Operation GRITROCK
Deployment Support and Families Newsletter ~ No3

Newsletter Overview

Within this newsletter we seek to inform the families and loved ones of those who are or have deployed on Op GRITROCK; the UK response to the Ebola crisis in West Africa and take a moment to reflect upon the contribution made by 1 Assault Group Royal Marines and others from the International Community as this operation, for our personnel, draws to a close. It is also intended to serve as a reminder of some of the pertinent medical and welfare details that may be useful to those with concerns or questions about who, why and what to do should a reader have a query relating to this operation.

1 – COMMAND NARRATIVES

Colonel Graeme A Armour
Commanding Officer 1 Assault Group RM

Dear families,

As we approach the end of Operation GRITROCK in Sierra Leone, I look back at what 1 Assault Group Royal Marines has done during these past 7 months to support the battle against Ebola and am filled with immense pride. We have achieved the aim and helped prevent any further spread of this deadly disease, together with 42 Commando Royal Marines, RNAS Culdrose and RFA ARGUS.

I am hugely proud of the efforts we have made in what was a truly challenging and demanding environment and look forward to addressing our men personally when they return from a well deserved period of leave with the people that matter, namely you!

I must take this opportunity to thank you as well for the role you have played in our achievements. I am particularly grateful for the support you have given your loved ones, helping make this the successful operation that it was, and am acutely aware that you have placed a great deal of trust in me as the Commanding Officer of 1 Assault Group Royal Marines. In my last message to you, I promised you that the welfare of our men was my paramount priority. This never changed. They now return in the same health as when they departed and for that I am grateful to the Command teams both here and onboard ARGUS for ensuring this was always going to be the case.

Our loved ones will always be our priority and I have no doubt you are as proud of them as I am. Thank you.
Major Andy Bridson RM  
Officer Commanding Royal Marines deployed on Op GRITROCK  

Dear Families,

For those that were unaware I took over Operational Command of the Royal Marines Detachment deployed to Op GRITROCK from Major Luke Davies in early January. A planned roulement crafted at the same time the Group was deploying the initial force elements all the way back in October.

This phase included the rotation of both people and equipment in order to maintain a credible amphibious capability package under direct command of the Joint Force Commander based ashore in FREETOWN; from the afloat hospital and logistics ship RFA ARGUS. Within less than 72 hours the rapid deployment Boat Group of 539 Assault Squadron supported by elements from 42 Cdo were replaced with an Amphibious Operations Cell drawn from 6 Operations Squadron (the Assault Squadron normally based aboard HMS Albion) and the remaining elements of the high readiness deployable Boat Group from 539. That at the time of the initial deployment where deployed East of Suez on Exercise COUGAR. In the same period we also changed over most of the 42 Cdo ranks.

The force protection elements of 42 Cdo were commanded by Captain Ben McAll supported by Sgt Sam Vanner. Their responsibilities have included to protect the ship when it is required to enter, move or leave the confines of the Sierra Leone River or when we’ve been tasked to move close to shore. In addition Ben routinely deployed his teams inland, either in the Group’s boats or from helicopters provided by the RN detachment also based aboard RFA ARGUS. In these tasks they were charged with securing beach or helicopter landing sites prior to the arrival of aid. I believe photographs of these activities have been well documented in the National Media.

January and February saw our Boat Group activity peak while we supported the changeover of those medical and engineer personnel similarly roulementing their people at the three to four month point. And for those persons who were required to stay for longer we supported their movement back to the main international airport at LUNGI so that they could get home, like any normal operation, for some well deserved RnR. In parallel with this activity we also operated an SDS or Surface Delivery Service that has become affectionately known as ‘Green Beret Ferries’. In this role we move whatever and whoever we needed to in and around the peninsular, day or night. In February alone the boats were in use 27 out of 28 days; transporting 611 people from LUNGI to FREETOWN or onto RFA ARGUS.

It has been detailed before but I can confirm that we all remained vigilant and always operated a complete ‘No-touch’ policy when ashore either with locals, aid workers or other support agencies. Malaria remained the biggest risk despite some high profile evacuations of British personnel from the Ebola Treatment Centres that again was well reported in the media. I can report that we were not affected by either threat. As part of this vigilance we were also subjected to regular and stringent medical checks including temperature monitoring whether we had been ashore or not. At every stage of this operation all necessary precautions were always in place.
Please note, as detailed in previous newsletters, some of these routine checks will continue for some weeks from our return to the UK although the period aboard ship as we sail home will be factored into this mandated medical review period and should therefore have little effect upon any deployed ranks onward leave plans. Your deployed loved ones will ensure that you are fully apprised of these routine checks upon our return; a précis of these protocols are explained later in this newsletter.

It is the nature of such emergency response operations that for those not accustomed to operating in such situations or environments that you believe those heading off are somehow unprepared to meet the task in hand however, time and again the sailors and marines have proven to be ready to meet these uncertainties, and always head on. They are adaptable by nature, they work well as a team and as such quickly overcome any initial obstacles or apparent challenges; with composure, humility and always with a sense of humour. We must all be proud of our individual and collective achievements over the period of this emergency. It is a matter of record that the performance of the Group has surpassed all expectations desired or expected by the Joint Force Commander, the Government’s of both the UK and Sierra Leone and the local populations of this Region. We depart knowing we made a difference and that those who were in need are now more capable of standing alone and that they can beat this terrible disease alone.

By the time you receive this letter we will have departed Sierra Leone waters and be well on our way home. We are scheduled to arrive home in early April, the exact date and location of our arrival is yet to be confirmed, partly as they will be weather dependent; we are talking about the weather in South West after all. Whether we disembark in Plymouth or Falmouth we will be home very soon!

May I now take this opportunity on behalf of all those that deployed on Op GRITROCK to thank our greatest supporters ‘you’, our families and loved ones. In the mist of any sunrise or sunset no glow was ever greater than the craft that brought the mail back to the ship; it was always heart warming to see at times up to 60 bags of mail and parcels come aboard. Few smiles are broader than the one on the face of a sailor or marine who has received news from home.

I personally thank you and I look forward to seeing you all shortly; and to eating an Easter egg that hasn’t melted to the bottom of the packet.
2 - DEPLOYED WELFARE

Compassionate Action Pertinent at anytime when service persons are deployed on any Exercise or Operation

If circumstances should arise whilst your relative is deployed that make it necessary for you to apply for his/her return on compassionate grounds (such as a death in the family, serious illness or serious family crisis), you will need to contact the Joint Casualty Compassionate Centre (JCCC). Their telephone number is:

Joint Casualty Compassionate Centre (JCCC): 01452 519951

When you call JCCC you will be asked the following information:

- **Serving Person’s Service Number, Rank, Name, Unit and current location.**
- **Full details of the relative concerned and their known location.**
- **The name of any other organisation involved, i.e. Doctor, Hospital.**

Please be aware that any information will be verified with the appropriate organisation before Compassionate Leave and Travel can be authorised.

Royal Navy Royal Marines Welfare (RNRMW)

As part of a comprehensive review of the Navy’s specialist welfare services, primary access to the RNRMW organisation is now through the RNRMW Portal Team.

Contact details are:

- **RNRMW Portal Team**: Mon to Thus 0800 –1630. Fri 0800 to 1600.

  📞 02392 728777  Ⓡ navypers-welfare@mod.uk

**Emergency Situations**: For situations that occur Out-of-Hours, the Guardroom at RM Stonehouse, Plymouth provides emergency welfare cover 24 hours a day. In **Out of Hours Emergency Situations**, please ring them on the number below and they will contact the Duty Royal Marines Welfare Officer who will ring you back.

- **Stonehouse Guardroom**: 01752 836395

RNRMW Information Support

Information provision both online and through our Information Officers is available as and when required, and can be useful when relocating, when looking for a specific service, or when you have a question that you cannot find the answer to. Information Officers will assist by providing the answer or through signposting or referring to our specialist welfare staff or to another agency. Online information is also available on the intranet, internet, Facebook and Twitter. These communication channels are used to provide accessible information support for those living in the UK and overseas.

Contact details for the Plymouth RNRMW Information Officer’s are shown below:
Local & national updates are provided within the Royal Navy website forums at www.royalnavy.mod.uk and log in or create an account at www.royalnavy.mod.uk/profile/login.

Within this website sits a vast range of information and support for you and your family members.

There is an events calendar which holds both National and Local events including those offered by RNRMW.

The Family Forums require you to create an account. Each Service person can have up to 5 family/friends registered on their service number.

Within the Members Area, each unit has its own page, all information published by the unit, including this letter, plus info from theatre and a discussion forum can be found on the site. Please register and try it out as we will be using this site as the primary means of communicating with you. It is a very good way of allowing the Unit to pass information to you quickly, plus it works well as a means of effective communication between yourselves.
3 - FREQUENTLY ASKED QUESTIONS

What is the Governments outline plan for monitoring service personnel returning from Sierra Leone?

Individuals returning from Sierra Leone will be monitored in line with current Government advice as mandated by Public Health England (PHE) and World Health Organisation (WHO). The exact nature of this monitoring will depend on the circumstances of the individual concerned. On return to the UK, service personnel will be screened at RAF Brize Norton and/or other point of entry in line with UK Border screen requirements. These requirements are regularly reviewed.

Will service personnel who are infected with EVD be evacuated?

Any service person who becomes an EVD patient will have their circumstances considered on an individual basis driven by clinical need. The safety of the service persons and health practitioners will be of paramount importance – and if it is determined that the best outcome will be delivered through medical evacuation then medical evacuation will take place.

[For the latest up to date advice on Ebola, please continue to consult the Public Health England WebPages]

Is there screening at RAF Brize Norton and/or other UK ports of entry?

Screening has been introduced and all returning service personnel will be screened at RAF Brize Norton and/or other principal ports of entry in line with UK Border screening requirements and their Public Health England defined Category. This is just one part of a much wider force protection process to keep our people, and the UK, safe.

What happens if my partner/family member gets infected - will they be treated in Sierra Leone or the UK?

Multiple factors require consideration: If a case occurs, the decision to treat in country or return to the UK will be determined case-by-case basis and driven by clinical need and the requirement for patient and practitioner safety (determined by consultation between MOD, Department of Health/Public Health England and the Foreign and Commonwealth Office [FCO]).

Will returning Military Personnel be put into the UK population at risk database?

Public Health England (PHE)’s assessment of the risk to the UK from Ebola has not changed, and remains low. There are high quality, robust, well-tested infection prevention and control measures to contain any imported case(s) of such disease. We have made sure that clinicians are aware of the symptoms to consider in any returning travellers and have a rigorous monitoring regime in place. Testing can be rapidly undertaken to confirm/exclude the diagnosis. We will continue to closely monitor and review our plans.
Have service personnel deployed to Sierra Leone been given the correct equipment to undertake their respective duties?

Yes. Specific Ebola Personal Protective Equipment (PPE) has been designed and issued to all service personnel deployed in support of this emergency. All appropriate training on the use of PPE has been provided and endorsed by the Department of Health (DH) and the Health and Safety Executive (HSE).

What are the PHE Categories referred to in the media and other briefing notes: CAT 1, 2 or 3?

PHE has defined three Ebola Risk Categories for personnel returning from West Africa:

- **Category 1.** This person visited an Ebola affected area, but had no direct contact with an Ebola case (or body fluids) while they were there; this includes people who have had casual (eg visited a home of an Ebola patient), without direct contact with the Ebola patient or body fluids of the patient.

- **Category 2.** This person had direct (close) contact with Ebola cases (or body fluids) while they were in the affected area, but wore appropriate protective equipment/clothing (PPE), and had no known breaches in PPE.

- **Category 3.** This person had direct (close) contact with Ebola cases (or body fluids) while they were in the affected area, wore appropriate protective equipment/clothing (PPE), but are concerned that they may have had a breach in these protective measures or have had direct contact with an Ebola patient’s blood, urine or secretions without being protected.

What is the impact on personnel of being placed in either PHE Category?

In line with PHE policy the following Monitoring and Employment Restrictions are applicable for each risk category:

- **Category 1.** There are no restrictions on the activities of a person in this category – they can return to usual activities. There is no monitoring or reporting requirement. In addition, personnel who deploy on Op GRITROCK for a period less than 7 days who have not come into contact with a case of Ebola and are asymptomatic will not be subject to travel restrictions. All other personnel are not to undertake international travel for occupational reasons for 21 days following their return to the UK. This is to ensure that they are able to access appropriate healthcare should the need arise. Individuals who wish to travel overseas on leave are to seek specific medical advice.

- **Category 2.** Personnel in Category 2 can return to live in their own home with ordinary family and social contact, return to work (having received a PHE clearance certificate), travel by public transport and carry out other daily activities. They are required to check their temperature twice daily for 21 days after return, and to report any raised temperature (over 38°C) or other suspicious symptoms to a named monitoring team at PHE. In addition, all personnel in Category 2 are not to undertake international travel for occupational reasons for 21 days following their return to the UK. This is to ensure that they are able to access appropriate healthcare should the need arise.
• **Category 3.** Personnel in Category 3 can return to live in their own home with ordinary family and social contact, attend office-based work only (DMS healthcare workers do not return to work until they have received a PHE clearance certificate), and can take agreed UK transport (as discussed with their monitoring team at PHE). They are required to check their temperature twice daily for 21 days after return, and to report daily by phone to a named monitoring team at PHE, even if they do not have a raised temperature (over 38°C) or other suspicious symptoms.

**Will returning UK military personnel be able to go abroad on holiday?**

The exact details will vary between individuals. However, provided they are cleared by the appropriate monitoring regime for the individual there will be no travel restrictions placed on service personnel returning from Sierra Leone. This is in line with PHE guidance, and will be kept constantly under review.