Manager and further education for all personnel, we hope to have continual improvement within our waste management procedures. It doesn't matter how big or small the unit, as long as everyone is on board with waste management and are aware of the benefits to society, we can go a long way to remove the 'Take-Make-Consume-Dispose' attitude and increase sustainability for the future.

Article contributed by WO1 S J Deakin, USEA, 212 Field Hospital.

Article contributed by Mr Colin Gillespie (ArmyIS-Info-IM-PolProg-SO2)

ARMY INFORMATION MANAGEMENT
TARGETING INFORMATION

You may ask yourself "what has Information Management (IM) got to do with safety and the environment?" The answer is: "quite a lot actually!"...

Poor quality or incomplete information can result in incidents and accidents. A lack of good instructions and guidance can lead to bad working practices. Outdated manuals can be dangerous. Poor information management also means we can't learn from past events. So, for safety's sake and lots of other reasons, it must be in everyone's interest to manage information correctly; is it?

Ninety-nine years ago, a young engineer inspecting the Connenmaugh River Dam upriver from Johnstown, Pennsylvania, realised that the dam was about to collapse. He jumped onto his horse and raced to the nearest railroad station to telegraph a warning to communities in the valley below. His message never got through; no-one knows why. The Johnstown Flood of 1899 is part of the lore of American disasters. Even though the engineer was using state-of-the-art communications, he could not deliver the right message at the right time. More than 2,200 people drowned.

In 1977, Johnstown suffered another flood, its third, and again there was a failure to deliver the right messages at the right time, although communications technology was, obviously, much further advanced. Again, the message didn't get through in a timely way, but this time it was because of human failure, not technology's; a combination of an overly cautious river forecaster who did not sound an alarm, and such corollary failures as a Red Cross answering service in Pittsburgh that told the Johnstown Red Cross chapter to call back in the morning. Fortunately, the residential areas of the city (or most of them) had long since been relocated on higher ground and flood control works, built after earlier flooding, added to the safety margin. The death toll was 58. Yet despite technological progress, the basic need of 1899 still remains – to get the right information at the right time. This is what we call "Information Management".

Imagine what could happen if someone read and acted upon information for a piece of equipment and that information was dangerously wrong and had been updated, but they were reading an old copy? That is bad Information Management (IM).

Information is just as essential to today's Army as it was in the past and can take many forms. From data sets of confidential personal information through to records of sensitive meetings, personnel records, policy recommendations, correspondence, case files and historical records. This obviously includes accident reports and associated data. Information can be in many formats, from databases through to emails, paper and video. The controls and approaches used to manage this information often include a significant cultural dimension involving staff awareness and appropriate behaviours.

Good IM is essentially about making the right information available to the right people who want to work with it. It starts with having a place to store your information safely – so where is the correct place to keep your electronic documents? The short answer is in MOSS and Meridio, MOD's mandated method to manage the document lifecycle.

MOSS is the area you do your day to day work, and it is used to share this where appropriate and protect it where necessary. Meridio is the place you then keep information of value as a record, again with the ability to share and protect as required - please ask your iHub for advice and guidance – they will be happy to help.

Another aspect to consider is pushing and pulling information to the right people. How are users informed of policy or process change, especially if it is a critical change? This has always been a problem, but have you considered a MOSS feed onto selected individuals' MyMOSS page? Have you got a safety or equipment announcement page on your MOSS site where people can check for issues and updates?

As well as MOSS and Meridio, DII has a surprising variety of other tools, apps and services that can help you – more guidance is available in the IM Handbook*. For example, have you heard of Outlook Revelation, Communicator, MyMOSS, or RSS feeds? Do you know about the naming macro for your emails?

All of these tools are designed to make it easier and quicker for you to practise good IM – the IM Handbook, will help you learn about and how to exploit these!

** Army IM Handbook: http://cui1-uk.diif.r.mil.uk/r/674/default.aspx*

Extension Lead Misuse

A significant percentage of fires on the MOD estate are either started by electrical faults or the misuse of electricity and nearly a quarter of all reportable electrical accidents in the UK involve portable equipment.

A particular concern is the use of extension leads and the overload of them.

Most people have extension leads at work and at home, using 4-way bar adaptors to increase the number of appliances that they can plug into a wall socket. However, although there is space to plug in four appliances, this does not mean it is always safe to do so. There is a real risk of overloading the socket.

Everyday Examples of Overloading

Each socket has a 13A loading recommended by the manufacturers. If there is an extension lead being used for a single iron, kettle or toaster, each of which take around 8 Amps, there is no issue. However if three irons are plugged in, this equates to 3 x 8 = 24 Amps – an overloaded system.

Simple visual checks, along with simple maths can prevent this situation from causing a fire. The picture below may help.

However, the fuse in the extension lead plug may take up to 30 Amps for around ½ hour before it blows. Under certain conditions, this may extend for up to an hour. The extension lead will work, the irons will work, and all will seem OK, except that the fuse has been damaged internally, and may now not blow at all. This overloading is very common, especially in communal areas such as kitchens, where a brew table is set up with a kettle, toaster, and coffee machine.

Total = 27 Amps = OVERLOAD !

Simple visual checks, simple maths, simple solution.

JSP 375, Chapter 23, Electrical Safety

Key points include:

- Identify potential electrical hazards in risk assessments.
- Establish and follow a location-appropriate inspection / testing regime.
- Follow information and training in line with local procedures and manufacturers' safety instructions.
- Undertake routine user visual checks – is the electrical item damaged in anyway, has a local PAT regime been completed?
- Plug portable electrical equipment into the nearest socket.
- Don't overload sockets.
- Only use extension leads for temporary operations.

MOD Criticism

The Ministry of Defence has been criticised over a series of failures which contributed to the deaths of two soldiers as they slept in Transport Troop tents at a logistical centre in Camp Bastion in Afghanistan in 2011.

Witnesses to the fire described smelling smoke coming from an area of the tent, which had a 32 inch flat screen television, water boiler, and fridge plugged into a 4-way extension lead, which was then plugged into the blue domestic power unit. Electrical items in the Transport Troop tent had not been PAT tested, although regulations stated they should.

Other witnesses spoke of the dangers of 'daisy chaining' multiple extension leads, which had been the cause of a previous fire at Camp Bastion.

http://www.bbc.co.uk/news/uk-27522122

MOD Form 510

MOD Form 510 was removed from JSP 375 recently, which caused some confusion as to whether the Army Incident Notification Cell (AINC) should still receive 510s.

The removed version was the old format and is no longer in use. The other Services do not use the 510 for their reporting purposes and so it was not replaced in JSP 375. However, as mentioned in Issue 47 of this magazine, AINC now uses an Excel version of the MOD Form 510. It has been designed to enable electronic uploading of information and thereby save duplication of effort in the subsequent inputting of data to the main AINC accident database.

This form should be used for all accident and near miss reporting to the AINC, less for Cadets who will continue to use the MOD Form 492. Once complete it should be sent to AINC using the e-mail address shown in red text in the header box of the Form 510 (see below). The current version of the form is Version 1.6, which can be found here: http://defenceintranet.diif.r.mil.uk/Organisations/Orgs/Army/Organisations/Orgs/clf/Organisations/Orgs/coslf/Organisations/Orgs/CESOA/Pages/AINC.aspx Subsequent changes to the version will be uploaded to this same location.

1 Incident Title may be left blank for AINC to complete

Tick boxes as appropriate

2 Section 1 to be completed in full – areas marked with an * are mandatory and the form should not be sent until complete

Drop down boxes will appear as appropriate to the selection made in Service, i.e. Military, Civilian, etc.

3 Overseas units should enter BFPO No.

4 Home address if non MOD

5 Contractor's / PFI Name

6 Section 2 also to be completed in full – areas marked with an * are mandatory and the form should not be sent until complete

Again, drop down boxes will appear as appropriate to the selection made in Service, i.e. Military, Civilian, etc.

PROTECT-STAFF (When Complete)

MOD Form 510 - Accident/Incident Report

AINC Caveat: Units are required to complete MOD Form 510 and forward to AINC without delay This applies in particular to accidents involving Death, Major Injuries, Dangerous Occurrences and Serious Failure of Land Systems Equipment. MOD Form 510 should not be delayed for lack of full information

Army LF-CESO-AINC-mailbox (MULTIUSER) ARMYLF-CESO-AINC-MAILBOX@mod.uk

Incident Title:	

TYPE OF INCIDENT: Tick boxes as required *(* Shows Required Fields)*

Death	☐	Occupational Health	☐	Land Systems Equipment	☐	Range Incursion	☐
Injury	☑	Occupational Disease	☐	Ammunition/Explosives	☐	Near Miss	☐
Environmental	☑	Dangerous Occurrence	☐	Enforcement Action	☐	Fire	☐

SECTION 1: DETAILS OF INJURED PERSON / OCCUPATIONAL ILLNESS

Surname:*	SMITH	Forenames:	IAN	Service/Staff No:	12345678
Date of Birth:	26/02/1975	Duty:	On Duty	Gender:	Male
Service:*	Army	Sub Division:	Regular Army	Grade/Rank/Rate:	Corporal
Corps:	Infantry	Establishment/Unit Name:	16 LOAMSHIRE REGIMENT	UIN:	A1234A
Work Address:	Line 1	OLD BARRACKS		Contact Number:	94331 2567
	Line 2	MAIN HIGHWAY		Email Address:	
	Line 3				
	Town/City	LARKHILL			
	County	WILTSHIRE			
	Post Code	SP3 2AE			
	Country	United Kingdom of Great Britain and Northern Ireland			
Home Address: (if applicable)	Line 1				
	Line 2				
	Line 3				
	Town/City				
	County				
	Post Code				
	Country				
Employers Name (if not MOD):					
Tick box if more than one casualty:	☐	Note: Reporting Person to provide additional form 510 for each casualty involved			

SECTION 2: DETAILS OF REPORTING PERSON

Surname:*	JONES	Forenames:	JOHN	Service/Staff No:	123456789
Date of Report:	14/04/2014				
Service:*	Army	Sub Division:	Regular Army	Grade/Rank/Rate:	Warrant Officer Class 2
Establishment / Unit Name:	16 LOAMSHIRE REGIMENT				
Establishment / Unit Address:	OLD BARRACKS, MAIN HIGHWAY, LARKHILL, WILTSHIRE, SP3 2AE				
Contact Number:*	01980 382345	Mil Tel:*	94331 2345	Email:	JOHN.JONES679@MOD.UK
Signature of Reporting Person:		**Signature of Injured Person:**		Consent to disclosure to TU/Staff safety reps	☐

Section 1

Section 2

7 Sign electronically, or on hard copy if posted or faxed

8 Incident date in dd/mm/yyyy

9 Time in HHMM (with no colon separator between HH and MM)

10 Select principle condition and body part affected from the drop-down menus

11 Select one option only in each of these fields

Section 3

SECTION 3: ABOUT THE INCIDENT / ACCIDENT					
Incident Date:*	13/04/2014	Incident Time (Local Time):	1245		
Incident Location (Place):	SALISBURY PLAIN	Location UIN:	NK	Grid Ref:if known:	
Incident Location Unit / Establishment:		Dept:		Building:	
Principle Condition:	Crush	Body Part Affected:	LEG		
Where Incident Involves Fall from Height (Tick box):	☐	Height of Fall in Metres (if applicable):			
Given Professional Medical Treatment by Med Facility Staff:	☑	Given First Aid Treatment:	☑		
Taken to Hospital:	☑	Hospital Name:			
Hospitalised (or Confined to Bed) for 24 hours or more):	☑				
If restricted or unable to continue duties, indicate time lost or antipacted loss:	N/A: ○ 3 Days or Less: ○ Between 3 and 7 Days: ○ More than 7 Days: ◉	Work Restrictions:	N/A: ○ Able to Continue Normal Duties: ○ Unable to Continue Duties: ◉ Restricted to Light Duties: ○		

Summary of Incident / Accident:

What:*	Cpl Smith was conducting a training period on the FLT over rough terrain. During the training period a reversing FLT caught Cpl Smith, knocking him to the ground. The FLT continued to reverse causing the crush injury.
How:*	Cpl Smith received crush injuries to his lower right leg during a manouvre training period using MHE.
Why:*	The dedicated banksman was distracted and did not see Cpl Smith enter the area of reversing. A FULL Learning Account will be submitted following investigation. The LAIT were called to investigate.

12 How did the accident happen?

Were there any additional factors that led to the accident?

13 What happened?

As much detail as possible and what could have been done to avoid this?

Was the equipment you were using a factor in the cause? – note that the equipment section also needs to be completed

14 Why did this accident happen?

Were the correct procedures being followed?

Was a risk assessment produced for the activity?

What was the level of supervision at the time?

What other factors affected the activity – weather, fatigue, lack of knowledge of the equipment, etc?

Section 4

SECTION 4:			
On Operations:	☐	Operation Name (e.g. HERRICK):	
Exercise:	☑	Exercise Name (e.g. Exercise UK):	EXERCISE LADEN TRUCK
Training:	☑	Training Type (e.g. OPTAG, POT etc.):	REGIMENTAL TRAINING
Ranges:	☐	Range Name and Serial Number:	
Normal Duties:	☐		
Off Duty Activity:	☐		
Other:	☐		

Section 5

SECTION 5:				
Equipment Type (eg: Warrior, Small Arms, Munitions etc):	FORK LIFT - FLRT			
Equipment Type:	Other			
Equipment Serial / VRN:		Caused By:	Damage / Failure	
SEFIT Involved:	☐	SEFIT Ref Number (if applicable):		
Summary of Equipment Failure:				

V1.[illegible]/2013

Note: ANC Provides Statutory Reporting to Regulatory Bodies on Behalf of Units

15 Select the relevant tick box and complete the exercise/ operational details

16 Enter as much detail as possible

17 Record whether SEFIT have been informed or not

18 Drop-down selection

19 Select Damage or Failure

20 Provide a summary of the equipment failure

The Second Biggest Killer in the Armed Forces

On average it kills five people in the UK every day and causes 59 serious injuries...

It is the second largest cause of death among Armed Forces personnel (after deaths as a result of hostile action). For many of us, it may be one of the riskiest things we do – yet we do it without a thought. Road traffic accident deaths and injuries have an impact on a huge number of individuals and their families. Winter conditions are more testing for the driver too, so perhaps time for a little more thought as you hit the road.

The Statistics

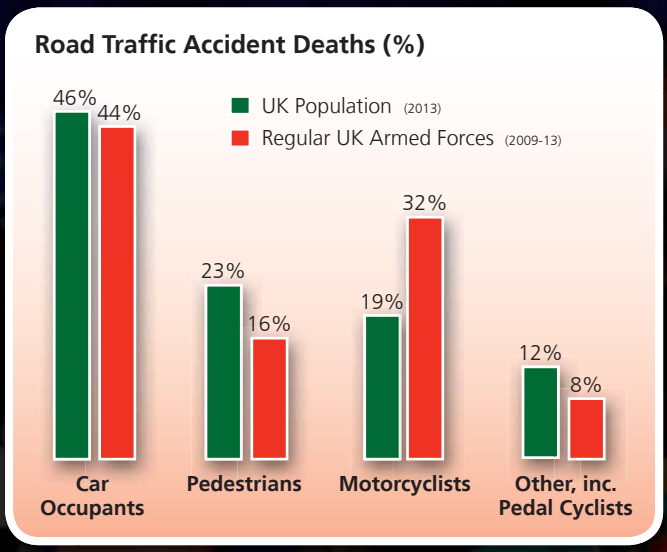
Good news: In line with the UK population as a whole, the rate and number of road traffic accident (RTA) deaths among UK regular Armed Forces personnel has been reducing, with the rate in 2013 the lowest since 1984.

Bad news: The UK regular Armed Forces were more likely to be involved in an accident, with an 80% increased risk of dying as a result of a RTA compared to the UK general population.

The figures indicate that for the Army there are some particular activities which have a higher risk of fatailities when compared to the UK general population:

- Motor vehicle accidents involving those aged under 30.
- Motorcycle accidents involving those over 30.
- Pedestrian accidents involving those under 30.

These statistics make it clear that there is absolutely no room for complacency in the Army's approach to encouraging good road safety behaviours in our personnel.



The following RTA campaign videos contain important messages worth communicating and sharing widely amongst personnel:

- **This Was Your Life**
  http://youtu.be/RXLdxrZ-jiI?list=UUK9ak4TTEFb7_wlTLtHhOiA
- **Debris**
  http://youtu.be/ApcNVVJWwIY?list=UUK9ak4TTEFb7_wlTLtHhOiA
- **Autobahn**
  http://youtu.be/KVZzjit8NeQ?list=UUK9ak4TTEFb7_wlTLtHhOiA
- **It's A Wonderful Life**
  http://youtu.be/abs8akwCzc8?list=UUK9ak4TTEFb7_wlTLtHhOiA
- **Last Post**
  http://youtu.be/vRfoD2UH_fA?list=UUK9ak4TTEFb7_wlTLtHhOiA
- **Grim Reaper**
  http://youtu.be/HKqo_V3DnRo?list=UUK9ak4TTEFb7_wlTLtHhOiA

Winter Driving

Make sure you are prepared for bad weather should it arrive! Drive within your capabilities, take account of the weather conditions and leave plenty of time.

Your Emergency Kit

Gather together the following items and pack in your vehicle at the start of the winter season – you never know when you might need them!

- Ice scraper and de-icer.
- Spare screenwash fluid.
- Warm clothes and blankets — for you and passengers.
- Torch and spare batteries, or a wind-up torch.
- Boots.
- First aid kit.
- Jump leads.
- Shovel or spade.
- Road atlas.
- Sunglasses (the glare off winter sun can be dazzling).

In addition, when setting out on journeys during the winter season remember to take with you:

- Food and a flask with a hot drink.
- Any medication you, or other people travelling with you, need to take regularly.

Is Your Vehicle Ready?

Check that your vehicle is ready for winter, including:

- Petrol (or diesel). Have you got enough? Do you know where to fill up?
- Oil – check levels at least once a month.
- Fluids – check radiator and screenwash regularly and ensure that concentrations are appropriate.
- Damage – check wipers, lights, etc. for signs of wear and tear or damage, and make sure windscreens, windows and lights are clear of ice and snow.
- Electrics – check lights, indicators and that controls are working properly.
- Tyres – are they well inflated, legal, with good tread and free from damage? Have you considered having winter tyres fitted?
- You – are you fit to drive? Have you slept well? Are you taking any medication that could make it unsafe for you to drive?

Plan Your Journey

Check the conditions and listen to local / national weather broadcasts and travel bulletins – and be prepared to change your plans if conditions on your route worsen. If practical, avoid exposed or hilly routes. Try to be realistic about which journeys are essential and which ones could be postponed.

If you decide you really must travel:

- Let someone know where you are going and what time you hope to arrive.
- Plan alternative routes in case your main choice(s) becomes impassable.
- Keep your fuel tank near to full to ensure that you do not run out.
- Take a fully charged mobile phone.
- Remember braking distances are severely affected by weather conditions and drive accordingly
- RoSPA has produced a film illustrating the most important things to check and how to do so. http://safetygonesane.wordpress.com/2011/10/05/check-your-vehicle-out-a-new-rospa-video/

Quick Check Phone List

CESO(A) has now relocated to Blenheim Building, Andover and telephone numbers have changed.

To convert the following Mil numbers to Civ, dial 01264 88 and then add the last 4 digits.

CESO(A)	
CESO(A) – Col Johnny Schute	9 4393 6817
SO1 Trg – Lt Col Richard Thorpe	9 4393 6821
SO1 H&S – Amanda Tyler	9 4393 7548
SO1 EP&SD – William Barker-Wyatt	9 4393 7551
SO2 EP&SD – Simon Morriss	9 4393 7537
SO1 Audit – Lt Col (Retd) Ian Tennent	9 4393 7550
SO1 Safety Management – Ian Groom	9 4393 7547
SO2 Lessons – Peter Brayford	9 4393 6809
SO2 IM / Comms – Darren Elkins	9 4393 7536
SO3 iHub – Christina Stacey	9 4393 7538
CESO FAX	9 4393 7124

AINC	
AINC Contact Point	**9 6770 3661**
OIC AINC – Maj (Retd) Trevor Johnson	9 4393 6357
SO3 AINC – Angie Pidgeon	9 4393 6828
AINC FAX	9 4393 6889

To convert the following LAIT numbers from Mil to Civ, dial 0306 798 then add the last 4 digits.
For External Fax, dial 01264 88 + the last 4 digits.

LAIT	
LAIT 24hr DUTY NUMBER	**03067 986587**
Ch LAIT – Col (Retd) Billy Bowles	9 6798 6587
SO1(A) – Lt Col (Retd) Roger Fellowes	9 6798 6588
SO1(B) – Lt Col (Retd) Ranald Blue	9 6798 6590
SO3 (P) – Capt Russ Reid	9 6798 6592
WO1 (MD) – Tony Birchnall	9 6798 6594
WO1 (SIB) – Andy Howell	9 6798 6593
SO3 (SASC) – Capt Mark Douglass	9 6798 6591
SO3 CM – Bev Short	9 6798 6595
Office Manager – Alan Draycott	9 6798 6596
LAIT FAX	9 4393 6811

NAAFI Break

Win £50

Spot the Difference

To help celebrate this 50th Issue of the magazine, we're giving away one Amazon Gift Certificate worth £50 to the winner of our Spot the Difference Competition, below.

There are 10 differences between the 2 images – see if you can spot them, and if you can, send a marked-up version (or photocopy) of this page, circling the 10 missing elements on the doctored image, below right.

Send to arrive by 27 Feb 15 to:
Army Safety Mag Editor, CESO(A), Army HQ, IDL 10, Floor 1, Zone 4, Blenheim Bldg, Marlborough Lines, Monxton Road, Andover, SP11 8HJ, UK.

Please ensure that you also provide your full name, job details, location, e-mail & tel number.

Competition entries will be catalogued and entered in to a true random number generator, then announced on 2 Mar 15, the winner will be contacted by email and published in Issue 51.

By participating, you agree to have your name and rank / job published (if you're lucky enough to win). The competition is not open to CESO(A) staff.

Sudoku Puzzle (no prize)

5			1					3
	4				6		9	
		2		7				8
3					2	9		7
	8		5					
		1		4				6
	9			2		3		5
6								
7			4		1	8		

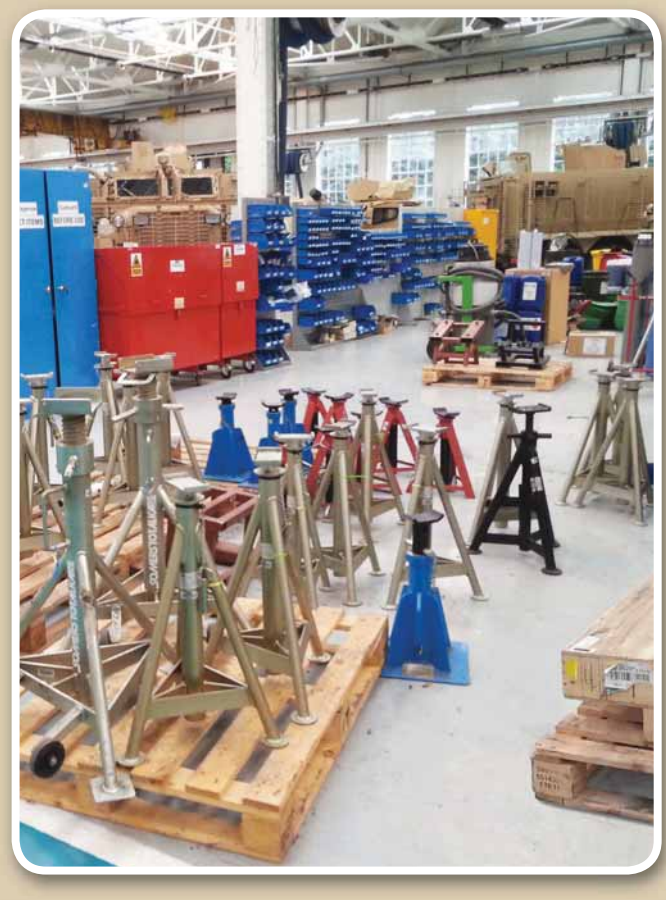
The Sudoku solution will be published on 7 Jan 15, and can be found at any of the below areas:

Armynet armynet.mod.uk/armysafety

CESO-Army on Facebook

CESO(A) on Defence Intranet

ARMY



Original

Doctored (circle the 10 differences)