

## What should I do?

**Athletes foot:** Wash and dry feet regularly, apply powder, and use dry socks. It is especially important to carefully dry between all toes after washing as this is where infection often starts. If it persists then seek medical advice.

**Pitted keratolysis:** Get the feet out of footwear and exposed to the air whenever possible. Seek medical advice.

**Infected blisters:** Requires medical treatment.

## NFCI :

- Move the individual to shelter; remove wet clothing and replace with dry.
- Rewarm hands and feet using available measures (e.g. body warmth, clothing, rubbing, hand warmers). **Do not** immerse in water or hold up to direct heat or flame.
- If the casualty is generally cold, give warm food and drink and consider extra layers.
- Once warm re-check the hands and feet as above and refer to the NFCI Field Assessment Tool (NFAT) for further guidance (see below).
- Alert the senior Chain of Command that there has been a cold injury.

## How do I prevent Hand and Foot conditions?

Get your personnel to:

- Pay regular attention to hands and feet at all times and to report problems.
- Keep themselves generally warm in cold weather.
- Keep hands and feet warm, dry and clean as much as possible.
- Change wet socks and gloves as soon as possible.
- Use Gore-Tex or other waterproof socks in the harbour area to keep your feet warm and dry, particularly if boots are wet.
- Inspect their own hands and feet regularly when in the field.

## NFCI Field Assessment Tool (NFAT)

The NFAT is designed for use in the field to help discriminate between a cold hand or foot and a hand or foot at imminent risk of, or with, NFCI.

In cold conditions the NFAT should be used as a guide for all hand and foot inspections, and for initial recording of cases.



Field Assessment Tool (NFAT)		For any potential NFCI cases please record service number and tick against any amber or red symptoms/signs found	
Hand/Foots and Feet	Any existing symptoms/signs or risk to hand/foot	Service number	
<b>HISTORY</b> Have they been prior to symptoms/signs or risk to hand/foot? Have they been exposed to any burning/irritation and/or wetness or other pain?	None Yes No	None Amber Red	None Amber Red
<b>LOOK</b> Are the fingers/feet a normal colour?	Yes No	None Amber Red	None Amber Red
<b>FEEL</b> Can they feel pain? Is there any numbness or tingling? Do they feel any burning/irritation and/or wetness or other pain?	Yes No	None Amber Red	None Amber Red
<b>RESPONSE TO TREATMENT</b> Do they respond to heat? Do they respond to dryness? Do they respond to any burning/irritation and/or wetness or other pain?	Yes No	None Amber Red	None Amber Red

■ None  
■ Amber  
■ Red

If any of the above symptoms/signs are present, the individual should be treated as a potential NFCI case. If the individual is not responding to treatment, or if the symptoms/signs are severe, the individual should be treated as a potential NFCI case.



Ministry  
of Defence

# Field Guide Hand and Foot Inspections

JSP 375 Chapter 42 Annex D  
V1.1 November 2022





## Why carry out hand and foot inspections?

Defence personnel work in a wide range of locations from desert to arctic to jungle and in all types of temperatures, climates and weathers.

Regular hand and foot inspections during exercise or deployment play an important role in identifying problems early.

Commanders must check regularly for conditions affecting the hands and feet that might cause soldiers to become ineffective, particularly in hot and cold environments.

Injury prevention keeps your team fit and healthy and contributes to operational success.



## When should hand and foot inspections be done?

### Cold conditions

- At least twice daily
- After any immersion activity or when soldiers are wet through (once they have had a chance to change into dry kit).
- Consider after a prolonged static duty as this has identified to be high risk for NFCI
- Check remaining troops after any case of NFCI. *Inspections should be aided by use of the NFCI Field Assessment Tool (NFAT)*

### Hot conditions

- Once daily in hot climates.

## What are the commonest problems?

### General

- Blisters (hands and feet)
- Ingrowing toe nails (feet)
- Chafing (hands)

### Cold conditions

- Non-freezing cold injury (NFCI) – this is damage to small blood vessels and nerves in the hands and feet that happens in cold, often damp, conditions.
- Frostnip/Frostbite – occurs in extremely cold conditions due the tissues of your hands or feet literally freezing.

### Hot conditions

- Infections – fungus and bacteria love warm, moist conditions and thrive on hot feet.

*Ask questions and examine the hands and feet.*

### Cold conditions:

- Are your fingers and toes cold? - if yes, carry on, if no then no further questions required
- Can you feel your fingers and toes? If not, how long have your fingers/toes been so cold they have no feeling? – **if longer than 30 mins NFCI is a concern.**
- Have you noticed any burning / tingling / pins and needles or other pain in hands and feet that are cold? – **this may indicate NFCI.**

### Hot conditions:

- Do you have any soreness or itching? – this might suggest an infection.



*Athletes foot*  
© NHS Choices



*Pitted keratolysis*  
© Pitted keratolysis.com

## What should I look for?

Check if the skin is intact and is in reasonable condition

**Athletes foot:** redness between the toes with dry peeling skin.

**Pitted keratolysis:** patches of white with smallish craters along with a strong smell, often painful.  
Infected blisters: blisters surrounded by swelling and redness sometimes with pus, usually painful.

### NFCI :

- Skin may look normal, pale/ yellow, bluish or mottled.
- Skin will feel very cold to the touch.
- On touching the skin the individual may report that they cannot feel the touch or that it is reduced.