GENERAL ROUTINE ORDER 04/2020
DEFENCE FORCES
GENERAL GUIDANCE ON COVID-19
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DEFINITIONS

COVID-19 is a viral respiratory illness that affects lungs and airways, caused by a virus called the coronavirus. In the main people with the virus display flulike symptoms. [https://www2.hse.ie/conditions/coronavirus/coronavirus.html](https://www2.hse.ie/conditions/coronavirus/coronavirus.html).

Defence Forces Installations as defined in DFR A 18 Para 26 to include “a barrack or barracks, station, fort, camp, quarters, hospital, post, magazine, aerodrome, range, harbour, pier, dockyard, dry-dock, anchorage, or any other works, building or place occupied or used by, or under the control of (whether temporarily or otherwise) the Defence Forces or any portion thereof”.

DEFENCE FORCES GENERAL GUIDANCE ON COVID-19

References:
A. DFR A11 (New Series).
B. Admin Instr A12 Notification of Infectious Diseases (SI/53/2020).
E. General Data Protection Regulation 2016.
F. Data Protection Act 2018.

INTRODUCTION

1. Due to the presence of COVID-19 in Ireland and the evolving situation, it is the policy of the General Staff to provide a safe working and living environment for all Defence Force (DF) personnel. There is a requirement to ensure that all DF personnel are cared for in a practical way in line with national policy, as issued by the HSE, whilst ensuring that DF capabilities are maintained in order to be able to provide support as required by Government. In doing so, this document will articulate the procedures specific to COVID-19 to be carried out in relation to personnel who require support and/or medical intervention and ensure there is compliance with Defence Force Regulations coupled with public health considerations.

EVOLVING SITUATION

2. The information and guidance provided in this document are subject to change due to the evolving situation and Military Authorities are reminded that the HSE website is updated accordingly. Ireland is currently in a Containment phase. The matter will be kept under constant review and updated guidance will be issued as necessary.

PREVENTATIVE MEASURES IN MILITARY INSTALLATIONS

3. The HSE have issued advices to be followed in relation to dealing with the Coronavirus from a general overview, protecting yourself and others, travel advice, self-isolation and limited social interaction.

4. In line with HSE guidelines (Protect Yourself and Others), Officers Commanding all military installations are to ensure all appropriate measures and supports are in place to facilitate the advised preventative measures. These measures are also in line with Ref D.

5. Information posters are to be displayed in all locations as per Annexes B and C. Commanders at all levels will ensure that all personnel are briefed on the contents of this GRO.

PROCEDURES

6. HSE advice is to be followed and if clarification is required there is a HSE contact number, HSE Live phone number 1850241850. During routine working hours military medical facilities may be contacted for advice. Fmn/Bde/Service HQs are to ensure that all personnel are provided with contact details of their military medical facilities. NOTE: Notwithstanding the provisions of Admin Instr A12, if personnel believe that they are COVID-19 symptomatic OR are a close contact\textsuperscript{1}, they must remain in their home / accommodation and seek medical advice. In a medical emergency (severe symptoms present) phone directly 112 or 999. Personnel are NOT to attend at a military medical facility as there is a risk of infection to others, unless otherwise directed. Notwithstanding the daily changes and advice, all DF members are subject to Military Law and are obliged to inform their unit headquarters of their status with all supporting documentation, including medical certificates as appropriate.

7. As the HSE is the only testing authority at this time, the HSE is to be contacted by serving members if they believe they are symptomatic and adhere to the medical advice provided. All supporting documentation is to be provided to unit headquarters including medical certificates as appropriate.

8. When DF members are asked for personal information, they are obliged to provide their service number and rank (for administrative purposes) as this information will be shared

\textsuperscript{1} Spending more than 15 minutes face-to-face within 2 meters of an infected person and or living in the same house or shared accommodation as an infected person.
with military authorities. When asked for contact details of their GP/Doctor, personnel will provide details of the Bde/Fmn MO as per the following:

a. 2 Bde: Lt Col Shahzad Ahmad, Cathal Brugha Bks, Rathmines 01 804(6304)
b. 1 Bde: Cdr John Murphy, Collins Bks Cork, 021 451(4265)
c. DFTC: Lt Col Patrick Harrold, GMH, Curragh Camp, 045 44(5335)
d. AC: Comdt Tom Brannigan, Casement Aerodrome, Baldonnell 01 403(7533)
e. NS: Cdr Peter Zmudka, Naval Base, Haulbowline, 021 486(4915)

**PERSONNEL SERVING OVERSEAS**

9. All Personnel are guided by the HSE in relation to COVID-19 and, where relevant, the Medical staff serving with the DF overseas unit. In all missions SIOs are obliged to seek advice through J3/5 Branch and update personnel accordingly.

10. DF members serving overseas who return to Ireland on leave from the mission area are obliged by the Mission HQ of UNDOF, UNIFIL and EUTM Mali (at time of writing) to obtain a certificate from a military medical doctor stating that they are NOT displaying symptoms of COVID-19, prior to return to the mission area. See attached form for each mission in Annex D.

**LIVING-IN PERSONNEL**

11. Living-in personnel are obliged to follow HSE guidelines if they believe they are COVID-19 symptomatic or at risk of contamination. Authorities in military installations are to be informed and personnel will NOT physically report to military medical staff. Commanders of military installations are to seek advice from military medical authorities as to how to deal with such a case, ensuring that all care is afforded to the individual and measures are to be taken to ensure that there is no increased risk of contamination of others.

**PERSONNEL ON ANNUAL LEAVE**

12. All serving members are reminded of the provisions of Ref A and its associated administration instructions, in that permission to travel outside the state on annual leave
by serving members is granted by leave granting authorities. The latter will be guided by Department of Foreign Affairs and Trade (DFAT) travel advice.

**TRAINING AND EDUCATION ACTIVITIES**

13. In accordance with guidelines, training and education activities are to be restricted until further notice, and any changes will be co-ordinated through J7 Branch following a General Staff decision. The latter will be based on advice from Directors/Branches in line with relevant DF OPORDs (e.g. Alert Status, COVID-19) and national policy.

**REPORTING PROCEDURES**

14. Notwithstanding the provisions of Refs A and B and associated Administrative Instruction the reporting of all matters relating to infectious diseases will take place in accordance with this GRO.

15. Formation Headquarters are reminded that the reporting of all matters relating to infectious diseases is a cross-cutting issue with the health and effectiveness of DF personnel central to DF capability. As an indicator of how preventative measures are being carried out, the reporting metrics should shape short term planning and the use of resources within available means. Business continuity planning at all levels is central to this process.

16. Para 27 of Ref A makes provision for Special Leave with pay and allowances to DF members in relation to Infectious Disease for such a period as is considered necessary by the Formation Medical Officer. This Special Leave is appropriate to those who come into contact with a case of infectious disease and are subsequently diagnosed as having the COVID-19 virus. Similarly, personnel who are resident in a district or area where there is an outbreak of infectious disease which may require self-isolation. All DF members will provide supporting documentation to their unit Comd.

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2 This leave is NOT Sick Leave
GDPR

17. All processing of special category personal data in relation to this matter, as outlined above, is in line with data protection legislation (References E and F) and will remain so.
AUTHORISATION

This General Routine Order, made pursuant to Defence Forces Regulation S1, is issued by direction of the Minister for Defence and published for the general information and guidance of members of the Defence Forces.

This General Routine Order shall have effect as and from the 10\textsuperscript{th} day of March 2020.

Signed this 10\textsuperscript{th} day of March 2020 at Defence Forces Headquarters.

\signature{An Tánaiste, Bríobhair, Gen}

\signature{Seán Clancy}
Major General
Deputy Chief of Staff (Support)
Extract from Admin Instr A12

Para 906. **Notification of Infectious Diseases**

a. Whenever a case of infectious disease occurs in the quarters occupied by an officer, non-commissioned officer, private or civilian employee, whether inside or outside barracks, notification shall immediately be given by such officer, non-commissioned officer or private to the Officer Commanding the Unit to which he belongs, or by such civilian employee to the Officer Commanding the barrack, post or camp concerned.

b. An officer, non-commissioned officer or private who is quarantined by a civilian medical practitioner because of contact with a case of infectious disease shall immediately report the fact in writing to his Commanding Officer who, in turn, shall ascertain from the health authority concerned the dates on which quarantine commenced and terminated.

c. An officer, non-commissioned officer or private who whilst on leave or otherwise, comes in contact with a person suffering from an infectious disease shall report the fact immediately he/she rejoins his/her Unit to his/her Commanding Officer. The Commanding Officer, if unable to establish immediate contact with the Medical Officer, shall provide an isolated billet for the suspect until the advice of the Medical Officer as to his disposal is obtained. This subparagraph shall not, however, apply to members of the Medical Corps who are brought into contact with cases of infectious disease in the performance of their duties.

d. An officer receiving notification in accordance with any of the foregoing subparagraphs shall transmit such notification without delay to the SMO of the Formation in which the officer or enlisted soldier submitting the notification is stationed or in which the civilian employee is employed.

e. Medical Officers are obliged under the terms of the Infectious Disease Regulations to inform the MOH (Medical Officer of Health) with regard to the occurrence of any of the diseases specified in the Schedule of Statutory Instrument 452 of 2011.

Para. 907 **Definition of "Infectious Disease"**

f. "Infectious Disease" means any of the diseases specified in the Schedule of Statutory Instrument 53 of 2020 as reproduced below.

g. This paragraph shall be republished in Unit Routine Orders every six months. In addition, it shall be embodied in the Standing Orders of all units.
<table>
<thead>
<tr>
<th>Disease</th>
<th>Causative Pathogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute anterior poliomyelitis</td>
<td>Polio virus</td>
</tr>
<tr>
<td>Ano-genital warts</td>
<td>Human papilloma virus</td>
</tr>
<tr>
<td>Anthrax</td>
<td>Bacillus anthracis</td>
</tr>
<tr>
<td>Bacillus cereus food-borne</td>
<td>Bacillus cereus</td>
</tr>
<tr>
<td>Infection/intoxication</td>
<td></td>
</tr>
<tr>
<td>Bacterial meningitis (not otherwise specified)</td>
<td></td>
</tr>
<tr>
<td>Botulism</td>
<td></td>
</tr>
<tr>
<td>Brucellosis</td>
<td>Clostridium botulinum</td>
</tr>
<tr>
<td>Campylobacter infection</td>
<td>Brucella species</td>
</tr>
<tr>
<td>Carbapenem-resistant enterobacteriaceae</td>
<td>Campylobacter species</td>
</tr>
<tr>
<td>Infection ( invasive)</td>
<td>Campylobacter-resistant enterobacteriaceae</td>
</tr>
<tr>
<td>Chancroid</td>
<td>(blood, CSF or other normally sterile site)</td>
</tr>
<tr>
<td>Chickenpox – hospitalised cases</td>
<td>Haemophilus ducreyi</td>
</tr>
<tr>
<td>Chikungunya disease</td>
<td>Varicella-zoster virus</td>
</tr>
<tr>
<td>Chlamydia trachomatis infection ( genital )</td>
<td>Chikungunya virus</td>
</tr>
<tr>
<td>Cholera</td>
<td>Chlamydia trachomatis</td>
</tr>
<tr>
<td>Clostridium difficile infection</td>
<td>Vibrio cholera</td>
</tr>
<tr>
<td>Clostridium perfringens (type A) food-borne</td>
<td>Clostridium difficile</td>
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<tr>
<td>Disease</td>
<td>Clostridium perfringens</td>
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<tr>
<td>Covid-19</td>
<td>SARS-CoV-2</td>
</tr>
<tr>
<td>Creutzfeldt Jakob disease</td>
<td>Cytomegalovirus</td>
</tr>
<tr>
<td>variant Creutzfeldt Jakob disease</td>
<td>Cryptosporidium parvum, hominis</td>
</tr>
<tr>
<td>Cytomegalovirus infection ( congenital )</td>
<td>Dengue Virus</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Corynebacterium diphtheria or ulcerans (toxin producing)</td>
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<tr>
<td>Dengue Fever</td>
<td>Echinococcus species</td>
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<tr>
<td>Diphtheria</td>
<td>Enterococcus species</td>
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<td>Echinococcosis</td>
<td>Enterococcus species (blood)</td>
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<tr>
<td>Enterococcal bacteraemia</td>
<td>Escherichia coli (blood, CSF)</td>
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<tr>
<td>Escherichia coli infection ( invasive)</td>
<td>Giardia lamblia</td>
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<tr>
<td>Giardiasis</td>
<td>Neisseria gonorrhoeae</td>
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<td>Gonorrhoea</td>
<td>Klebsiella granulomatis</td>
</tr>
<tr>
<td>Granuloma inguinale</td>
<td>Haemophilus influenza 9blood, CSF or other Normally sterile site</td>
</tr>
<tr>
<td>Haemophilus influenza disease ( invasive )</td>
<td>Hepatitis A virus</td>
</tr>
<tr>
<td>Hepatitis A (acute) infection</td>
<td>Hepatitis B virus</td>
</tr>
<tr>
<td>Hepatitis B (acute and chronic) infection</td>
<td>Hepatitis C virus</td>
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<td>Hepatitis C infection</td>
<td>Hepatitis E virus</td>
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<td>Hepatitis E infection</td>
<td>Herpes simplex virus</td>
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<td>Herpes simplex (genital)</td>
<td>Human immunodeficiency virus</td>
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<td>Human immunodeficiency virus infection</td>
<td>Influenza A and B virus</td>
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<td>Influenza</td>
<td>Klebsiella pneumonia (blood or CSF)</td>
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<tr>
<td>Klebsiella pneumonia infection ( invasive )</td>
<td>Legionella species</td>
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<td>Legionellosis</td>
<td>Leptospira species</td>
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<td>Leptospirosis</td>
<td>Mycobacterium leprae</td>
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<td>Leprosy</td>
<td>Listeria monocytogenes</td>
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<tr>
<td>Listeriosis</td>
<td>Borrelia burgdorferi</td>
</tr>
<tr>
<td>Lyme disease</td>
<td>Chlamydia trachomatis</td>
</tr>
<tr>
<td>Lymphogranuloma venereum</td>
<td>Plasmodium falciparum, vivax, knowlesi, ovale, Malaria</td>
</tr>
<tr>
<td>Malaria</td>
<td>Measles virus</td>
</tr>
<tr>
<td>Measles</td>
<td>Neisseria meningitides</td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>Mumps virus</td>
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</tbody>
</table>
Mumps
Non-specific urethritis
Noroviral infection
Paratyphoid
Pertussis
Plague
Pseudomonas aeruginosa infection (invasive)
Q Fever
Rabies
Respiratory syncytial virus infection
Rotavirus infection
Rubella
Salmonellosis
Severe Acute Respiratory Syndrome (SARS)
Shigellosis
Smallpox
Staphylococcal food poisoning
Staphylococcus aureus bacteraemia
Streptococcus group A infection (invasive)
Streptococcus group B infection (invasive)
Streptococcus pneumoniae infection (invasive)
Syphilis
Tetanus
Toxoplasmosis
Trichinosis
Trichomoniasis
Tuberculosis
Tularemia
Typhoid
Typhus
Verotoxigenic Escherichia coli infection
Viral encephalitis
Viral meningitis
Viral haemorrhagic fevers
West Nile fever
Yellow Fever
Yersiniosis
Zika virus infection
Norovirus
Salmonella paratyphi
Bordetella pertussis
Yersinia pestis
Pseudomonas aeruginosa (blood or CSF)
Coxiella burnetii
Rabies virus
Respiratory syncytial virus
Rotavirus
Rubella virus
Salmonella spp other than S.Typhi and S. Parathphi
SARS-associated coronavirus
Shigella species
Variola virus
Enterotoxigenic Staphylococcus aureus
Staphylococcus aureus (blood)
Streptococcus pyogenes (blood, CSF or other normally sterile site)
Streptococcus pneumonia (blood, CSF or other normally sterile site)
Streptococcus pneumonia (blood, CSF or other normally sterile site)
Treponema pallidum
Clostridium tetani
Toxoplasma gondii
Trichinella species
Trichomonas vaginalis
Mycobacterium tuberculosis complex
Francisella tularensis
Salmonella typhi
Rickettsia prowazekii
Verotoxin producing Escherichia coli

West Nile virus
Yellow Fever virus
Yersinia enterocolitica, Yersinia pseudotuberculosis
Zika virus
Coronavirus COVID-19

The Facts

Most at Risk
- Anyone who has been to an affected region in the last 14 days AND is experiencing symptoms
- Anyone who has been in close contact with a confirmed or probable case of COVID-19 (Coronavirus) in the last 14 days AND is experiencing symptoms

Prevention

Wash your hands well and often to avoid contamination

Cover your mouth and nose with a tissue or sleeve when coughing or sneezing and discard used tissue

Avoid touching eyes, nose, or mouth with unwashed hands

Clean and disinfect frequently touched objects and surfaces

Symptoms
- A Cough
- Shortness of Breath
- Breathing Difficulties
- Fever (High Temperature)

Affected Regions
Check the list of affected regions on www.hse.ie

What to do if you are at risk
I've been to an affected region in the last 14 days and
I HAVE symptoms
1. Stay away from other people
2. Phone your GP without delay
3. If you do not have a GP Phone 112 or 999

I DO NOT HAVE symptoms
For advice visit www.hse.ie

I've been in close contact with a confirmed or probable case of COVID-19 (Coronavirus) in the last 14 days and
I HAVE symptoms
1. Stay away from other people
2. Phone your GP without delay
3. If you do not have a GP Phone 112 or 999

I DO NOT HAVE symptoms
For advice visit www.hse.ie

For Daily Updates Visit
www.gov.ie/health-covid-19
www.hse.ie

Ireland is operating a containment strategy in line with WHO and ECDC advice

HSE

Rialtas na hÉireann
Government of Ireland
COVID-19 FREQUENTLY ASKED QUESTIONS (FAQs) FOR DEFENCE FORCES’ PERSONNEL

Introduction

As members of Óglaigh na hÉireann, we are unique in that we are duty-bound to perform tasks and operate in situations that others might wish to avoid. Our primary role is to defend the State and the citizens of Ireland. In the weeks and months ahead, it is likely that the DF will be tasked to support the civil authorities, sometimes going into harm’s way, to defend the citizens of Ireland against COVID-19. Finally, be assured that the General Staff’s first priority is to ensure that our personnel are protected so that we will be ready to provide military capabilities to the State and the Irish people.

All advice and information provided is to ensure DF members are cared for in as practical a way as possible, in line with HSE guidelines along with the obligation of all DF members to ensure that their unit is aware and informed of their condition/status with all supporting documentation provided. This may mean that personnel are NOT to attend at a military medical facility if there is a risk of infection to others, unless otherwise directed. There is an onus on all DF members to provide supporting documentation in relation to their condition/status.

The following is a list of FAQs and recommended advices to be taken to protect yourself so that you can fulfil likely tasks in what are likely to be challenging times ahead. Personnel are advised that this is an evolving situation and therefore this document will be updated, as required.

What is a Coronavirus?

Coronaviruses are a large family of viruses found in both animals and humans. Some infect people are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

What is COVID-19?

COVID-19 is the name given by the World Health Organisation (WHO) to the disease caused by the novel coronavirus (2019-nCoV) that originated in China in December 2019. This is a new respiratory illness has not previously been seen in humans. COVID-19 is not from the same family of viruses as the seasonal influenza virus. COVID-19 and the flu virus are completely different viruses but cause similar symptoms such as fever or cough.

Outbreaks of novel viral infections among people are always a public health concern, especially when little is known about the virus, how it spreads between people, how severe the resulting diseases are and how to treat them.

What are the symptoms of COVID-19?

Symptoms of COVID-19 are similar to those of regular or seasonal influenza typically causing flu-like symptoms such as fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.
How is it spread?

COVID-19 is typically spread in sneeze or cough droplets.

You could get the virus if you come into close contact with someone who has the virus and is coughing or sneezing. As it’s a new illness, it is not known how easily the virus spreads from person to person. It is not known if someone can spread the virus before they show symptoms.

The virus may only survive a few hours if someone who has it coughs or sneezes on a surface. Simple household disinfectants can destroy the virus on surfaces.

I feel unwell, it may or may not be COVID-19 – what should I do?

Notwithstanding the Provisions of DFR A12, if personnel believe that they have symptoms OR are a close contact³, they must remain in their home / accommodation and seek medical advice. **In a medical emergency (severe symptoms present) phone directly 112 or 999. Personnel should NOT present at a military medical facility as there is a risk of infection to others.** Notwithstanding the medical advice provided, all DF members are subject to Military Law and are obliged to inform and provide all supporting documentation (including medical certificates as appropriate) to their unit headquarters of their status.

Where can I source information from?

In line with HSE guidelines (**Protect Yourself and Others**), Officers Commanding all military installations are to ensure that all appropriate measures and supports are in place to facilitate the advised preventative measures. During routine working hours military medical facilities may be contacted for advice.

The HSE have issued advices to be followed in relation to dealing with COVID-19 from a general overview, protecting yourself, others, travel advice, self-isolation and limited social interaction [https://www2.hse.ie/conditions/coronavirus/coronavirus.html](https://www2.hse.ie/conditions/coronavirus/coronavirus.html). HSE advice is to be followed and if clarification is required there is a HSE contact number, HSE Live phone number 1850241850.

Who should self-isolate?

The HSE sets out the criteria for self-isolation at:

[https://www2.hse.ie/conditions/coronavirus/coronavirus.html](https://www2.hse.ie/conditions/coronavirus/coronavirus.html)

A public health doctor may recommend self-isolation if they think you may have the COVID-19. This could be before you are tested or while you are awaiting results. You must forward all supporting documentation to your unit for onward transmission to military medical authorities.

What happens if DF personnel need to self-isolate?

Individuals should follow the guidance set out by the HSE and/or their Medical Officer. All DF members are obliged to provide all supporting documentation to their unit HQ. If medical advice is that the person should self-isolate then the Defence Forces should consider the following options:

³ Spending more than 15 minutes face-to-face within 2 metres of an infected person and or living in the same house or shared accommodation as an infected person.
Arrangements for individuals who are self-isolated

What if I am at home and I become ill?

If you are ill, you should follow HSE and medical advice. If you are medically confirmed as having COVID-19, or that you may have it (if you have not been tested but your doctor suspects they have it) medical authorities will advise on self-isolation. DF members who are directed to self-isolate by the HSE or GP will do so, inform their unit and provide all supporting medical documentation from the HSE or GP that will have attended to them. Based on the documentation Formation MOs can arrange for the personnel concerned to be placed on Special Leave with pay and allowances, in accordance with DFR A11.

What if I contract the COVID-19 virus, what are my leave entitlements?

DFR A11, Para 27 makes provision for Special Leave⁴ with pay and allowances to DF members in relation to Infectious Disease for such period as is considered necessary by the Formation Medical Officer. This Special Leave is appropriate to those who come into contact with a case of infectious disease and are subsequently diagnosed as having the COVID-19 virus. Similarly, personnel who are resident in a district or area where there is an outbreak of infectious disease may be advised to self-isolate.

What happens if it turns out, after the period of self-isolation, that I do not have the virus?

When the recommended period of self-isolation has passed, medical authorities must approve return to work following an imposed period of self-isolation. On return to work all DF members will provide any additional medical documentation that has not already been submitted to Military Authorities.

What if I do not have COVID-19 but I have another strain of a flu-related illness?

Ordinary flu or flu-like sickness should be recorded as ordinary certified sick leave and the usual rules governing sick leave will apply.

Initially on medical advice to isolate prior to testing, and the subsequent test result indicating it is not COVID-19, Formation MOs, at their discretion, can arrange for the award of Special Leave with pay and allowances to PDF members in relation to Infectious Disease for a period as is considered necessary.

What if I have returned from an affected area?

DF members are obliged to inform their unit when they return from an affected area and to seek medical advice from the HSE. If self-isolation is deemed necessary by medical authorities all supporting documentation will be forwarded to their unit for onward transmission to military medical authorities.

I am serving overseas and am returning home on leave, do I need to do anything?

DF members serving overseas who return to Ireland on leave from the mission area are obliged by the Mission HQ of UNDOF, UNIFIL and EUTM Mali (at the time of writing) to obtain a

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⁴ This leave is NOT Sick Leave
certificate from a military medical doctor stating that they are NOT displaying symptoms of COVID-19, prior to return to the mission area.

**What if I have an underlying medical condition?**

If an individual considers themselves to be at risk, they should seek medical advice as to what steps should be taken. A local medical risk assessment should be conducted if it is considered that the DF member is in a high risk category.

**Someone in my household has been confirmed as having COVID-19, what do I do as a serving DF member?**

In the event that there is a confirmed case of COVID-19 in a household, then the DF member, who is a member of that household, must follow the advice of the HSE. If HSE advice is *isolation or limited social interaction*, all prescribed measures by the HSE are to be taken with all supporting documentation forwarded to their unit for onward transmission to military medical authorities.

**What is the legal basis for processing employee data in relation to COVID-19?**

The Defence Forces are obliged to provide a safe workplace, which may include the processing of health data in order to ensure that safety. Articles 6(1)(c) and Articles 9(2)(b) and (g), along with section 53 of the Data Protection Act, 2018 (which permits the processing of special category data for reasons of substantial public interest) will likely be the most appropriate legal basis for processing this data.
Questionnaire: Risk Assessment for (Re) Deployment to EUTM Mali

1. **TO BE FILLED OUT BY:** Travelling EUTM Mali Personnel

**Personal Information**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Military Identification Number (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Mali Entry Date:</td>
<td>Location in Mali if known (BK0/ KTC):</td>
</tr>
<tr>
<td>Unit:</td>
<td></td>
</tr>
</tbody>
</table>

| 1. Have you travelled to China, Iran, Italy, Japan or South Korea in the past 14 days? | YES | NO |
| 2. Have you been in contact with anyone who has (laboratory confirmed) COVID-19?  | YES | NO |
| 3. Did you visit hospitals/locations where COVID-19 patients are being cared for? | YES | NO |
| 4. Have you had a fever or any respiratory difficulties in the last 48 hours?     | YES | NO |
| 5. Have you had a COVID-19 test in the past 14 days? If yes, specify date.        | YES | NO |
| 6. In which regions have you spent the past 14 days? Detail specific locations.  |     |    |
| 7. Which airports have you visited in the past 14 days?                           |     |    |
8. Which airports will you be travelling through coming to MALI? (Please specify airport names and type civilian/military).

<table>
<thead>
<tr>
<th>9. Are you a flight crew member (passenger or cargo flight?)</th>
<th>YES (give details)</th>
<th>NO</th>
</tr>
</thead>
</table>

10. Have you been evaluated by a Health Care Authority as a low/medium/high risk candidate or under ongoing investigation for COVID-19 in the last 14 days? Circle one answer.

| NO | Under ongoing investigation | Low = Stay home | Medium or High = Immediate isolation |

QUESTIONNAIRE:

2. TO BE FILLED IN BY: EUTM Force Health Protection Officer

Observations:

CONCLUSION:

Date of Assessment by EUTM Mali MFHPO:
TRAVEL TO UNDOF MISSION AREA

PRIOR TO TRAVEL TO UNDOF

NO SYMPTOMS, GET FITNESS FOR TRAVEL

IF SYMPTOMS, DON'T TRAVEL

DURING TRAVEL
1. AVOID SICK PEOPLE
2. AVOID OUTBREAK AREAS
3. DO NOT LEAVE AIRPORT UNLESS INDICATED

SCREENING AT TEL AVIV OR BEIRUT AIRPORT

FIT

ARRIVAL MEDICAL TEST
CAMP ZIOUANI
OR
CAMP FAOUAR

FIT
RESUME DUTY

UNFIT
ISOLATE AND REFER

UNFIT

REFER TO DESIGNATED HOSPITALS
1. BARUCH PADEH
HOSPITAL, A SIDE
2. RAFIK HARRIRI
HOSPITAL, LEBANON
Assessment Form for COVID-19

To be filled by UN Personnel

Name: .................................................................

Index or ID card #: .....................................................

1: History of travel in the last 14 days Yes/No

(a) Country (ies) travelled:

2: Contact with suspected or confirmed case in the last 14 days Yes/No

3: Respiratory symptoms Yes/No

Signature .............................................

To be filled by UN Medical Personnel

Date: ..............................................................

Location of Assessment: ...........................................

Temperature: ..........°F

Clearance for Travel: Yes / NO

Signature .............................................
First Assessment Questionnaire

**Section A**

Date Completed: .................................................................

Completed by: [(Medical Officer Name and Title)] .................................................................

Location of Assessment: .................................................................

**Section B: Personal Information of the Assessed Personnel**

Name: ........................................................................

Date of Birth: ........................................................................

Index or ID card #: .................................................................

Battalion: ........................................................................

Country of Origin: .................................................................

Date of Travel: ........................................................................

Date of arrival to UNIFIL: .................................................................

Flight #: ........................................................................
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: History of travel in the last 14 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2: Coming from suspected area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3: Contact with suspected or confirmed case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4: Fever/ respiratory symptoms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* CATEGORY:  Put X in the correct category

  - No Risk
  - At Risk
  - High Risk

* Please refer to “Guidelines For UNIFIL Senior Medical Officers And Medical Officers For Assessment Of UNIFIL Military Personnel With History Of Travel In The Last 14 Days” to correctly categorize the personnel.