



Public Health
England

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



UK Public Health Rapid Support Team

Deployees Handbook

Purpose of the UK-PHRST Handbook

The purpose of this document is to provide background and guidance on specific UK-PHRST processes. If you have any queries or questions, please do not hesitate to contact a member of the core management team via ukphrst@phe.gov.uk

This handbook should be read in conjunction with the relevant PHE, LSHTM and Oxford University policies relating to travel (in particular PHE's Global Public Health Operating Framework - section C).

For the purposes of this document;

- **'routine travel'** refers to all non-emergency travel relating to research, training, capacity building and conferences. **Routine travel does not apply to reservists.**
- **'operational deployments'** relates to travel for emergency outbreak response. **This travel applies to reservists**

This handbook will be reviewed and recirculated every six months. Any changes will be clearly highlighted.

LAST UPDATED: 19 February 2020

Table of Contents

Introduction	5
Background to UK-PHRST.....	5
Official Development Assistance	5
Overview of the team	6
Locations where UK-PHRST may operate	6
Policies	6
Occupational Health	7
Pre-deployment	7
During Deployment.....	8
Incident Reporting	10
Post Deployment.....	11
Ebola Responses and health monitoring	11
Claiming on insurance for medical purposes.....	11
Pre-deployment training.....	12
Logistic support and kit.....	12
IT support	13
Activation of a deployment.....	14
Routine travel.....	15
UK-PHRST leave.....	15
Annual leave.....	15
Rest and recuperation (R&R)	16
Cancelled personal travel.....	16
Safety and Security	17
Risk Assessment	17
Foreign and Commonwealth Office travel advice	18
Skills and capabilities to perform the role	18
Deployment briefings.....	19
Code of Conduct	19
Communication.....	20
Transport hazards	20
Civil unrest or criminal activity	21
Travelling alone.....	23
Evacuation.....	23
Mission Creep	23
Authorising unexpected tasks or activities on the field.....	23
Authorising an unexpected change in location of activities	24
Dynamic Risk Assessment	24

Finance	25
Travel and Subsistence for UK-PHRST travel	25
Operational Deployments.....	25
GOARN (WHO) DEPLOYMENT.....	25
BILATERAL DEPLOYMENT	25
UK Emergency Medical Team / UK-Med deployment	26
Routine travel finance.....	27
Payment of reservists for time.....	27
On-call check in and support while travelling.....	27
Comms and media	28
Different types of media interest	28
Media support.....	29
Photos and video	29
Personal blogs and social media	29

Introduction

The purpose of the Deployees Handbook is to provide you with a brief introduction to the UK-PHRST Programme – its purpose, background and key objectives.

The pack aims to set how the UK-PHRST will operate and deploy as well as important information on the support and administrative arrangements in place to help you in your role.

The pack is intended to be a general introduction to the UK-PHRST programme and is therefore not exhaustive. If you do have any specific questions, which are not addressed in this pack, please contact a member of the core management team via UKPHRST@phe.gov.uk.

Background to UK-PHRST

In the wake of the Ebola crisis in West Africa and other recent disease outbreaks around the world, the Prime Minister announced at the G7 meeting in Germany in June 2015 that the UK would form a rapid reaction team to combat global disease outbreak. Public Health England (PHE) and London School of Hygiene and Tropical Medicine (LSHTM) have been commissioned by the Department of Health and Social Care (DHSC) to work in collaboration to establish a UK Public Health Rapid Support Team (UK-PHRST). The University of Oxford are also involved in the UK-PHRST's operational research elements.

The UK-PHRST will be ready for deployment (within 48 hours) on behalf of UK Government, with the World Health Organization (WHO), through the Global Outbreak Alert and Response Network (GOARN), bilaterally or through the UK Emergency Medical Team (UK-EMT) to an ODA-eligible country where there is a disease outbreak.

The overall objectives are:

- Support the rapid investigation and response to disease outbreaks at source, within ODA eligible countries;
- Conduct rigorous research to aid epidemic preparedness and response and improve future response
- Generate an evidence base for best practice in disease outbreak interventions within ODA eligible countries
- Train a pool of specialists based in the UK who can be rapidly deployed to respond to disease outbreaks
- Build capacity in-country for an improved and rapid national response to disease outbreaks

Official Development Assistance

Funding for the team is provided throughout UK Official Development Assistance (ODA budget), which represents 0.7% of the UK's Gross National Income (GNI). £20 million has been granted to UK-PHRST between 2016 and 31st March 2021.

UK-PHRST can only operate in countries eligible for ODA funding. In the event of a request from a non-ODA eligible country, the team would only be able to deploy if funding was provided by the requesting country or from another HMG budget with treasury approval.

Overview of the team

The UK-PHRST is delivered through a joint partnership between PHE and LSHTM with academic consortium members supporting delivery of research. The core team is made up of:

1. **Core Management team** – the core management team is split between PHE (operational deployment support) and LSHTM (research and capacity building support). Senior accountability sits with the UK-PHRST Director
2. **Core Deployable Team** – those who are permanently recruited for deployment, research and capacity building activities
3. **Field Epidemiology Training Fellows** – all FETP are eligible for deployment with UK-PHRST during their two-year training. This includes approximately 6 fellows per academic year.
4. **Reservists** – recruited for deployment on an ‘as required basis’. Reservists share the same skill sets as the core deployable team.
5. **Academic partners** – academic partners (e.g. Oxford) who conduct UK-PHRST Research

Core Management Team	Core Deployable Team
UK-PHRST Director	Epidemiologist
Deputy Director for Research	Field Epidemiologist
Deputy Director of Operations (Senior Epidemiologist) – <i>*also on Core Deployable Team</i>	Senior Microbiologist
Programme Manager	Laboratory Manager
LSHTM Programme Manager	Infection, Prevention and Control nurse
Deployments and Operations Manager	Data Scientist
Logistics Manager	Social Scientist
LSHTM Project Administrator	Clinical researcher
PHE Project Support Officer	Field Logistician
Training Lead	
Training Co-ordinator	

Locations where UK-PHRST may operate

The UK-PHRST could potentially be asked to travel to any country eligible for Official Development Assistance (ODA). This could be for operational deployments, capacity building or research purposes.

Policies

You must familiarise yourself with relevant policies for travel from PHE. For Oxford and LSHTM based staff, they must ensure they are also familiar with their home organisation policies. These include:

- PHE Global Public Health Operating Framework – Annex C (available on Sharepoint site)
- PHE Business expenses policy
- Anti-Bribery and Guidance
- Counter Fraud and theft policy
- UK-PHRST expenses guidance

Occupational Health

Occupational Health (OH) services are designed to protect the health and wellbeing of deployable staff and support travel.

The occupational Health department at PHE is the designated lead and focal point of medical services for all deployable staff of the UK-PHRST. This includes core deployable staff (regardless of base), reservists and FETP fellows.

Non-deployable staff (admin and support staff) should follow the process at their primary organisation if travelling on UK-PHRST business.

Health records are kept confidentially in line with PHE clinical governance policy. UK-PHRST core management do not have access to any medical records.

All persons travelling on UK-PHRST business must not travel against medical advice and an adequate supply of any ongoing medication (where applicable) must be taken on the trip.

Pre-deployment

It is the responsibility of the individual travelling to alert the UK-PHRST OH Nurse to all travel to ODA eligible destinations – occupational.health@phe.gov.uk . This includes routine travel and operational deployments. If dates or locations change abruptly, please ensure that OH is aware so they can review appropriately.

General guidance

- A UK-PHRST **pre-travel checklist** will be shared with you and this includes occupational health considerations. Please ensure you follow this checklist as part of your routine preparations prior to all travel.
- Don't forget to take all the **travel insurance numbers** and documentation with you in case you need it while overseas
- All staff are expected to familiarise themselves with the health and wellbeing sections of the **FCO travel advice and Drum Cussac reports** prior to deployment
- All staff must submit an overseas travel approval form through their primary organisation (for reservists, this will be PHE). This is a declaration that you consider yourself fit to travel.

Medical clearance from Hospital for Tropical Diseases (HTD)

- UK-PHRST medical assessments are in line with the WHO expectations for consultants. UK-PHRST full medicals are currently conducted through the Hospital for Tropical Diseases (HTD)

at University College London Hospital. The full medical assessment is repeated as follows*:

1. 40 years and under – every 5 years
2. 41 to 54 years – every 2 years
3. 55 years and over – every year

***Caveat:** It is up to the discretion of the medical doctor to make a clinically based decision on whether an individual must conduct a full assessment more frequently than advised above. The basis of this could be previous medical history or a recent medical intervention or incident on the field.

- **Your HTD appointment is for a pre-deployment clinical assessment and issuing of PEP (HIV) only.** Vaccinations and other medications will be administered / dispensed directly by PHE (Colindale). The medical assessment has been approved by WHO.
- **If you are deemed 'unfit' for travel by HTD then this applies to all UK-PHRST travel** (e.g. overseas meetings, training, research, capacity building and deployments). You can liaise directly with HTD and PHE OH regarding re-assessments. Note that if specialist input is required then HTD must have this in advance of any re-assessment appointment.
- **It is your responsibility to make sure you disclose all known conditions** that could impact on your health and wellbeing during a deployment. It is our priority to make sure you are provided with all the support and advice required to enable you to stay fit and healthy whilst overseas. Full disclosure is part of this process.
- **You still require a signed declaration on an annual basis.** If you are not required to attend HTD for your full medical, then this declaration will be completed by the PHE Occupational Health Physician. **To remain 'deployment ready', you must arrange for this appointment to take place 10 months after the expiry of your current certificate.** If you are based outside of London then you should coordinate the appointment with any upcoming travel. If this is not possible, then you can discuss the option of a Skype consultation with the PHE OH physician.

Prior to UK-PHRST travel

- Prior to all UK-PHRST travel it is the responsibility of the individual to inform OH
- OH will review vaccination records and will offer any boosters as appropriate (UK-PHRST vaccination schedule)
- OH will organise additional malarial prophylaxis as required

Medications

- Individuals are responsible for making sure they have their **own stock of personally required medications** (e.g. those not issued 'as standard' from OH). This includes repeat prescriptions and adequate stock to enable responding to a deployment request within 48 hours. Occupational Health at PHE is not responsible for accessing these medications on your behalf. You must go through your GP.
- UK-PHRST staff that hold GMC registration (or equivalent) are **strongly advised against self-prescribing or prescribing for colleagues**. This could put your medical registration at risk and is not considered safe or ethical.

During Deployment

We obviously hope that nobody becomes unwell or injured whilst overseas but, given the nature of

our work, it can happen. Therefore, we would like to remind everyone of the processes to follow should you (or your colleague) become sick or injured whilst away on UK-PHRST duties.

Staying well on deployment

Management controls

Management will provide you with;

- information on climate and expected weather conditions prior to deployment
- A Medical pack including medications, first aid supplies, trauma kit, water purification tablets and hand sanitiser (See Appendix X for full kit lists)
- Additional information from partner organisations depending on deployment route (e.g. GOARN and WHO specific advice)

Individual responsibilities

HEALTH AND WELLBEING - DO

- Take all reasonable precautions to stay fit and healthy while on deployment
- Keep abreast of local weather forecasts via internet and WHO information
- Drink and use only bottled water and avoid ice in drinks
- Eat only fruit and veg washed with bottled water
- Maintain high standards of hand hygiene at all times
- Ensure you are getting adequate rest and sleep while on deployment
<https://www.sleepfoundation.org/articles/healthy-sleep-tips>
- Take appropriate malaria prophylaxis, mosquito repellent and head and bed nets as required
- Consult travel advice to make sure appropriate clothing is taken
- Remain in shade during periods of hot weather and avoid working in direct sun.
- Take rests when required, stay hydrated and contact medical help if concerned
- Look out for colleagues and act quickly if someone appears to be suffering adversely from heat
- Avoid straying from pathways or into open land
- Seek local advice on where to travel and where is not safe to travel
- walk off pathways, they are advised to dress appropriately with sturdy footwear
- Avoid dense bush and remain on open paths

HEALTH AND WELLBEING – DON'T

- Provide direct patient care

If you become unwell or injured

If you become unwell while overseas;

- **GOARN deployment** - If you are on a GOARN deployment, you have access to a WHO doctor.

- **Bilateral deployment and routine travel** - If you are on a bilateral deployment or routine travel then you should access a recommended clinic by FCO. You should take your insurance details and present them on arrival at the clinic.
- You do not need to give details on minor illness if you don't want to but we encourage everyone to report to the on-call phone if you need to seek medical attention overseas. You can discuss this in confidence with the UK-PHRST nurse when able.
- **Medications from OH are dispensed for use following medical advice only. Not for self-diagnosis and self-treatment.** Only once you receive advice from a doctor should you take the medications provided.
- **Staff should be aware of the existence of sub-standard or counterfeit medical products** in many countries.
- Team members have access to 24/7 medical assistance through PHE (on-call Senior Medical Advisors)
- Comprehensive travel health insurance via primary organisation. This includes 24/7 access to a dedicated helpline. You must inform the insurance company ASAP if you intend to seek their advice or pursue a claim (please see section on 'claiming on insurance for medical purposes')
- The UK-PHRST will work with partners to provide medical evacuation as appropriate.
- If you have an accident or experience security incident please make sure you complete the **UK-PHRST Incident Reporting form** when you're able. It's important that we learn from incidents and look to reduce future risks.

Mental health and wellbeing

- If you or a colleague **require counselling support whilst overseas** you have access to the Employer Assistance Programme who can support you:
 - helpline: 0800 1116 387 - available 24 hours 7 days a week.
 - user name: **dhwell**
- A PHE Mental health first aider can be contacted if required.
- Counselling referral via PHE OH is available as required

Incident Reporting

Reporting incidents supports the safety and security of staff by providing a mechanism to report failings or concerns in the protective measures that are currently in place.

It is important to record incidents and 'near-miss' events on the UK-PHRST incident report form. This is available in the suite of documents on the Sharepoint site. This means appropriate preventative measures can be taken to avoid recurrence on future travel and a record kept by Core Management.

All reports of accidents, incidents and near misses inform an analysis to identify learning and corrective actions. Results may be incorporated into the design of processes, equipment and training.

Incidents will be logged according to PHE policy via Trackwise where necessary and actions to mitigate against future incidents will be taken as required.

Post Deployment

- As soon as you return it is **your responsibility to notify the UK-PHRST OH nurse**. You will be sent a form to complete and will be expected to discuss any health issues with OH.
- If you are unwell following your return, we encourage you to **attend the HTD drop-in rather than your GP**. For those based outside London, for whom travel would not be practical, please discuss with the UK-PHRST OH nurse the most appropriate referral centre

Ebola Responses and health monitoring

If you travel as part of an Ebola virus disease response then you must register with the UK Returning Workers Scheme to ensure they can monitor you on your return.

It is your responsibility to complete the travelers form for Returning Workers (including updating it 72 hours ahead of your departure back to the UK)- please send to returningworkersscheme@phe.gov.uk

When you land, you must speak to a representative from the Returning Workers Scheme at the first opportunity. They will assess you and give you advice on what to do should you fall unwell.

Claiming on insurance for medical purposes

Key points:

1. UK-PHRST Staff must inform the UK-PHRST Management quickly to significant incidents & illness. This should be done via the on-call process (see section on 'on-call check in and process')
2. The on-call person and the individual will make an assessment as to whether the situation needs to be escalated
3. Insurers must be contacted as soon as reasonably possible whilst an individual **is on the field** so they can advise on the best course of treatment if a claim is likely to be pursued
4. UK-PHRST Staff should access follow-up treatment in the UK via PHE, Hospital for Tropical Diseases or the NHS (via their GP)
5. Travel insurance will not cover private treatment back in the UK (unless a specific agreement was made with the insurer whilst the individual was overseas)
6. Procedures will be followed for notifying and logging incidents at your primary organisation (routine travel) and/or PHE (all operational deployments). This will be done following completion of a UK-PHRST Incident Report form.

Who covers your travel

Routine travel: your primary 'home' organisation will insure your travel (e.g. PHE/LSHTM/Oxford). Please ensure all approval processes have been followed in line with organisational policy


Operational deployments: PHE will insure you for operational deployments. This applies to all FETP and Reservists

How to claim

- **PHE travel insurance** - Please call the number and quote the reference on the PHE Travel Insurance Card
- **LSHTM travel insurance** – Please contact the number available through LSHTM

- **Oxford University insurance** – Please contact the number available through Oxford University

Additional health and wellbeing support from PHE (accessible via PHEnet)

- [National Travel Health Network and Centre](#): providing travel health information aimed at healthcare professionals advising travelers and people travelling overseas from the UK
- [Occupational Health](#): providing confidential advice and guidance to managers, staff and HR colleagues on the effects of health on work, and work on health.
- [Mental health first aiders](#): staff volunteers who support colleagues with their mental wellbeing.
- [Headspace](#): guided online mindfulness tool with free 1 year subscription for staff.
- [OneYou – stress](#): free tips and tools by PHE to help you and others handle stress.
-  [Ten Steps to Positive Body Image](#): our EAP provider has come up with ten tips to turn negative body thoughts into positive body image.
- [Workplace wellbeing champions](#) – PHE staff volunteers who play an important role in improving the health and wellbeing of colleagues

Pre-deployment training

Prior to deployment you will undergo UK-PHRST and PHE mandatory training. This will include the following:

1. A five-day residential deployment course which will cover some of the challenges the team may face when operating in the field.
2. A three-day residential Security Awareness in Fragile Environments (SAFE) training course and an additional one-day SAFE+ close protection training course.
3. Safeguarding training
4. You will also need to complete e-learning training modules on:
 - United Nations Department of Safety and Security (UNDSS) B SAFE
 - Psychological First Aid
 - Information Governance

The UK-PHRST training team will be in touch to support your learning requirements on appointment to the UK-PHRST.

Logistic support and kit

The following kit is available to support you during UK-PHRST activities. A full breakdown of items is summarised in the separate Deployment Kit list.

Full time core deployable staff will be issued with kit on appointment to keep at home for the

duration of their employment with UK-PHRST.

Reservists and FETP fellows will be offered kit when asked to deploy. They will be expected to return it to Wellington House on their return.

The kit is your responsibility whilst with you and you must report any loss or breakages of high value items (e.g. rugged smartphones, dongles, laptops) immediately. A pre-travel checklist is provided. Please refer to this whilst packing to ensure you don't forget essential items.

IT support

Routine travel

All staff should ensure they are familiar with their primary employer's guidance on travelling overseas with electronic devices. For PHE staff, this is available on PHEnet.

Operational deployments with PHE kit (and permanent PHE staff on routine travel)

All staff should ensure they are familiar with the PHE guidance on travelling with PHE electronic devices. The guidance is available on PHEnet or on request from the core management team.

PHE devices – IT incident support

Incidents and Service Requests from any of the overseas Countries should be logged in the normal way by raising a ticket using the ICT support self-service portal [service desk](#).

URGENT ISSUES ONLY - ICT Support Service Desk Procedure

- 1) Anything that is **URGENT** should be logged with ICT by raising a ticket via the ICT support self-service portal [service desk](#). If your laptop machine is not switching on or you have no network access, call the ICT Service Desk by calling **+44 20 8327 7777** to log a ticket on your behalf. Alternatively you can contact ask RST to do this on your behalf. Please email ukphrst@phe.gov.uk (**and / or** send a text alert request to +447584591180). Someone in the core management team will log on your behalf.
- 2) Once a ticket has been logged with ICT you / RST contact point will receive an email notification with the reference number.
- 3) **Email this reference number to** Touqir Ahmad, Mark Westley, John Lacey cc Daljit Bhana, Karen Cheney, this ensures that even if someone is on annual leave, training or away from the office, someone within the team can then look into the issue reported.

Note: This is for urgent requests ONLY, all non-urgent ticket logged will be handled with the normal timescales.

For out of hours support (when the ICT issue cannot wait until the next working day – e.g. when deployed to areas where effective communication is essential for safety and security)

Out of hours: +44 20 8200 4400, then press 1

Leave a message including a brief description of the problem, your name and contact details.

The on duty IT incident manager (ITIM) will call you back within one hour

Alternative out of hours: 0151 221 3491

Please liaise with the RST out of hours person as required as they can offer support and link up from within the UK.

Activation of a deployment

A request for UK-PHRST support to an outbreak / public health emergency can be received through the following routes;

1. The Global Outbreak Alert and Response Network (GOARN)
2. Host government as part of a bilateral deployment
3. UK Emergency Medical Team (UK-EMT)

For a deployment to be approved, the request will be considered by the UK-PHRST Director and Deputy Director for Operations. Considerations on skill set required, ODA eligibility, country, capacity, specific requirements requested, safety and security and public health threat will all be considered. A country/outbreak specific health and safety risk assessment will be produced.

A cross government notification protocol is submitted for consideration by the Department of Health and Social Care, Department for International Development and the Foreign and Commonwealth Office. This protocol must be approved at a ministerial level before any member of the UK-PHRST can be deployed. The protocol process allows the UK-PHRST Director to assess the safety and security of each potential deployment with HMG colleagues before proceeding.

The team will be given an early alert that a deployment is being considered and who is likely to be considered to go so they can prepare.

Once a deployment is approved by HMG, the UK-PHRST Director will alert and mobilise relevant members of the team according to the expertise requested. The UK-PHRST will be ready for deployment within 48 hours of a deployment request being approved.

Reservists should expect to respond to requests for availability within 24 hours of a request from UK-PHRST. Deployment will be usually around one week from the time of confirmation. During this time, reservists should be available to manage necessary preparations alongside the core management such as visas and essential logistics.

Prior to deployment, you can expect to be invited to a briefing and receive an information pack to support your travel. Please see the section on 'safety and security' for more detail.

The core management team at PHE will submit your PHE Travel Approval Form on your behalf.

1. **GOARN deployments** - When you deploy through GOARN, the logistical arrangements will be made by the Geneva-based GOARN team at WHO, including flights, accommodation and reception on arrival. You will operate under a WHO 'one-dollar' contract whilst on deployment where you will continue to be paid your salary via PHE/LSHTM as appropriate.

You will also receive a per diem from WHO to cover their expenses.

2. **Bilateral deployments** – UK-PHRST will organise and fund your travel and expenses
3. **UK-EMT** – UK-EMT (through DFID) will organise your travel and pay your expenses

It is not possible to split expenses between organisations under any circumstances. Please refer to the PHE Business Expenses Policy and UK-PHRST expenses guidance for more detail.

Routine travel

The UK-PHRST is an HMG asset (ODA funded, via DHSC, and a partnership of PHE and the London School of Hygiene and Tropical Medicine) – as such all UK-PHRST travelling staff are technically UK-based civil servants (either PHE employees, or PHE honorary contract holders). Whilst we don't place UK-PHRST staff on the one-HMG overseas platform, and therefore don't discharge duty-of-care for them to FCO, we do still need to ensure that the level of care provided to our staff matches, wherever possible, that provided by FCO/the platform, for UK-based civil servants overseas.

Please refer to the UK-PHRST travel flow chart shows the flowchart that will assist travel planning. The aim of this flowchart is to avoid any confusion on who books and pays for your travel and associated costs.

Please note:

1. **Routine travel** - all staff must complete the **travel approval form** of their own organisation for every routine trip. Please do this in good time as flights cannot be booked until it is approved.
2. Your T&S expenses should be submitted to the organisation paying and organising your travel. **You are not able to split expenses for one trip between organisations.**
3. If booking routine travel through PHE the travel booking template must be used and emailed to ukphrst-finance@phe.gov.uk

UK-PHRST leave

Annual leave

All UK-PHRST staff are encouraged to take their annual leave allowance to ensure adequate rest and time off. This is in addition to any Rest and recuperation (R&R) or Time Owing in Lieu (TOIL). The policy and process of the primary employer should be followed. Staff are reminded not to book any personal travel during their usual working hours until annual leave has been agreed by their line manager. Once annual leave has been approved, all staff should inform the core management team as soon as possible. This ensure that CMT are aware you are not available for deployments over a particular period.

Rest and recuperation (R&R)

Routine travel:

- Research and capacity building trips, training and conferences that take place overseas are considered 'routine travel' and are governed by the normal processes of the home institution
- If long distance travel occurs on weekends then individuals can discuss with their line manager about taking Time Owing in Lieu (TOIL). TOIL is at line manager discretion and must be based on the policy of the home institution.

Operational deployments:

- All staff returning home from operational deployments are strongly recommended to take time off to rest following a deployment
- Staff are not expected to work on the day they arrive home from a deployment
- R&R should be considered on a case-by-case basis and tailored to the individual by their line manager following a post deployment discussion. The length of time taken as R&R should be based on the length of a deployment, the health and wellbeing of the individual, nature of the outbreak (including duties undertaken), global time zones, travel undertaken prior to deployment, travel undertaken during the deployment and personal preferences of the individual returning home.
- As a guide, staff are able to take one day leave for each week on the field.
- Reservists will have R&R time paid by UK-PHRST prior to recommencing work in their regular role
- Individuals are encouraged to attend their post-deployment briefing between 48 – 72 hours of returning home. They are also expected to contact occupational health during this time.
- Individuals are not expected to answer emails or phone calls if they are not working following a deployment.
- Team members will not be expected to deploy within one week of their return from a deployment, except in exceptional circumstances, to allow for adequate rest
- Staff are strongly encouraged to use all their allocated annual leave in addition to any specific R&R allowances.

Cancelled personal travel

The UK-PHRST will always endeavour to honour booked leave. However, in the unlikely event you are required to cancel any pre-booked personal travel because of a request to deploy, then the UK-PHRST core management team will work with you to minimise potential disruption to your plans.

If bookings still need to be cancelled then UK-PHRST will meet the cancellation costs. This should be considered an event that will only occur under exceptional circumstances and applies **only** to operational deployments. Reimbursement for cancelled personal travel as a result of research, capacity building or meeting related travel is not supported by UK-PHRST. It is important that staff take their leave and so any cancellation should only occur following a conversation with the UK-PHRST Director and Programme manager and when alternative options are not possible (e.g. someone deploying in your place or altering your departure/return dates).

The PHE Cancelled leave information document outlines the process you need to follow should your leave be cancelled and reimbursement approved by the UK-PHRST Programme Manager

Safety and Security

Protecting your health and wellbeing is at the centre of what the Core Management Team do. We will provide as much concise information ahead of travel as possible. This will include background and detail on the disease, area, security expectations as well as logistics and environment. You will also receive information on seeking health care (please refer to previous section on occupational health).

It is the responsibility of the Core Management Team to consider a wide range of advice relation to safety and security provided by a number of sources including FCO, UNDSS, WHO, Drum Cussac, external partners, stakeholders and subject matter experts.

This section provides safety and security guidance for *all* UK-PHRST travel and should be considered alongside the relevant policies.

Reference documents – available on the Sharepoint page – should be read alongside this handbook. These include;

1. the safety and security section of the Global Public Health Operating Framework – Annex C.
2. UK-PHRST safety and security e-learning
3. Specific site-specific risk assessments ahead of an operational deployment
4. FCO travel advice (available online)
5. Drum Cussac country information (available via the core management team)
6. UNDSS safety and security documentation (as relevant)
7. WHO situation reports (on a WHO / GOARN deployment)
8. Occupational health section of this document

Risk Assessment

‘Risk assessment’ is a term used for many applications such as relating to environmental, financial and disease outbreak. In this context we use the term in relation to health and safety risks, primarily to UK-PHRST staff.

Risks to our staff are considered, assessed and mitigated using different things such as equipment, training, deployment design and local assets HMG may have available.

A risk assessment is essential for all overseas travel. The assessment should be tailored to the risks and hazards expected for the visit in question. Therefore, for some routine activities (e.g. seminars and conferences or travel to other high-income countries) a very simple assessment is all that is required. This simple assessment will be part of the routine travel approval process.

For operational / emergency deployments or medium to high risk travel, a specific and comprehensive risk assessment will be prepared in addition. Several partners will provide information to inform this assessment. These include;

1. HMG colleagues – Foreign and Commonwealth Office, Department for International

- Development, Department of Health and Social Care
- 2. Partner organisations and country stakeholders
- 3. Specialist security advice (via Drum Cussac provider)
- 4. Subject Matter Expert advice
- 5. Consultations with staff who have worked or travelled to the country / outbreak in question.

For all travel, the following areas are considered;

Foreign and Commonwealth Office travel advice

The FCO provide travel advice which UK-PHRST staff should familiarise themselves with prior to travel.

There are three main levels:

- 1. Advise against all travel (red)
- 2. Advise against all but essential travel (amber)
- 3. See FCO travel advice before travelling (green)

The location of where you will travel is considered by the UK-PHRST Core Management Team (including Director). The team will maintain communications with PHE Global Operations directly and via the Overseas Travel Approval process.

The nature of the work we do means that we can get requests to travel to areas that the FCO deem 'amber – FCO advise against all but essential travel' or 'red – FCO advises against all travel'. All efforts will be made to equip you and your line manager (if a reservist) with as much information as possible to help you make an informed decision. Choosing to deploy to FCO red and amber zones is your decision and choosing not to deploy on the grounds of safety will not jeopardize future opportunities for deployment. For changes in location when on the field, please see the section on 'Mission Creep'.

The UK-PHRST will always operate in country with the express knowledge and agreement of the host government. The primary duty of care sits with the individual's primary employer, although safety and security arrangements may be provided by a third party organisation in the field. The Core Management Team will maintain close contact with the team members and any third party to ensure that they are best able to provide support if any issues arise.

Regardless of who the UK-PHRST deploys with, it is worth noting that they remain a UK asset and represent HMG contribution to any response. As such, HMG retains ultimate duty of care and consular responsibility while the UK-PHRST is in country. In addition, there is a requirement to match (wherever possible) the level of one HMG (FCO) duty of care.

Different destinations and work activities pose different levels of risk and these are assessed in advance to determine what controls and approach is required to reduce risks to UK-PHRST staff as far as is reasonably practicable.

Skills and capabilities to perform the role

All UK-PHRST staff are selected through a rigorous and transparent recruitment process. Both technical and soft skills are assessed as part of the interview process. When a deployment is

identified and agreed as suitable by the UK-PHRST Director then we will assess suitability of UK-PHRST staff based on a range of criteria including technical expertise, location, skill, disease and language abilities.

For GOARN/WHO deployments an individual's CV will be further assessed by WHO experts prior to an agreement being made to deploy.

This process ensures that only those deemed capable of performing the role will be deployed.

All UK-PHRST staff must have completed the mandatory training which includes SAFE / SAFE+ / UNDSS BSAFE online training and the online UK-PHRST Safety and Security training before they will be eligible for deployment. All these courses cover a wide range of staying safe and well whilst operating in fragile environments.

For certain diseases, staff will be required to have specific training and/or recent experience to carry out certain tasks. For example, only staff with prior experience and up to date expertise in working in Viral Hemorrhagic Fever treatment centres will be eligible to enter these areas. No UK-PHRST staff member will provide direct patient care.

Terms of Reference for deployment roles will be provided. However, these can be very broad at the early stages of an outbreak and as experienced public health experts, part of your role will be to define these and develop them further for future use. All deploying staff with WHO/GOARN will be sent the GOARN terms which outlines the expectations of deploying with WHO. Individuals travelling will be fully involved in the decision-making process. They will be sent all relevant information. Adequate rest and recuperation encouraged on return (see section on R&R).

Deployment briefings

Pre-deployment briefings - Once confirmed to deploy you will receive an information pack with a range of documentation relevant to your deployment. You will also be invited to a 'pre-deployment briefing' (either face to face or teleconference) which will cover the deployment and logistics of travel. You will also receive specialist expert input on the disease in question and be able to ask clinical or epi related questions related to your particular discipline.

This is an opportunity to speak openly and is a forum to recognize the importance of open and honest dialogue when discussing risks, controls, expected and likely experience.

It is essential that all individuals deploying take part in this pre-deployment meeting. Key aspects of safety and security will be discussed, and it will give everyone an opportunity to meet new members of the deployment team. This meeting provides an opportunity to ask questions and discuss any concerns ahead of travel.

In country briefings – once you arrive in country you will receive an in-country briefing from WHO country office, the Embassy and/or the Ministry of Health.

Post -deployment briefings - Staff members will be debriefed on return with the UK-PHRST Director / Deputy Director for Operations and Core Management Team. This information is used to update and improve procedures and offer the individual the support they require. This briefing will take place within five working days following your return to the UK.

Code of Conduct

Members of the UK-PHRST are subject to the code of conduct of their primary employer. Whilst in the field, they are expected to act with the same level of professionalism that would be expected of them in the UK and abide by any codes of conduct of professional affiliations (e.g. Nursing and Midwifery Council or General Medical Council). Breaching NMC, GMC or other codes of conduct whilst operating overseas could mean losing your registration to practice. On WHO deployments, individuals will be expected to work to the GOARN Code of Conduct.

Communication

All UK-PHRST staff deploying will be issued with a mobile phone that can take local SIM cards. You will be expected to maintain communication with the Core Management team during your trip (please see section on On-call Support).

Additional communication support is available if required for remote deployments (e.g. Satellite phones). Radios may be used on some deployments (provided in location) and training on these will be given on the UK-PHRST deployment course.

Transport hazards

Working in low and middle-income countries means that staff may have to travel in challenging road conditions. To minimize any risk of harm because of road traffic collisions and incidents, a number of processes are in place. In summary:

Management controls

- Travel safety covered in SAFE and SAFE plus. Also in UNDSS BSAFE online learning
- Scanned copies of passport and next of kin details will be kept by UK-PHRST core management team in London.
- Airport pick up and in-country travel will be by FCO or WHO recommended vehicle

Individual responsibilities

TRANSPORT HAZARDS - DO

- Make sure you travel with identification
- Take additional copies of your important documents on a deployment and keep them somewhere secure
- Follow WHO and UNDSS security protocols relating to travel in and around compound or between key sites when on a GOARN deployment.
- Take a doctors letter detailing personal drugs or medication you may take
- Carry trauma kit and familiarise yourself on its use
- Carry mobile phone and dongles to facilitate communication
- wear your seatbelt – this is mandatory
- Remain calm and cooperative if stopped while in a car. Staff must not resist under any circumstances. Trade property for life. Report at the first opportunity.
- Diligently prepare your transport, with route, alternate route and safe havens, radio telecommunication and monitoring in line with protocols
- Follow the advice of local authorities if you encounter a roadblock, if they're present. If you encounter an unmanned roadblock, you should turn around and not attempt to pass it.

TRANSPORT HAZARDS - DON'T

- Drive while on deployment.
- Stop vehicles for strangers in higher risk areas
- Walk or travel alone if it can be avoided

If involved in a traffic collision;

- **GOARN deployment:** Individuals must follow the WHO/UNDSS in-country protocol and inform UK-PHRST (via on-call phone) as soon as reasonably possible. This includes reporting it immediately to the appropriate UNDSS Security Operations Center/Radio room, providing all required information that is available at the time
- **Bilateral deployment:** Individuals must alert their team leader and inform UK-PHRST (via on-call phone) as soon as reasonably possible, providing all required information that is available at the time
- **UK-EMT deployment:** individuals must follow the UK-EMT protocol and alert the UK-PHRST on-call phone as soon as reasonably possible, providing all required information that is available at the time

Civil unrest or criminal activity

Management controls

- SAFE, SAFE + and UNDSS BSAFE courses will cover what to do if you encounter civil unrest or criminal activity
- Staff stay at FCO or WHO (UN) approved hotels

- Updated security and travel information through Drum Cussac and FCO will be shared prior to travel and covers potential criminal activity
- In higher risk areas (FCO red and amber areas), there will be additional security provisions in place. E.g. radios, UN radio rooms, WhatsApp security group, personal preparedness (contact list, known wardens/security guards, grab bags ready, etc.)

Individual responsibilities

SAFETY AND SECURITY - DO

- Sign up for direct (daily) FCO and Drum Cussac alerts
- Follow guidance received during their briefings
- Maintain contact and communication and always let others know where you are going and when you expect to return if leaving your accommodation/compound
- Keep your phone charged and switched on to confirm status, and ensure you are available for receiving security alerts
- Have your emergency numbers ready to call and report all incidents as soon as reasonably possible
- Follow lock down procedures if/when activated and remain in approved sites until all clear given
- Keep UK-PHRST on-call person and/or Director aware of safety concerns. The UK-PHRST Director will liaise with HMG colleagues for further information and awareness as required.
- Respect curfew on movements according to relevant protocols
- Report security related incidents immediately through the appropriate channels (providing all required information that is available)
- Move in a group but maintain a low profile
- Avoid confrontation or provocation with agitated or intoxicated persons, especially youths or police. Avoid areas where political demonstrations are taking place
- Be alert to warning signals and report immediately by phone if accosted or stopped
- Avoid involvement with local issues, maintain neutrality and remain in accommodation during periods of heightened tensions
- Use hotel safes for valuables as required
- Closely guard belongings in restaurants, cafes and bars at all times
- Ensure your dongle is enabled
- Ensure your phone is set up for international roaming and/or has a local SIM
- Keep rechargers and spare battery packs to hand in case required for IT equipment
- Provide an alternative contact should you have an issue with your mobile phone

SAFETY AND SECURITY - DON'T

- Agree to stay overnight away from base without prior agreement and/or the express approval of the UKPHRST Director. This must be based on a satisfactory risk assessment, the approval of the individual team member and an assessment of alternative options.
- Take valuables with you if they are not really needed (expensive watch or mobile phones, jewels, cash etc.)
- Leave any valuables in parked cars

Travelling alone

It is recognised that in some situations, travelling alone cannot be avoided. It is important therefore that appropriate measures are taken to ensure that the traveler remains in control of their situation and feels able to make informed judgement in response to situations as they arise.

The traveler should be able to make contact with the on-call person at any time, day or night if they require reach-back support. The lone traveller should ensure that they have their UK-PHRST mobile phone set up to work (e.g international roaming, local SIM cards, adaptors in place, recharge facilities available and dongle enabled).

Evacuation

Any determination on whether the team should remain in country when other HMG personnel are being evacuated will be taken with advice from across government. An event of this magnitude overseas would likely require activation of the Cabinet Office Briefing Room (COBR), which would ultimately decide HMG's footprint in any given country.

Mission Creep

Authorising unexpected tasks or activities on the field

It is unlikely that any activities for which staff are not trained will be requested or expected. Staff are not to provide direct patient care on any UK-PHRST deployment. Medical registration will not be obtained with host governments.

The process for authorising other activities that are not anticipated is:

1. Initially that UK-PHRST agree extension of scope in discussion with team lead / WHO leads
2. UK-PHRST individual in country should perform a dynamic risk assessment and agree minor amendments in collaboration with team lead / WHO leads
3. UK-PHRST Director is contacted regarding any changes that are not regarded as minor or require significant further risk assessment.

4. UK-PHRST Director signs off on extension to deployment scope taking advice as necessary.

A Dynamic Risk Assessment 'aide memoire' booklet will be provided to support the assessment process on the field. See the section below on 'Dynamic Risk Assessment' for more information.

Authorising an unexpected change in location of activities

Operational deployments: Any potential movement outside of that already agreed between HMG and UK-PHRST must be communicated to UK-PHRST Director prior to agreeing to move locations. Any proposed move in location will be assessed on the basis of:

1. An adequate up to date safety and security risk assessment for the area in question (provided by UNDSS or equivalent) with demonstrated controls that satisfy UK-PHRST Director and individual.
2. Assessment of the public health hazard
3. Feedback from the individual team member who will be travelling based on the information outlined above

The UK-PHRST Director will liaise with HMG colleagues for information and inform the individual of outcome. No movement should take place without the expressed consent of UK-PHRST Director.

Dynamic Risk Assessment

In country work activities may incur additional, unanticipated risks outside of agreed scope which require supplementary dynamic risk assessment which may identify further controls.

Dynamic risk assessment is used if the work or situation significantly changes to determine and respond to any new risk that maybe encountered. It involves on the spot assessment of the job, environment and any other risk factors to decide if it is safe to continue. It may be necessary to consult with colleagues to agree the best course of action such as agreeing what additional controls are put in place.

An Aide memoire will be provided to help you assess situations and training on this will be given during the UK-PHRST Deployment course.

Finance

Travel and Subsistence for UK-PHRST travel

All deployable staff will be issued with a receipts book. This is for use overseas when purchasing food from vendors unable to issue receipts directly.

Staff must always follow their primary organisation policies on bribery and fraud and maintain high standards of behaviour in line with expected codes of conduct. PHE policies are shared for review prior to deployment. Staff must undertake the relevant trainings associated with bribery and counter fraud.

Operational Deployments

GOARN (WHO) DEPLOYMENT

WHO will cover the expenses of the individual while they are deployed. This is outlined in the T&Cs of their contract. Individuals will receive a per-diem from WHO office in country on arrival in local currency or directly into bank accounts (the individual will inform WHO of their preference). Staff are not eligible to claim through PHE for any expenses while on a GOARN deployment (either via receipts or as incidental overnight expenses). WHO will include an additional sum for incidentals in the contract which can be used for taxi's or visa costs.

If the individual is unable to cover the first few days in country until they get their WHO per diem then they can request a cash advance from PHE. This should be agreed in advance of travel and approved by the UK-PHRST Programme Manager. The individual is expected to reconcile the whole advance back to PHE on their return. This is because the WHO per diem will cover all the days of the deployment. This will avoid any risk of accidentally double claiming. Advances from PHE will be available to non-PHE staff once they have signed their honorary contract.

if you use your own cash to pay for T&S until your WHO per diem is received then there is no action to take on your return as the per diem will reimburse all days of travel.

BILATERAL DEPLOYMENT

- Individuals should always aim to avoid carrying large amounts of cash on them when possible
- Guidance on calculations for deployments should be based on the [HMG Worldwide travel subsistence rates](#) to ensure consistency with other government departments and best practice. This rating system should be used to calculate the daily allowance of individuals on deployment so appropriate levels of cash are given for daily subsistence.
- PHE will cover the T&S of the individual as outlined in the T&Cs of their PHE contract.

- The Field Logistician / Team Leader will be given an advance in cash (float) to assist with initial activities on arrival in country.
- All staff are responsible for ensuring the amounts of cash carried do not breach customs regulations.

Credit cards

PHE issued GPC credit cards are;

- Issued only to Logistics personnel
- Strictly for purchasing logistical goods and services required for the mission (including internal flights).
- Not to be used for any personal travel or subsistence
- Only for overseas use and must not bypass procurement policy and procedures.
- Not for use in the UK (unless under exceptional circumstances with prior approval from UK-PHRST Programme Manager)
- Able to be used at ATM machines to release cash while overseas with prior agreement from PHE finance

Travel and subsistence

- For all deployed staff, daily costs will be calculated prior to deployment with the view of estimating what an individual will require whilst overseas. The money can be paid via advanced cash payments directly into bank accounts. Staff can access cash from their own accounts. It is the decision of an individual if they wish a cash advance or whether they prefer to use their own money on a deployment.
- It is also possible for cash advances to be picked up at the airport via Travelex (but NOT London Gatwick)
- How much each individual receives will be calculated using the HMG Worldwide travel subsistence rates
- Individuals should pay for their own travel and subsistence in the UK and overseas from this cash advance
- All receipts must be kept and all money not used must be reconciled via the PHE iexpenses system.

UK Emergency Medical Team / UK-Med deployment

UK-MED will cover the expenses of the individual while they are deployed. This is outlined in the T&Cs of their contract. Individuals will receive per-diem from UK-Med when they arrive. This will be in cash.

if the individual is unable to cover the first few days in country until they get their UK-Med per diem then they can request a cash advance from PHE. This should be agreed in advance of travel and approved by the UK-PHRST Programme Manager. The individual is expected to reconcile the whole advance to PHE on their return. This is because the UK-Med per diem will cover all the days of the

deployment. This will avoid any risk of accidentally double claiming. Advances from PHE will be available to non-PHE staff once they have signed their honorary contract.

if you use your own cash to pay for T&S until your UK-Med per diem is received then there is no action to take on your return as the per diem will reimburse all days of travel.

Routine travel finance

For all routine travel finance arrangements, please refer to the 'UK-PHRST travel planning flowchart'. The organisation that organises and pays for your travel will also pay your T&S expenses. You cannot split expense claims between two different organisations.

Payment of reservists for time

UK-PHRST has committed to pay for reservist's time. Prior to undertaking any mandatory training or occupational health appointments for UK-PHRST, the core management team will contact you directly on how you should claim for your time and any associated travel and subsistence. If you haven't received this information or wish to clarify anything, please contact us on ukphrst@phe.gov.uk

On-call check in and support while travelling

UK-PHRST Staff overseas - expectations

Staff should check-in once every 24hrs when travelling to ODA eligible countries.

Routine travel

The individuals primary organisation takes responsibility for staff on research and capacity building for out of hours support. This includes routine check in.

- **PHE staff** report to UK-PHRST on-call phone daily via What's App via 07584591180
- **LSHTM staff** report to Thom Banks – thom.banks@lshtm.ac.uk or 07731011578
Second line Vanessa.vy@lshtm.ac.uk (copying in Maryirene.lbeto@lshtm.ac.uk and Anna.seale@phe.gov.uk)
- **Oxford staff** report to Oxford on-call support via 07715 418213
- The UK-PHRST on-call phone (held by PHE) can provide back up to partner organisations in emergencies
- All staff should contact their travel agent directly if there are issues with flights or accommodation. If an issue is encountered with the travel agent, then the primary organisation should be contacted via the on-call process detailed above.

Operational deployments

- All staff regardless of primary organisation must check-in once every 24hrs when on deployment via the UK-PHRST on-call phone (07584591180). This relates to deployments with GOARN/bilateral or UK-EMT.
- When LSHTM or Oxford staff are deployed, the link at the primary organisation will also be included in the Whats App group

Comms and media

There's a great deal of media interest in international health issues and emergency response when UK institutions are involved. The team's work represents the UK Government so all members deploying and speaking on behalf of the team need to be aware of the communications support in place, how to access it and the civil service code of conduct.

Anything in the public domain has the potential to be copied and used by a journalist. If you identify as a member of the UK-PHRST or as LSHTM or PHE in any online profile, you could be quoted in that context. Even from a personal page.

Different types of media interest

There are a number of ways media may choose to cover a story and how you or your team could be asked to participate. For example;

1. Reporter on the ground in affected country looking to source quotes for a print/online article or film/record a broadcast interview (live or pre-recorded)
2. Pre-recorded or live radio interview over the phone/skype/Facebook live for a UK or international station
3. Phone or interview over email for print or online news story
4. Local newspaper journalist from the host country wanting to capture photos and interview for a report
5. Local newspaper journalist from your local home town keen to discuss local involvement in international news on your return

If you have something you consider interesting to communicate, you must have a discussion with the press office before speaking to any journalists. They will provide advice to support you.

If you are approached by a journalist, you should politely decline and direct the reporter to the PHE and LSHTM press offices (contact details below). Even though the team is most likely based in a different country, they will respond to the reporter and it's important that interviews are not given without the media team being made aware in advance.

While keeping an amicable tone, try not to engage in conversation, however casual it may seem, as anything you say/type– even if you state that it is “off the record” – could still be used to inform their story. Politely decline/ and refer them to the media team. Please let the press teams know who you spoke and the outlet they work for ASAP.

Media support

For everyone who is deploying, the PHE and LSHTM press offices are contactable 24/7, however there are only a handful of people on-call outside of UK office hours to deal with urgent queries.

You should email both phe-pressoffice@phe.gov.uk and press@lshtm.ac.uk if you have any queries about media or social media handling.

If you want to discuss a media request, you can speak to the PHE and LSHTM press offices in-hours on 020 7654 8400 (PHE) and 0207 927 2802 (LSHTM). If you've anything UK Govt specific, speak to PHE press office as they liaise across Government when needed.

Out of hours, you can speak to the duty press officer who will give advice on -020 8200 4400 (PHE) and XXX (LSHTM). It doesn't matter if you're employed by PHE or any of the other organisations, as not all partners offer an out of hours press office function.

If you're asked by local partners about doing comms, please can you discuss with PHE and LSHTM press offices before committing. It's unlikely to be a problem, but they will need to do some coordination in the background before giving the go ahead.

Feel free to drop them a line any time if you'd just like a general discussion about communications while you're in-country. They will be very keen to hear your stories post-deployment and see any photos, as long as you have permission from anyone in them for potential comms use.

Photos and video

Communications activities can be enhanced by having photos and videos to help explain what's happening and to bring context to the situation.

It's very important to be aware of certain considerations when you're taking photos/videos. Is it appropriate to be taking photos/video of the subject matter? This could be related to medical confidentiality, cultural context, situation sensitivity, local security situation. If you are unsure, do not take pictures and check with the PHE and LSHTM press offices.

Is there anything identifying the individual in the picture? (e.g. names written on a sample or on medical notes, a patient's face, personal details?)

If anyone is identifiable (i.e. their face is shown clearly in the picture), you need permission to photograph them and for the photos to be used by the UK-PHRST to explain its work. This also applies to the location if you are in a hospital for example. Do you have the hospital's permission to identify the premises?

There are consent forms you need signed by the subjects before sharing with comms. If there are any children in the pictures, you need their parent/guardian's permission for this use.

Personal blogs and social media

When you're overseas you may wish to keep a personal blog to update family and friends or you may be asked to write a blog for your employer or another organisation.

When you provide project updates, you are an ambassador for the project, the rest of the group and for the UK Government and its role in the response. It's natural to want to share your experience and there are a few considerations you should bear in mind when producing content:

- Is the information you're sharing suitable for a public audience? You are acting as a representative member of the UK-PHRST, so anything you say can be attributed to the team and the organisation. Your comms team can help advise if you are unsure
- What are you trying to convey? When talking about your work in an unofficial capacity, bear in mind that this could become the focus of people's understanding of your work

Additional documents

For all additional documents and supplementary information signposted to within this handbook, please look in the Deployees Handbook folder on the SharePoint site.