



42 Cold injury prevention

This chapter is split into two parts:

Part 1: Directive. This part provides direction that you **must** follow to help you comply with (keep to) health and safety law, Government policy or Defence policy.

Part 2: Guidance. This part provides the guidance and best practice that **should** be followed and will help you to keep to this policy.

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Part 2: Guidance

This part is made up of the following annexes, which are available as separate documents on the JSP 375 Volume 1, Chapter 42 Defnet page.

Annex A – Commander’s guide to cold injury prevention.

Annex B – Individual’s guide to cold injury prevention.

Annex C – Risk factors and control measures (Safe systems of work).

Annex D – Guide to hand and foot inspections.

Annex E – Non-Freezing Cold Injury (NFCI) Field Assessment Tool (NFAT).

Annex F – Employment of Defence Personnel requiring protection from cold.

Note: Plain English Campaign’s Crystal Mark does not apply to annexes B to F.

Amendment record

This chapter has been reviewed by the Health, Safety and Environmental Protection (HS&EP) Directorate together with relevant subject matter experts and key HS&EP stakeholders. Any suggestions for amendments should be sent to HSEP-GroupMailbox@mod.gov.uk.

Version No	Date	Text Affected	Authority
1.0	Oct 20	Interim update post-handover of policy from DSA to D HS&EP	D HS&EP
1.1	Sep 22	Annual review and update	D HS&EP
1.2	Mar 23	Addition of training modules and minor revisions	D HS&EP

Terms and definitions

The following table sets out definitions of some of the key terms used in this chapter. Definitions for other JSP 375 health and safety terms are given in the master glossary on the [JSP 375 Defnet](#) or [GOV.UK](#) page.

Alternative acceptable means of compliance	An alternative way of meeting a requirement of this policy, as approved by the Director of Health & Safety and Environmental Protection (Director HS&EP).
As low as reasonably practicable (ALARP)	When risk has been reduced to a level where applying further control measures would be grossly disproportionate to the benefit that would be gained.
Commander	A military person responsible for planning activities, supervising activities and making sure that personnel under their area of responsibility are safe. This term refers to a role rather than the rank of Commander, and it can be a permanent or temporary role (for example, lasting for the duration of a training exercise). In parts of Defence this person could be referred to as a 'responsible person'.
Competent person	A person who has the training, skills, experience and knowledge necessary to perform a task safely, and is able to apply them. Other factors, such as attitude and physical ability, can also affect someone's competence. (See www.hse.gov.uk/competence/what-is-competence.htm for information on competence.)
Control measures	Measures that can be taken to reduce the possibility of a risk arising or to reduce the effect of any risk that arises. The control measures are 'elimination, substitution, engineering controls, administrative controls and personal protective equipment (PPE)'.

Defence	This refers to the Ministry of Defence (MoD).
Defence organisation	This refers to Military Commands, Top Level Budgets (TLBs), the Defence Nuclear Organisation (DNO) and Enabling Organisations (EOs) collectively.
Dynamic risk assessment	A risk assessment that is carried out before or while an activity is underway and builds on existing risk assessments.
Hazard	An item, event, activity or situation with the potential to cause: <ul style="list-style-type: none"> • injury, ill-health or death; • damage to or loss of equipment or property; or • damage to the environment.
Manager	A person responsible for managing or supervising staff, planning activities and making sure that personnel under their area of responsibility are safe. This could be a permanent or temporary role, and in parts of Defence this person could be referred to as a 'line manager', a 'responsible person' or a 'delivery manager'.
Risk assessment	A systematic process of identifying hazards and evaluating any risks associated with those hazards.

Must and should

Where this chapter says '**must**', this means that the action is a compulsory requirement.

Where this chapter says '**should**', this means that the action is not a compulsory requirement but is considered best practice to comply with the policy.

Scope

This policy applies to all those employed by Defence (military or civilian) as well as those working on behalf of Defence (for example, contractors). It applies to all Defence activities carried out in any location (UK or overseas).

Part 1: Directive

This part provides the direction that you **must** follow to help you comply with (keep to) health and safety law, Government policy or Defence policy.

Introduction

'Cold injury' refers to a range of conditions, including hypothermia, freezing cold injury (FCI) and non-freezing cold injury (NFCI). The conditions may exist at the same time. Although hypothermia and FCI are more severe, NFCI is the most common cold injury.

1. Cold injury is a **serious problem** for the armed forces and can occur throughout the year, not just in the winter months. Medical conditions resulting from cold injury, especially NFCI, can have detrimental effects on the health and wellbeing of those affected and on Defence activities, due to a reduction in the number of personnel available.
2. The purpose of this chapter is to set out the Defence policy for preventing cold injury, with the aim of reducing the risk of cold injury to as low as reasonably practicable (ALARP). It provides direction and guidance on preventing cold injury by assessing and managing the risk of cold injury as part of the standard risk-assessment process, which is set out in Chapter 8 of JSP 375 Volume 1.
3. The application of this policy **must** be assured (that is, its use **must** be guaranteed). As part of their overall assurance activity, the commander, manager or accountable person (AP) **must** make sure that this policy is followed and put into practice effectively. Assurance **must** be carried out as set out in JSP 815.
4. JSP 539 has been withdrawn from the JSP index and the guidance on preventing cold injury is now contained in this chapter. The guidance on preventing heat illness has been transferred to Chapter 41 of JPS 375. Guidance for the medical community on treating heat illness and cold injury is now in JSP 950 (Medical policy).

What is in this chapter

5. Part 1 contains the following.
 - a. A list of the cold injury prevention policy statements.
 - b. Full details of the policy statements.
6. Part 2 contains guidance which **should** be followed to keep to this cold injury prevention policy.
 - a. Annex A (Commander's guide to preventing cold injury) gives general guidance for those planning and supervising activities. It also contains information on first aid for anyone who develops a cold injury. It is written for military personnel but the principles also apply to civilians in Defence.
 - b. Annex B (Individual's guide to preventing cold injury) contains guidance for everyone in Defence who may be at risk of cold injury.

- c. Annex C (Risk factors and control measures) contains guidance on the control measures required as part of a safe system of work (SSW).
- d. Annex D (Guide to hand and foot inspections) contains guidance on regular hand and foot inspections, which play an important role in identifying problems early.
- e. Annex E (Non-Freezing Cold Injury (NFCI) Field Assessment Tool (NFAT)) is designed to be used during hand and foot inspections to help distinguish between a hand or foot with or at risk of FCI, and a hand or foot with or at risk of NFCI.
- f. Annex F (Guide to employment of Defence personnel requiring protection from cold environments) provides a structure for deciding whether particular Defence personnel need protection from cold at work, while minimising their risk of further injury.

7. This policy applies to all Defence activity, at all times of the year and in any location, including (but not limited to) the following.

- a. All forms of outdoor training, exercises, fitness tests, training and organised sport.
- b. Preparing for and taking part in all operations (including combat, humanitarian aid, defence activities, training foreign forces and providing military aid to civilian authorities).
- c. Activity onboard and within all Defence vessels, aircraft and vehicles.
- d. Ceremonial duties, practice and events.
- e. Selection events for those already in the armed forces who are aiming to progress in their career.
- f. Recruitment and engagement activities involving civilians under the supervision of Defence personnel.
- g. Routine business where factors increase the risk of cold injury.

8. **Alternative acceptable means of compliance.** Keeping to this policy is mandatory across Defence. However, it is recognised that a small number of military units may be permanently unable to comply with (keep to) parts of the policy. In such circumstances, the head of the relevant Military Command or Defence organisation **must** send a detailed request to apply an 'alternative acceptable means of compliance' for specific parts of the policy, giving the reasons for the request, to Director HS&EP.

Cold injury prevention policy statements

9. The following cold injury prevention policy statements have been established and **must** be followed.

- a. **Policy Statement 1.** A commander or manager **must** be appointed to command or supervise any activity where the risk of cold injury exists. Those taking part in an activity **must** know who the commander or manager is.
- b. **Policy Statement 2.** The risk of cold injury **must** be considered in the risk assessment for all Defence activities in cold environments (for example, in 15°C or lower ambient temperature where the impact of wind chill, altitude, wet and damp conditions may lead to central and peripheral cooling). The risk assessment **must** as a minimum consider the following risk factors.
 - (1) Environmental
 - (2) Individual
 - (3) Psychological
 - (4) Task-specific
- c. **Policy Statement 3.** The control measures in the risk assessment **must** be complied with. If the control measures in the risk assessment or any other aspect of this cold injury prevention policy cannot be complied with the commander or manager **must** pause or stop the activity. However, if the activity **must** still proceed then the commander or manager **must** consider applying additional control measures and, if required, elevate the risk through their chain of command for approval.
- d. **Policy Statement 4.** All activity **must** be dynamically risk assessed where there are changes to the activity or the surrounding circumstances either, just before the activity starts or whilst the activity is underway. In these cases, or where cold injury symptoms are observed then:
 - (1) the activity **must** be paused, **must** be dynamically risk assessed and where necessary further control measures **must** be applied;
 - (2) the activity **must** only be restarted once further control measures have been applied. If no further control measures are made to lower the risk, this **must** be justified and approved by the commander or manager; and
 - (3) all suspected and confirmed cold injury casualties **must** be reported and investigated in line with Military Command or Defence organisation policy.
- e. **Policy Statement 5.** Those involved in planning or undertaking activities which involve any risk of cold injury **must** receive suitable training.

Policy Statement 1

A commander or manager **must** be appointed to command or supervise any activity where the risk of cold injury exists. Those taking part in an activity **must** know who the commander or manager is.

10. The appointed commander or manager **must** make sure that all those taking part in an activity under their area of responsibility are safe. Everyone taking part in an activity **must** know who (by name) the commander or manager is. That commander or manager **must** make sure that:
- a. preventing cold injury is considered when planning any activity where there is a risk of cold injury;
 - b. risk assessments are carried out and are approved before they are relied upon;
 - c. control measures identified to lower the risk are communicated to relevant personnel, and are complied with; and
 - d. when an activity has been paused because there are any changes once the activity has started (for example, weather conditions change rapidly), a dynamic risk assessment is carried out and the activity does not start again until further control measures have been put in place.

Policy Statement 2

The risk of cold injury **must** be considered in the risk assessment for all Defence activities in cold environments (for example, in 15°C or lower ambient temperature where the impact of wind chill, altitude, wet and damp conditions may lead to central and peripheral cooling). The risk assessment **must** as a minimum consider the following risk factors.

- (1) Environmental
- (2) Individual
- (3) Psychological
- (4) Task-specific

11. Commanders and managers are responsible for making sure that risk assessments are carried out and that the control measures identified in the risk assessment are communicated to the personnel taking part in the activity.
12. The commander or manager may delegate the responsibility for carrying out a risk assessment to a competent person, but they are responsible for approving it. Once the risk assessment has been approved, it **must** be followed.
13. Cold injury is a significant hazard and **must** be considered during the planning phase before an activity starts. The risk of heat illness also needs to be considered during the planning phase as the state of dress, task and exertion can lead to heat illness despite cold conditions.
14. Medical staff and training staff can help with risk assessments by providing specialist medical and training advice and guidance. Any advice they give **must** be considered, including if they recommend pausing an activity.

15. The risk of cold injury **should** be considered for all exercises and deployments, including those in hot climates such as deserts, where temperatures can drop considerably at night. If a risk of cold injury has been identified, operation orders, exercise instructions and other instructions relating to the activity **must** make clear the control measures identified by the risk assessment and the need for dynamic risk assessments and further control measures during the activity.

16. MOD Form 5010 **should** be used to record risk assessments, but alternatives specified by a Military Command's or Defence organisation's Safety and Environmental Management Systems (SEMS) may be used. Risk assessments **should** be kept for audit and investigation purposes, as set out in Chapter 39 of JSP 375 Volume 1.

17. Commanders and managers **must** make sure that risk assessments are carried out in line with Chapter 8 of JSP 375 Volume 1, using the following five-step risk assessment process.

a. **Step 1 – Identify the hazard**

The hazard is a cold environment (15°C or less) where the effect of wind chill, altitude, and wet and damp conditions, may lead to heat loss from the body.

b. **Step 2 – Decide who might be harmed and how**

The temperature, sun, wind, rain and so on, along with clothing and equipment, affects the rate of core (internal) and peripheral (skin level) cooling. For example, skin contact with metals or fluids with low freezing points can cause FCI in seconds. The intensity of the activity and the rate of work may combat cooling by increasing core body temperature, but it can burn up energy and increase the amount of nutrition and hydration required. All personnel involved in the activity are at risk. Some are more at risk than others, depending on individual risk factors (for example, medical conditions or medication), so medical advice may be needed.

c. **Step 3 – Evaluate the risks and identify suitable and sufficient control measures**

The Commander's guide to preventing cold injury (Annex A) provides guidance on identifying risk factors, evaluating risks and identifying suitable and sufficient control measures. In order to decide which control measures **should** be put in place, the risk assessment needs to consider the realistic likelihood and severity of the risk. If a risk is still assessed as 'high' after control measures are put in place, consideration **must** be given to introducing further control measures to reduce the risk. Commanders and managers **should** get medical advice at this point to start putting together a medical plan to prevent casualties and for dealing with those who have become casualties.

d. **Step 4 – Record and implement findings**

Once the planning has been completed it is time to act. The risk-assessment form **should** be used to record the whole risk assessment for the activity, including the assessed risk of cold injury. The control measures identified during the risk assessment **must** be included in the instructions for the activity. Where relevant, before starting any activity personnel **must** be briefed on the control measures they **should** be aware of (for example, what action to take if a case of cold injury is identified).

If the risk that remains after applying control measures is higher than the level of acceptable risk delegated to the commander or manager, then the risk **must** be elevated through the Military Command's or Defence organisation's elevation process.

e. **Step 5 – Review the risk assessment and update as necessary**

The risk assessment **must** be reviewed before an activity starts to make sure it is still valid and that all the control measures are still in place. Once an activity has started, commanders and managers **must** 'dynamically' risk manage it. This means that further risk assessments (dynamic risk assessments) need to be carried out while the activity is underway to consider whether the risk assessment and existing control measures need to be changed or additional control measures are needed. If something has changed (for example, the weather has become much colder, or the duration of the activity has increased), further control measures **must** be considered

The dynamic risk assessment **must** be recorded so that there is evidence that it took place. This record can be as simple as a note in a commander's notebook or a logged message over the radio network. Reviews of risk assessments may be triggered by a specific event or circumstance (for example, a single case of NFCI) or can be scheduled (for example, every <two hours> during the activity). Further guidance is included in the cold injury risk planning tool in the Commander's guide to preventing cold injury (Annex A).

18. The commander or manager is responsible for reviewing and approving the risk assessment for the activity and **must** consider any additional control measures that are needed before they approve the risk assessment.

19. The following risk factors **must** be considered as part of a systematic and comprehensive risk assessment. The commander or manager **must** bear in mind that risk factors may accumulate and increase the overall risk.

Risk factors

Environmental	
Air temperature	The colder the air temperature, the greater the risk of cold injury. The risk of NFCI generally increases in temperatures of 15°C or lower, and the risk of FCI generally increases at temperatures of -0.55°C and lower.
Wetness	Wet clothing next to the skin increases heat loss.
Wind chill	Heat loss increases with wind strength. Travel in open vehicles creates a similar risk.
Altitude	The temperature drops by about 1°C every 100m gain in height, and decreased oxygen levels at altitude increases the risk of cold injury.

Individual	
Race	African and Caribbean personnel are two to four times more likely to suffer a cold injury due to their physiological response to cold (according to 'The effect of ethnicity on the vascular responses to cold exposure of the extremities' (MJ Maley, CM Eglin, JR House and MJ Tipton), published in the European Journal of Applied Physiology).
Sex	Females are generally more susceptible to cold injury than males.
Medical conditions, medication and illness	Some medical conditions, medications and illnesses (such as flu and fevers) can increase the risk of cold injury.
Alcohol	Consuming alcohol within 24 hours of cold exposure may increase the risk of cold injury, as alcohol affects judgement and causes vasodilatation (blood vessels widening as a result of their muscular walls relaxing).
Age	Thermoregulation (control of body temperature) weakens with age, but the risk of cold injury as a result of this only begins to rise after the age of about 50.
Lack of sleep and insufficient food or drink	Lack of sleep, poor hydration and insufficient nutrition (such as good-quality carbohydrates) may all increase the risk of cold injury.
Inadequate training	Individuals who have little or no cold-weather training and experience are at greater risk of cold injury. Personnel need to be taught that when it is cold, tasks may be more difficult but they are not impossible and can generally be performed safely.
Psychological	
Inexperience	Those new to the military are at greater risk of cold injury, including as a result of emotional stress due to unfamiliar circumstances and surroundings.
Task-specific	
Stationary duties	Staying still (for example, when on sentry duty, in small compartments in vehicles, and in defensive fighting positions) increases the risk of cold injury.
Immersion	Being in cold water increases heat loss, more so if the water is moving or personnel are moving in it. Immersion will severely reduce the insulation provided by clothing.
Prolonged exposure	Risk varies between individuals but increases with the duration of exposure to cold. Personnel exposed to cold over several days are particularly susceptible, even if they take breaks to warm up.
Lack of shelter	Shelter is critical for protection against wind, rain, snow and so on, and for creating a warmer environment. Without shelter, even an improvised structure, the risk of cold injury increases.

Contact with metals and liquid	Direct skin contact with metals or fluids with low freezing points (such as fuel) can cause FCI in seconds.
Clothing and equipment	Clothing and equipment should be appropriate for the environment personnel are operating in (for example, is it waterproof and does it have the correct thermal efficiency?)

20. **Medical plan.** As part of the overall risk assessment, commanders or managers **must** make sure that a medical plan has been developed. The medical plan **must** identify an appropriate response to any casualties or medical incidents. The commander or manager **must** make sure that the following elements have been considered as part of the medical plan.

- a. The level of medical cover (staffing) needed for the activity.
- b. The type and amounts of medical equipment needed for the activity.
- c. How any cold injury casualties will be evacuated, and where they will be evacuated to.

21. Further medical guidance is given in Chapter 5 (First aid at work) of JSP 375 Volume 1, and in Military Command or Defence organisation policy.

Policy Statement 3

The control measures in the risk assessment **must** be complied with. If the control measures in the risk assessment or any other aspect of this cold injury prevention policy cannot be complied with the commander or manager **must** pause or stop the activity. However, if the activity **must** still proceed then the commander or manager **must** consider applying additional control measures and if required elevate the risk through their chain of command for approval.

22. The commander or manager is responsible for reviewing and approving the risk assessment for the activity and **must** consider any extra control measures before approving the risk assessment. If any extra control measures are put in place, these **must** be recorded in line with step 4 of the five-step risk assessment process.

23. Once the risk assessment has been approved by the commander or manager, it **must** be followed.

24. If at any stage of the activity, including before it starts, the direction in this policy cannot be followed, the control measures in the risk assessment cannot be met, or anyone shows signs of cold injury, the commander or manager **must** reassess the risk.

They **must** then consider the following actions.

- a. **Pausing or stopping the activity** – If the activity needs to be paused or stopped, a dynamic risk assessment **must** be carried out in line with policy statement 4. However, there are a very limited number of activities that may need to continue without pausing or stopping. Examples include combat operations and other instances where pausing could cause a greater risk to life than continuing. The original risk assessments for these activities **must** indicate that a greater level of risk is acceptable for the task to be achieved. When this is the case, the level of risk **must** be elevated and approved at the appropriate level in the chain of command before the activity starts.

b. **Applying further control measures** – Further control measures could be, for example, introducing alternative ways of working or personal protective equipment (PPE). If the risk that remains after applying further control measures is higher than the level of risk the commander or manager is authorised to accept, the risk **must** be elevated through their Military Command's or Defence organisation's elevation process.

c. **Elevating the risk** – If the risk of an activity is higher than the level of risk the commander or manager is authorised to accept, the risk **must** be elevated in line with their Military Command's or Defence organisation's elevation process. In exceptional and unforeseeable operational circumstances where it is not possible or proportionate to refer the matter to a superior officer, the commander or manager may accept the risk and take personal responsibility for the consequences. However, in these circumstances the commander or manager **must** report their decisions up through their chain of command at the earliest opportunity.

Note: all decisions made in connection with the actions above **must** be recorded in line with step 4 of the five-step risk assessment process during the planning stage, and in line with step 5 once the activity has started.

Policy Statement 4

All activity **must** be dynamically risk assessed where there are changes to the activity (or the surrounding circumstances) either, just before the activity starts or whilst the activity is underway. In these cases, or where cold injury symptoms are observed then:

- (1) the activity **must** be paused, **must** be dynamically risk assessed and where necessary further control measures **must** be applied;
- (2) the activity **must** only be restarted once further control measures have been applied. If no further control measures are made to lower the risk, this **must** be justified and **must** be approved by the commander or manager; and
- (3) all suspected and confirmed cold injury casualties **must** be reported and investigated in line with Military Command or Defence organisation policy.

25. All commanders and managers **must** have a sound understanding of this policy, and be able to continuously manage the risk of cold injury and make sound judgements and decisions in all eventualities. It is not possible to foresee all hazards, so it may be necessary to carry out a dynamic risk assessment when an unexpected hazard arises. This could be as a result of a change to the activity or surrounding circumstances (for example, a sudden change in the weather).

26. Commanders and managers **must** monitor the activity, liaise with junior commanders or managers, safety staff and medical providers, and make sure that effective treatment is delivered to any suspected cold injury casualties. When cold injury is identified, the activity **must** be **paused**. The commander or manager **must** carry out a dynamic risk assessment and **must** put further control measures in place to prevent other cases of cold injury. These extra control measures **must** be recorded, in line with step 5 of the five-step risk assessment process.

27. All suspected and confirmed (medically diagnosed) cases of cold injury **must** be reported in line with Military Command or Defence organisation occurrence-reporting procedures, and the responsibility for doing so rests with the chain of command. Cases **should** be reported and recorded as 'suspected' until formally diagnosed as cold injury by a doctor. As a minimum, reports **should** specify the time, location, weather forecast (if available) and type of activity being undertaken. Personal details of the casualty **should** include their name, rank, service or staff number and a description of the illness or injury.
28. Unit medical centres **must** be told about all suspected or confirmed cases of cold injury, through the chain of command, to make sure appropriate medical follow-up action (see JSP 950 [Leaflet 2-9-4](#)) and recording takes place.
29. The chain of command **must** report all suspected and confirmed (clinically diagnosed) cases of cold injury to their relevant Safety Centres within 48 hours and, where appropriate, a preliminary investigation **must** be carried out. Cases which lead to hospitalisation or significant medical intervention **must** also be reported to the Defence Accident Investigation Branch (DAIB) on their Duty phone line (01980 348622).
30. Suspected or confirmed cases of cold injury **must** be investigated locally to identify lessons that can be learnt and shared with other units through the chain of command.
31. For details of reporting requirements, see Chapter 16 of JSP 375 Volume 1.

Policy Statement 5

Those involved in planning or undertaking activities which involve any risk of cold injury **must** receive suitable training.

32. All Military Commands and Defence organisations are responsible for making sure that commanders and managers can manage the risks associated with cold injury and react in line with this policy.
33. **Defence leaders.** All commanders and managers have a duty of care, meaning that they are legally responsible for the health and safety of others and **must** be appropriately trained so that they have the necessary skills, knowledge, experience and behaviours (SKEB) to consider cold injury as part of planning or taking part in any Defence activity. They **must** have a sound understanding of this policy. Commanders and managers **must** be able to continuously manage the risk of cold injury and make sound judgments and decisions in all eventualities.
34. **Individuals.** All military personnel (and non-military personnel if the risk of cold injury could reasonably be expected) **should** have a basic level of knowledge of this cold injury prevention policy. The minimum requirement is for personnel to understand what causes cold injury, what the signs and symptoms are, what they can do as an individual to help reduce the risk, and what control measures to take if they notice signs of cold injury in themselves or others. Further information and guidance is set out in the Individual's guide to preventing cold injury (Annex B).

35. To help all personnel understand the causes and effects of cold injury, an introduction to cold injury prevention training is available on the Defence Learning Environment (DLE) as Module 1. The training **must** be completed by all military personnel at the earliest opportunity (phase 1 training for new entrants) and then at least every two years for the rest of their career. For all non-military personnel, Module 1 training **must** be completed before any activity where a risk of cold injury could reasonably be expected.

36. Commanders, managers and those planning activities **must** assess the risks of cold injury and take action to reduce and prepare for those risks. To support this, a more detailed package of cold injury prevention training courses for commanders or managers are available on the DLE as Module 2. Module 2 **must** be completed by all commanders or managers in advance of them commanding, managing or planning any activity where a risk of cold injury could reasonably be expected.

Retention of records

37. Risk assessments and associated documents **should** be kept for at least three years after they expire, and in line with Chapter 39 of JSP 375 Volume 1.

Related documents

38. The following documents are related to this chapter.

- a. [JSP 815](#) – Defence Safety Management System
- b. [JSP 375 Volume 1](#)
 - (1) Chapter 5 – First Aid at Work
 - (2) Chapter 8 – Safety risk assessment and safe systems of work
 - (3) Chapter 16 – Safety occurrence reporting and investigation
 - (4) Chapter 19 – The Health and Safety of Young Persons
 - (5) Chapter 39 – Retention of Records
 - (6) Chapter 41 – Heat illness prevention
- c. [JSP 286](#) – Defence Diving Manual Part 2
- d. [JSP 950 – Medical Policy](#)
- e. Legislation and guidance
 - (1) Management of Health and Safety at Work Regulations
 - (2) [HSE-INDG163](#) – Risk assessment: a brief guide to controlling risks in the workplace
 - (3) [HSE-HSG268](#) – The Health and Safety Toolbox: How to Control Risks at Work
 - (4) NATO ATP-17 – NATO Artic Manual

Part 2: Guidance

This part provides the guidance and best practice that **should** be followed and will help you to keep to this policy.

This part 2 is made up of the following annexes which are available as separate documents on the JSP 375 Volume 1, Chapter 42 Defnet page.

Annex A (Commander's guide to preventing cold injury) gives general guidance for those planning and supervising activities. It also contains information on first aid for anyone who develops a cold injury.

Annex B (Individual's guide to preventing cold injury) contains guidance for everyone in Defence who may be at risk of cold injury.

Annex C (Risk factors and control measures) contains guidance on the control measures required as part of a safe system of work.

Annex D (Guide to hand and foot inspections) contains guidance on regular hand and foot inspections, which play an important role in identifying problems early.

Annex E (Non-freezing cold injury field assessment tool) is designed to be used during hand and foot inspections to help distinguish between a hand or foot with or at risk of FCI, and a hand or foot with or at risk of NFCI.

Annex F (Guide to employment of Defence personnel requiring protection from cold environments) provides a structure for deciding whether particular Defence personnel need protection from cold at work, while minimising their risk of further injury.

Note: Plain English Campaign's Crystal Mark does not apply to annexes B to F.