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B-7010 SHAPE BELGIUM



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DES PUISSANCES ALLIÉES
EN EUROPE
B-7010 SHAPE - BELGIQUE

4300/SHJ1HRX/GL/07 – 202421

TO: See Distribution

SUBJECT: Directive for the Deployment of NATO Civilians

DATE: 14 May 2007

REFERENCE: C-M(2005)0041, dated 21 April 2005

1. SHAPE was tasked at Reference, to produce an ACO Directive covering all issues related to the participation of NATO Civilian personnel in NATO-led operations. This new AD 50-11 (Enclosure) was coordinated across SHAPE and encompasses the comments received from subordinate HQs and Agencies over several iterations. Nevertheless, the directive remains a living document.

2. The provisions of this directive, namely medical and physical fitness, equipment, and training, should also be used as an orientation to International Civilian Consultants (ICCs), where operationally applicable, Local Civilian Hires (LCHs), and personnel working for Contractors. Hence, the individual firm or company hired to perform a function or deliver a service in theatre should be invited to take the necessary steps to provide their contracted personnel with the training, protective equipment and immunisation to the same standards as set forth in this directive at their cost without any legal or financial liability to NATO.

3. Please ensure the implementation of this directive throughout your organisation, including informing your NATO Civilian staff.

FOR THE SUPREME ALLIED COMMANDER, EUROPE:

A handwritten signature in black ink, appearing to read 'Rainer Schuwirth', is written over a horizontal line.

Rainer Schuwirth
General, DEU A
Chief of Staff

ENCLOSURE:

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ACO DIRECTIVE
NUMBER 50-11

DATED 14 MAY 2007

DEPLOYMENT OF NATO CIVILIANS

This is a new Allied Command Operations (ACO) directive. Holders are to inform all Civilian Personnel Officers (CPO) of the content of this "Policy for the Deployment of NATO Civilians".

- REFERENCES:
- A. C-M(2005)0041 Participation of NATO Civilians in NATO Council Approved Operations and Missions dated 28 Apr 05
 - B. MC 326/2 NATO Principles and Policies of Operational Medical Support (Final) dated Apr 04
 - C. STANAG 2037 – Vaccination of NATO Forces dated 4 Feb 05
 - D. NATO Civilian Personnel Regulations (NCPRs)
 - E. NATO Collective Insurance Contract dated 1 Jan 04
 - F. ACO Directive 80-25, ACO Force Protection Directive dated 23 May 06

1. **Applicability.** This directive is applicable to all ACO establishments and stand alone organizations that deploy and/or employ NATO civilians in support of NAC approved operations and missions, taking into account that any official travel into theatre in direct support of the operation or mission, regardless of the duration, is considered deployment.

2. **Supplementation.** Supplementation is authorised. The proponent at SHAPE is to be provided with a copy of any such supplement.

3. **Interim Changes.** Interim changes are authorised when approved by the Director of Staff (DOS).

4. **Purpose.** This new ACO directive sets the minimum military requirements (MMR) for preparing NATO civilians to deploy to, *inter alia*, crisis response operations (CROs) and provides ACO HQs/Units/Organisations with guidance on the standardisation of: pre-deployment training for NATO civilian personnel, equipment required for the area of operations (AOO), preparation, medical/physical fitness criteria for deployable NATO civilians and administrative procedures.

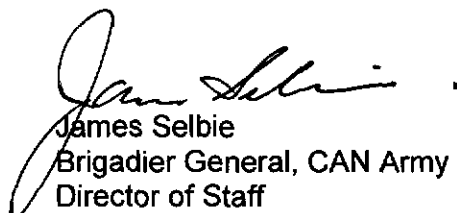
5. **Explanation of Terms.** See Annex A.

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6. **Table of Contents.**

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FOR THE SUPREME ALLIED COMMANDER, EUROPE:


 James Selbie
 Brigadier General, CAN Army
 Director of Staff

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ANNEXES:

- A. Definitions
- B. NATO Civilian Medical Consultant's Manual
- C. Protective Equipment and Clothing
- D. Pre-Deployment Training
- E. Administrative Provisions & Procedures

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AMENDMENTS/COMMENTS

Users of this directive are invited to send amendments/comments and suggested improvements to SHAPE J1, Policy and Plans Section (Attn: HRP) or email CRONOS (SHAPE J1).

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CHAPTER 1 RESPONSIBILITIES

1-1 Responsibilities.

- a. SHAPE ACOS J1 is the proponent for this directive with J1 ACO Policy & Plans being responsible for:
 - (1) Liaising with various key players (NATO HQ, ACT JET, Joint Force Command Headquarters (J(F)C HQs), NATO Airborne Early Warning & Control Force Command (NAEW&C FC), NCSA, NAMSA, NC3A) to collect inputs so that this directive is kept regularly updated.
 - (2) Maintaining this directive on the SHAPE WISE web page, including links to theatre information important to deploying staff.
- b. SHAPE ACOS J2 is responsible for the threat analysis required of the risk assessment to deploy NATO civilians to theatre or not.
- c. Director SDC is responsible for the implementation of OPLANS and the implementation and management of NCRS in operations.
- d. SHAPE J4 is responsible for:
 - (1) Disseminating this directive to all civilian HQ medical consultants and military HQ medical advisors and providing theatre assessments for determining the appropriate level of medical and physical criteria required for deployment into each theatre and/or deployment location.
 - (2) Establishing and updating the standards for the Individual Protective Equipment (IPE) required for Force Protection (FP) and for translating FP requirements into technical specifications for procurement of equipment funded through the CRO budget and their need for replacement. The Commander NAEW&C FC is authorised to determine IPE and Weatherproof Clothing requirements appropriate to the needs of the NAEW&C FC personnel in accordance with the Flight/Ground Safety requirements of that Force.
- e. SHAPE J5 is responsible for ensuring that for each OPLAN that the SACEUR decision to deploy, or not, NATO civilians to theatre together with its associated Risk Assessment is embedded and readily assessable to all concerned parties
- f. SHAPE J7, in conjunction with ACT Jet, is responsible for:
 - (1) Establishing the operational standards for the pre-deployment training required by NATO civilian personnel.

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(2) Ensuring that the J(F)C HQ Commanders and Commander NAEW&C FC implement required programmes to provide the pre-deployment training outlined in this directive in accordance with the operational standards set by SHAPE J7.

g. SHAPE J8 (P&C) is responsible for establishing and maintaining basic ordering agreements (BOAs) for the scaled clothing and equipment required by deployed NATO civilians. Commands, NATO Agencies and Tactical Commanders are to use these BOAs to procure common equipment for the staff for which they are responsible

h. Joint Force Command HQs (J(F)C HQs and subordinate CCs), the Commander NAEW&C FC and General Managers of NATO Agencies are responsible for:

(1) Implementing the policies and/or instructions set forth in this directive and corresponding applicable References.

(2) Generating supplements to this directive, when required, and providing the proponent at SHAPE with a copy of such supplements.

(3) Establishing a point of contact for command publications and advising SHAPE ACOS J1 on issues arising from the implementation of this directive.

i. Tactical Commanders are responsible for:

(1) Implementing the policy laid down in this directive.

(2) Establishing a point of contact for matters related to this directive.

(3) Establishing a system to account for all civilian personnel under their authority.

(4) Taking any necessary measures to preserve the non-combatant status of all civilians working in their AOO; for example, protect them or evacuate them.

(5) Ensuring that their Civilian Personnel Officer (CPO) will establish (when required) a Theatre Civilian Personnel Policy (CPP) taking into account the content of this directive.

(6) Commanders shall immediately report to SHAPE J1 any civilian injuries or deaths through the chain of command and inform the employing NATO body (J1) of the person involved for notification to the next of kin.

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j. Commanders and General Managers of Agencies are to ensure that the contracts for personnel working in theatre reflect the direction given by this directive.

k. At all levels, particular care must be taken to inform all categories of civilian personnel of the content of this directive, that its provisions are mandatory, and that failure to comply may result in disciplinary action under the rules pertaining to their category of employment.

l. NATO civilians are responsible for adhering to the policies and procedures set out in Reference D, Annex 14, those in this directive as well as those in any local HQ Supplements (e.g. Civilian Personnel Policy (CPP)) to this directive.

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CHAPTER 2 POLICIES AND PROCEDURES

2-1 Policy.

- a. Consistent with the definition given in paragraph 2.1 of Reference A, NATO civilians are personnel working in NATO bodies in established Peacetime Establishment (PE) or Crisis Establishment (CE) posts, which are *fully funded through international budgets*. For the purpose of this directive, we will differentiate between NATO civilians and other categories of civilians. All NATO civilian deployments and short-term assignments to theatre are subject to the provisions of Reference A. Medical support to deployed NATO civilians is to be delivered in accordance with Reference B.
- b. It is assumed that a Crisis Establishment (CE) of a deployed HQ in an AOO as described in the relevant OPLAN equates to the establishment of a NATO body for the purposes of Article B(v)(c) of the preamble and Article 3 of Reference D.
- c. Deployment Authority. The authority for granting permission for NATO civilians to take part in a Council (NAC) approved operation/mission rests with SACEUR. SACEUR may delegate this authority to one of the Operational Commanders identified at the Commands shown in paragraph 1-1a above.
- d. NATO civilians of HQs/Units/Organisations supporting North Atlantic Council (NAC) approved operations or missions must be prepared to deploy in support of an operation as described in the related OPLAN, or be part of a site survey team in their field of expertise in preparation for the execution of a NAC approved operation or mission
- e. NATO civilian personnel must be fit, immunized, trained and equipped to deploy in accordance with this document.
- f. NATO civilian personnel are to receive the appropriate clothing, which by definition is any clothing that must prevent them being mistaken for military personnel; for example, they should **not** be required to wear battle dress uniforms (BDU). They must also be equipped with individual protective equipment (IPE) for the operating environment (see guidance at Annex C), and must be fully trained in its usage, in particular in the use of chemical, biological, radiological and nuclear (CBRN) equipment (see guidance at Annex D).

2-2 Civilian Personnel.

- a. **General.** All civilians are required to comply with all rules, regulations and procedures established at the deployed location (for example in the standard operating procedures (SOP) covering "Standards of Behaviour"). These SOP can be found on the relevant CRO HQ WISE web page or can be

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provided to them through their CPO or Contracting Agencies. Failure to comply with locally established directives will be grounds for disciplinary action under the rules pertaining to the violator's category of employment.

b. NATO civilians.

(1) In accordance with Reference A and without express agreement, NATO civilians cannot be ordered to deploy to theatre for longer than 30 days unless their job descriptions (JD) carry a requirement to do so.

(2) If there is a requirement to deploy NATO civilians for more than 30 days, they should be deployed against a recognized post on the relevant CRO mission CE or a validated combined joint statement of requirements (CJSOR) line item, which will be the case for frequently deploying NATO civilians, for example NCSA maintenance teams.

(3) The length of tour for a NATO civilian who has volunteered to fill a validated CE post or CJSOR line item is the same as that of his/her military counterpart. Should an extension be required for any NATO civilian regardless of his/her sending HQ/Agency¹, an extension request (Appendix 7 to Annex E) will be sent in a timely manner, through the chain of command, to SHAPE J1 HRX who will approve or disapprove, regardless of the tour length of the incumbent. An extension of deployment beyond the maximum period requires the individual's agreement.

(4) NATO civilians nearing the end of their contracts are not to be deployed if the duration of their deployment extends beyond the termination date of their contracts, unless they volunteer to extend in theatre beyond their contract and if accepted by their legal employer.

c. Other Civilians. Other civilians are those employed by CRO HQs and fall into four separate categories: local civilian hire (LCH), reimbursable and non-reimbursable², consultants³, and contractor and contracted personnel⁴.

2-3 Procedures for NATO civilians. Note: Operational HQs are to coordinate in establishing analogue procedures for the other categories of civilians.

a. Notification of the need to deploy. Once a candidate has been identified to deploy or fill a vacant CE post, he shall be informed of the start of deployment (SOT) and (planned) end of deployment dates, along with the

¹ Sending HQ/Agency is defined as the agency with which he/she has an employment contract.

² A non-reimbursable LCH is a post that is common funded by NATO. The budget needed to pay the salaries of reimbursable LCH is refunded by troop-contributing nations (TCNs) *pro rata* to their contribution or MWA programmes.

³ See definitions 2 and 6 at Annex A. Both apply here.

⁴ See definitions 3 and 4 at Annex A.

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reason for deployment/TDY (Appendix 1 to Annex E) is to be sent to JFC HQ J1 Civilian Personnel Branch (J1/CPO) by the sending division head (NATO Agencies will follow same procedure). Once official notification has been received from the requesting Division/Agency, JFC HQ J1/CPO will open a personal action file and send an official letter of appointment to the Tactical Commander (Appendix 2 to Annex E) for his concurrence. The sending HQ/Agency is responsible for preparing the NATO civilians for the deployment in accordance with the prevailing directive/guidelines.

b. **Para 2-3a.** above does not apply to NRF operations where NATO civilians and military personnel alike are deployed as a unit in support of NATO operations. NATO civilians can fill a position which requires a notice to move (NTM) of 5 days or 30 days or they may be asked to fill a stay behind position in accordance with command instructions.

c. **Checklist.** J1/CPO from the sending HQ/Agency completes the checklist at Appendix 3 to Annex E to ensure that an NATO civilian is properly prepared and cleared for deployment/TDY and will be accepted by the receiving CRO/Tactical Commander.

d. **Letter to Other HQs/Agencies.** When concurrence from the CRO/Tactical Commander is received, and if required, the Instructions Letter to the other HQs/Agencies is sent out (Appendix 4 to Annex E).

e. **Final step.** After all steps have been completed, the J1 division head of the sending HQ/Agency will approve the NATO civilian's deployment/TDY by Appendix 5 to Annex E. SHAPE J1 HRX is to be informed every Friday by e-mail of the current staff on deployment by each Operational HQ.

f. If the NATO civilian is unable to deploy, due to unforeseen circumstances, the sending HQ/Agency shall, in so far as is possible, nominate a similarly qualified and suitable replacement. The sending HQ/Agency shall inform SHAPE J1 HRX immediately when no replacement can be identified, so that a search can be initiated from within the NCS. It is well understood that such a case will delay the deployment process, but care must be taken to reduce the delay to an acceptable minimum.

g. To inform sending HQ/Agencies of the level of risk in theatre/at the deployment location related to the deployment of NATO civilians, Tactical Commanders will insert a paragraph stating the risk level in their weekly report or when the threat changes using these guidelines:

- (1) High - no deployment for civilians accepted.
- (2) Medium - acceptable under conditions (IPE necessary, reduced freedom of movement).
- (3) Low - normal conditions (no immediate risk known of).

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- h. Tactical Commanders will take all necessary actions to protect and, if necessary, evacuate civilian personnel based on the rapidity and escalation of risk from Medium to High.

CHAPTER 3 MINIMUM DEPLOYMENT STANDARD (MDS)

The following preventative measures and standards apply to all NATO civilian personnel.

3-1 Medical Readiness.

- a. Sending HQs are to ensure that NATO civilians identified for deployment are physically and mentally fit ⁵ to deploy and that their inoculation records reflect the recommended vaccinations for the deployment location as determined by the applicable OPLAN. NCSA personnel will refer to the medical consultant from the supporting HQ/Agency.
- b. Personnel must complete the basic inoculation programme (in accordance with Reference C, see also Annex C, Para 4) and be kept current for the period of employment in a mandatory deployable post or, if not employed in a mandatory deployable post, for the duration of the deployment. As preventative measures require a longer preparation period, personnel must participate in any additional preventative immunization/medication programme as may be included in the OPLAN to meet health risks in specific AOO (Annex B and Appendix 1 & 2 to Annex E). These inoculations will be paid for by NATO through the CRO budget.
- c. **Temporary Medical Exemption for Deployment.** Personnel who demonstrate temporary medical incapacities (e.g. pregnancy for female staff), may be temporarily ruled out for a particular deployment depending on the location and the conditions of the deployment. The HQ's medical consultant will provide an assessment regarding the expected length of an exemption.

3-2 Physical Preparedness.

- a. All personnel must be fit to deploy. As such, they must be capable of performing their duties in a challenging environment, to include: extreme climate, field conditions, long working hours (7 days a week), and heightened security constraints. Therefore, it is essential that NATO civilians maintain their physical fitness. Sending HQs/Agencies are to allow and encourage reasonable physical fitness training (during working hours) to enable mandatory or potentially deployable NATO civilians to achieve and maintain their personal fitness.
- b. ACO bodies and NATO Agencies must take any necessary action to ensure that any deployable NATO civilian not recognized fit to deploy by his

⁵ In this document, "fit" means that the individual's physical and mental health is such that they can perform the tasks of their employment and endure the arduous nature of the deployment without detriment to himself or the organisation.

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HQ medical consultant has the means and capabilities to become physically fit.

c. No age limit should be established; the decision as to whether or not an NATO civilian can deploy should be assessed solely on his/her physical fitness prior to deployment.

d. Commanders and General Managers of NATO Agencies are responsible for certifying, based on the recommendation of the medical consultant (see para 3-6 e.(2)), whether or not a NATO civilian is fit to deploy.

e. The consequences of not meeting the fitness criteria are dealt with in paragraph 3-6 below.

3-3 Equipment Preparedness.

a. All NATO civilian personnel shall deploy with the equipment mandated by the mission. Normally, the sending HQ/Agency shall provide such equipment prior to the start of their deployment (see Annex C, Appendix 1). Sending HQs/Agencies must issue protective equipment (including CBRN kit) and hot/cold weather clothing (as appropriate) to all mandatory deployable NATO civilian personnel, but also to those coming from another Operational HQ should they be without equipment. If this is not possible for a particular NATO Agency, equipment will normally be provided by the supporting HQ at its peacetime location.

b. The NATO civilian personnel will be trained to use the type of CBRN equipment issued to them prior to their deploying (see also para 3-4 a (1)).

c. Sending HQs/Agencies (or support entity) will be responsible for the maintenance and/or replacing equipment and protective clothing as required. If this is not possible for a particular NATO Agency, the maintenance function will be performed by the supporting HQ at its Peacetime location.

3-4 Training.

a. All NATO civilian personnel who deploy are to receive the ACT standardized pre-deployment training in accordance with operational requirements (see Annex D). It is mandatory that NATO civilian personnel complete pre-deployment training (to include CBRN training) appropriate to the equipment with which they will deploy.

b. *Deployment requirements.* Before the deployment/TDY, the NATO civilian is to confirm that he/she has received all the vaccinations, medical, training and equipment required for deployment/TDY. During the pre-deployment training period, NATO civilians must be provided with a copy of the joining instructions of the CRO HQ to which they will deploy (Appendix 9 to Annex E) or similar documents issued by NATO Agencies specifying the

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conditions of service.

c. All deployable personnel, military and NATO civilian, will receive the same operational training. Therefore, no deployability restrictions shall be imposed by one operational command on personnel from other commands. Should there be a need to receive additional training specific to a particular AOO, the command responsible for this AOO shall inform SHAPE J7, SACT JET and other commands of the additional training requirements.

d. When the military unit to which a NATO civilian is assigned provides training that meets the deployment requirements, the NATO civilian will join this training, for as long as it does not compromise their civilian status, together with the military personnel from that unit.

e. Commands and Agencies may, at their own cost, supplement the standardized training prescribed at Annex D.

3-5 Pre-Deployability Checklist. Sending HQ/Agencies will maintain a checklist (and/or data base) reflecting the readiness for deployment of all their NATO civilians that may need to deploy. Appendix 3 of Annex E reflects an example for items to be accounted for.

3-6 Deployability Restrictions.

a. There are three categories of deployment eligibility status:

- (1) Deployable without restrictions.
- (2) Deployable with restrictions.
- (3) Non-deployable.

b. Personal factors or medical conditions that are demonstrated to preclude deployment of an NATO civilian must eliminate them from being considered for recruitment to a mandatory deployable post (i.e. where the JD stipulates "must" deploy). In cases where after recruitment to a mandatory deployable post, an incumbent demonstrates a permanent inability to meet the requirements of a specific deployment or minimum deployment standard, the individual should be considered for reassignment to equally-graded posts in which deployment is not a mandatory requirement. When the person cannot be reassigned in a reasonable time (i.e. not to exceed 12 months) within the HQ/Agency to a post of the same grade or at a lower grade post on a personal grade basis for which the NATO civilian is qualified, but not requiring deployment, an appropriate termination of employment must be initiated. A non-deployability suffix shall not be allocated without the agreement of the HQ Medical Consultant, the Legal Advisor, the CPO and the Division/Wing Chief employing the NATO civilian. Should a temporary or permanent non-

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deployability suffix be determined in his/her case, the CPO will immediately inform the interested party.

c. Individuals occupying mandatory deployable posts as of the date of this directive will be similarly expected to maintain their fitness and eligibility for deployment. For these personnel, exceptionally, failure to meet medical or fitness criteria will not be considered grounds for termination or medical retirement. When an individual demonstrates a permanent inability to qualify for, or otherwise participate in specific deployments or deployments in general, they will be identified for transfer **at first opportunity** to equally graded posts for which the individual is qualified in which deployment is not a mandatory requirement, and for which they remain medically qualified.

d. Individuals occupying posts which do not require mandatory deployment over 30 days (including posts stipulating that they "may" deploy) are to maintain their qualifications and fitness as determined by the commander of the sending HQ/Agency. For personnel in this category of post, failure to meet medical and fitness qualifications, or demonstrated inability to perform the tasks of specific deployments or deployments, in general, shall not be considered sole grounds for termination of employment or medical retirement. Personnel employed in posts without a mandatory deployment clause shall be encouraged and given every opportunity to maintain a level of fitness commensurate with their duties and of the culture of the organisation.

e. Commands must provide appropriate assistance to individuals to ensure that their personal affairs are in order. In the event of a deployment, lease/rental termination or extension, pay allotments, personal insurances (see also paragraph 4-6b.) and other family member support may be required (see also Annex E 3.b.). A will and/or Power of Attorney should be prepared in the event of death during the deployment.

f. **Approval of Exceptions.**

(1) While future recruits to mandatory deployable posts are expected to be fit for deployment upon hiring and maintain such fitness thereafter, it is understood that there will be a need for a transition period to allow **current** incumbents of mandatory deployable NATO civilian posts to develop fitness for deployment in accordance with the specifications of this directive.

(2) In all cases, the HQ Medical Consultant is the authority that will allow a deployment based on the current collected data and the type of job to be performed in the specific deployment location. The criteria at Annex B represent guidelines for general deployment qualifications; however, these should not preclude authorisation of an individual to deploy to locations where an identified non-debilitating medical or physical condition is not a limiting factor.

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(3) Similarly, the military HQ Medical Advisor is the authority which determines whether or not a condition should be considered sufficiently severe to excuse participation in a specific deployment, or a permanent disqualification from future deployments. The military HQ Medical Advisor will have the final say about deployments, taking into account the medical evaluation, third party medical reports, the operational need, the JD and the environmental health situation.

3-7 Sustainment.

- a. In cases where specific civilian expertise is needed, a subordinate command may be requested to fill a particular CE or CJSOR line item requirement (for a normal tour length) and to continue to do so, the HQ needs to take any necessary steps to sustain the commitment without jeopardizing the PE mission.
- b. Sending commands will ensure that NATO civilian personnel meet all qualifications for the duties to be performed at the deployment location (i.e. PE or CE Job Description (JD)).

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CHAPTER 4 MISCELLANEOUS

4-1 Legal Status, Privileges and Immunities.

- a. The legal status of a non-combatant applies to all civilians working in support of a NATO operation in the AOO, as described in the relevant OPLAN.
- b. NATO civilians accompanying the force will enjoy privileges and immunities as are accorded under the agreement negotiated between NATO and the national government in the host country; for example, a Status of Forces Agreement. The NATO civilian earmarked for deployment will receive a NATO-wide ID card⁶ (to be carried at all times), but in any case NATO civilians scheduled for deployment will receive a theatre ID⁷ card produced by the CRO HQs, which must also be carried at all times.

4-2 Working Hours/Time Sheets/Holidays.

- a. **Working Hours.** The Tactical Commander in Theatre specifies the working hours in the SOP. Working hours are usually established at 12 hours per day. Specific working hours are determined based on operational needs.
- b. For NATO civilians, the time sheet procedure will apply as determined by the sending HQ/Agency.
- c. **Official Holidays.** The deployed NATO civilian will be entitled to one day's compensation in lieu for each official holiday at his sending HQ/Agency during which he had to work at the deployment location.
- d. **Compensatory Time Off (CTO).** For NATO civilians, CTO will be accrued at 2 days per week when NATO civilians work in excess of 56 hours per week and at 1 day per week when working between 40 and 56 hrs per week. CTO will not be taken in the AOO, but used after return to the sending HQ/Agency or when having a (holiday) break in the deployment period.
- e. **Overtime (OT).** OT provisions will apply as set out in Reference A.

4-3 Hazardous and Austere Conditions.

- a. The Tactical Commander in Theatre will issue a document/certificate (Appendix 8 to Annex E) describing the conditions in which deployed NATO civilian personnel are working and dwelling, i.e. hazardous, austere or normal

⁶ Under development.

⁷ The reverse of the card will read " This person is authorized by the North Atlantic Council, on behalf of the member states of NATO, to accompany the armed forces".

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as described in Reference B.

b. This certification will be used to determine the basis for eligibility for the various compensatory allowances described in Appendix 1 to Annex 1 of Reference A. Unless exceptional circumstances apply, all NATO personnel in the same location, regardless of sending organisation, should be entitled to identical levels of hazard or austerity allowances. The assessment and corresponding entitlements, however, may vary according to location within the theatre, and assessed risks at specified locations.

4-4 Compensation and Salaries.

a. **Salary and Allowances.** All salaries payable to NATO civilians under Reference A are authorised for payment subject to any further implementing provisions provided herein. The salary and allowances earned during the deployment will continue to be paid by the sending HQ/Agency. Mission-related allowances will also be paid by the sending HQ/Agency based on input provided by the theatre J1 and J8. Mission-related allowances and reimbursements will be funded through the operation/mission budget.

b. **Subsistence Allowances.** The Tactical Commander is authorised to determine whether or not mandatory accommodation and subsistence arrangements for NATO civilians should be imposed. When deployed personnel occupy commercial accommodation, the normal NCPR rules regarding subsistence allowances shall apply. When deployed under field conditions, where deployed personnel occupy NATO-owned or administered facilities, deployed personnel shall normally be granted accommodation in kind at no charge, which will significantly reduce the need for an accommodation portion of the allowance to be paid or later claimed. NATO civilians taking meals in NATO-owned or administered facilities are to be charged for meals provided, either by cash collection or by direct offset from payment of salaries.

4-5 **Repatriation.** In the first instance, Tactical Commanders are responsible for arranging repatriation of medically incapacitated NATO civilians assigned to their organisations. In the exceptional case where the theatre HQ is unable to make arrangements for repatriation, then paragraph 4-6 c. shall apply. For family emergencies please refer to Annex E.

4-6 Insurance Applicable to NATO civilians.

a. **Life Insurance.** NATO civilians occupying mandatory deployment posts have to provide their CPO with a certificate from their insurance company stating what kind of coverage they are entitled to once deployed. During the deployment/TDY period, provisions under Reference E remain applicable.

b. **Personal Insurance.** It is possible, due to an assignment to a high-risk zone, that pre-existing personal life or other insurance policies are

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invalidated. NATO civilians are advised to contact their insurers prior to departure. Based on the certificate provided, the Commander/Head of the sending HQ/Agency should, on a case-by-case basis, take the necessary steps so that the organization takes over the full risk for the amount as laid down in the insurance document. Confirmation of taking over the risk should be arranged prior to the deployment, confirmed by the sending HQ/Agency/COM's formal written acknowledgement and acceptance. Such risks will be undertaken by HQs on the basis of "self-insurance", by the HQ agreeing to pay the benefits that would have otherwise been payable (in part or in whole) in case of casualty. Individuals remain fully responsible for paying any routine insurance premiums that would have been due under normal circumstances.

c. For the event when repatriation requires special medical treatment and/or monitoring, commands and agencies should make prior arrangements with Vanbreda to assure the availability of commercial alternatives, with the costs covered by repatriation insurance. All deploying NATO civilians must be in possession of the Vanbreda insurance card and of its contact number. Coverage for repatriation for NATO civilians employed by ACO is provided under Vanbreda insurance contract 2.602.508. Every deployed NATO civilian needs to mention his/her NATO body whenever he/she contacts Vanbreda. The Theatre CPO will take any necessary action to ensure repatriation of the incapacitated NATO civilian and will inform the operational and the sending HQ/Agency CPOs about the situation.

4-7 Protection of NATO civilians.

a. The Tactical Commander shall grant or deny permission for NATO civilians to be assigned into his AOO, based on an assessment of the security situation at the deployment location. The Tactical Commander is also responsible for a continuous assessment of the security situation and, when dictated by the risk in theatre/at the deployment location, for the evacuation of NATO civilians as soon as the situation allows.

b. NATO civilians are required to comply with any force protection measures established for the deployment and are subject to the provisions of Reference F and any other relevant directives.

c. Consistent with their civilian status, NATO civilians will not be armed. Where movement outside of secure compounds is required, the Tactical Commander will ensure the necessary level of force protection is provided based on the assessed threat status.

4-8 Accountability of NATO civilians.

a. Upon arrival in theatre, all NATO civilians will report to the theatre CPO who is responsible for maintaining a database of civilian personnel in theatre.

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- b. Therefore, the theatre CPO will keep an up to date record of all civilian personnel working in theatre/at the deployment location. This will include a list of civilian visitors and of civilian casualties broken down into injuries and deaths.
- c. Immediately before leaving theatre, NATO civilian personnel will inform the theatre CPO about their status i.e. leave, rest and recuperation (R&R), TDY or End of Tour (EOT).
- d. In cases where a CPO is not in place at the location of the CRO HQ, reach-back capabilities will be used to the operational command.

4-9 Return from Deployment.

- a. The sending HQ's CPO ensures that all actions are taken on return of NATO civilians by using the same checklist as for going out (see Appendix 3 to Annex E) and NATO Agencies should apply similar procedures.
- b. A NATO civilian will have to adhere to the measures as outlined in paragraph 7.b. of Annex C for returning equipment. NAEW&C FC will establish separate provisions for its NATO civilians personnel.
- c. A reminder from the sending HQ's CPO will also be sent to the NATO civilians to return to the HQ medical consultant for a tuberculosis test, if deployment has been for a period of more than 12 weeks.
- d. On return from deployment of more than 30 days, all NATO civilian personnel will undergo a post-deployment medical check by the HQ medical consultant (see also Annex B) who, on a case by case basis, shall also investigate if a counselling session is required.
- e. The NATO civilian will need to file a travel claim and send it for settlement to the appropriate office at the sending HQ/Agency.
- f. All CTO or special leave accrued while on deployment will need to be reported to the personnel division/office of the sending HQ/Agency. It is urged that NATO civilians, upon return to their unit, should take a minimum of **one** week of leave, which will benefit them, their family and their unit. The decision to take leave vice CTO shall be at the election of the returning staff member. Due to current NCPR restrictions on payment for accrued leave, deploying NATO civilians have the option of taking CTO, or being financially compensated in lieu of CTO not taken within 90 days after return from theatre. Provisions for liquidation of CTO and/or leave will be reviewed in light of ongoing operations and future changes to relevant elements of Reference D. Any payments for unused CTO are to be funded by the budget supporting the mission/operation under which the deployment took place.

DEFINITIONS

1. **Civilianisation of Crisis Establishment (CE) post.** The method of hiring civilian personnel to fill CE posts that neither the NATO Command Structure (NCS) nor nations¹ can man. This concerns **one** civilian replacing **one** military.
2. **Consultant.** Personnel employed by a NATO body in accordance with Chapter XVI of Reference D, but not filling a CE or PE post to perform a particular task for a fixed duration.
3. **Contracted Personnel.** Personnel hired by a company/firm to perform a function or a particular task for a fixed duration.
4. **Contractor Personnel.** The totality of personnel working for companies/firms (see Outsourcing), which are hired by any CRO HQ or NATO body to perform a function (messing, maintenance of computers, etc).
5. **Deployment.** In this directive, the word deployment refers solely to any participation in NAC approved out-of-area operations and missions. For the purposes of this directive it excludes travel on duty, which is not in direct support of a Council approved mission.
6. **International Civilian Consultant (ICC).** Civilian personnel selected among the international civilian market to perform a CE task in lieu of military personnel (example: ADP coordinator), who are hired by the CRO Civilian Personnel Officer (CPO). Any ICC is allowed to access NATO secure communication systems up to his/her valid security clearance.
7. **Local Civilian Hire (LCH).** Civilian personnel selected among the local market to perform CE tasks in lieu of military personnel (example: interpreters, drivers) and are hired by the CRO Civilian Personnel Officer (CPO).
8. **Operational Commander.** In this document, the Operational Commander refers to the Commander/Director of the sending HQ/Agency. This is in line with the wording used in the various OPLANs.
9. **Outsourcing.** Way of allowing a Contractor to provide a service so as to take over a complete function previously held by military (example: messing). Personnel working for contractors do not appear on the CRO CE.
10. **Tactical Commander.** In this document, the Tactical Commander refers to the Commander of any CRO HQ or the deployed NRF depending of the type of operation. This is in line with the wording used in the various OPLANs. Where very few or even no troops are deployed (e.g. NATO HQ Sarajevo, Skopje or Tirana), the Tactical Commander is known as the Senior Military Representative (SMR).

¹ By nations we refer to NATO and Non-NATO Nations.

**NATO HQ MEDICAL CONSULTANT'S MANUAL
FOR EMPLOYING CIVILIANS IN STANDARD THEATRES**

In view of the confidentiality of the information, all documents entailing medical information will be classified as "Medical-in-Confidence" and treated accordingly.

1. **Scope.** This manual establishes administrative procedures and lists medical standards for NATO civilian personnel deployed to operations. This manual is established to promote the procurement and retention of NATO civilian personnel who are physically/psychologically adaptable to the conditions of performing their various duties in operations. It is intended that the standards listed preclude from deployment those who possess medical defects that will interfere with their duty performance and, therefore, endanger their mission accomplishment and burden the medical facilities in the AOO.

2. **Standard Medical Examination.** A standard medical examination is conducted in accordance with recognized international standards. When appropriate, supplementary reports are generated to support or clarify findings or conclusions on the basic forms. Each examination is accomplished by the HQ medical consultant of the respective unit.

a. **Content of the Medical Examination.**

(1) A standard medical examination is accomplished to satisfy a number of requirements so that the HQ medical consultant can take the final decision about the qualification of the nominee. Ergo, the examination needs to be thorough enough in its performance and notations so as to resolve all reasonable doubt about any discovered defect. In case the final sanction of qualification is not made by the examining physician, the thoroughness of the examination should provide the decision making medical consultant with enough material as to make an adequate decision.

(2) Abnormal findings during an examination are often the only starting points in the evaluation. Appendix 1 will be helpful in suggesting additional studies that should be done to clarify common borderline or abnormal findings.

(3) Initial medical examiners have the responsibility for making sure that the evaluations of all examinees are complete and accurate.

(4) When indicated, specialty consultations are to be obtained. Failure to accomplish quality examinations can be costly to the public and may impose hardship on the examinee.

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b. **Frequency.** A complete medical examination is required within six months before assignment to the deployable post. Except as noted below, after initial assignment, a complete examination is required annually. Those personnel who fail to schedule their examination to meet the deadline set above will be unfit to deploy; failure to schedule and report for a medical examination may be grounds for disciplinary action in appropriate cases. They may return to deployable status only after the medical examination is successfully completed and cleared by the respective HQ medical consultant. Extraordinary medical examinations are required:

- (1) When an NATO civilian is ordered to participate in long term duty of deployment.
- (2) In case the member's health has undergone significant change to warrant re-examination.
- (3) On return from deployment of more than 30 days.

c. **Records.** Completed examination forms will be retained at the HQ medical consultant's office.

d. **Handling Disqualifying Defects Found on Examination.** Upon completion of the examination, the examining physician will completely describe and identify any disqualifying defects and will provide the Head of the NATO body, through the CPO, with an assessment on the case i.e. *deployable, non-deployable or temporarily non-deployable*.

3. **General Information.**

a. The medical conditions listed in this manual are potential causes to reject an examinee for deployment. Some of the qualifying terms in delineating causes for rejection, such as mild, moderate and severe or small, medium and large cannot be stated in more precise language and rely heavily on the judgment and description of the examining physician. Only the HQ medical consultant, in conjunction with his military counterpart, can balance the *environmental conditions* of a specific deployment, the individual's deployment-related duties, and the results of an examination to determine whether an individual should be allowed to deploy. For this reason, this list of medical standards is only considered as a guide for the examining physician, as well as for reviewing authorities.

b. The aim of the medical check is also:

- (1) To check if a NATO civilian can perform his/her future job in an austere environment.
- (2) To avoid possible medical evacuation with direct consequences:

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need to find a replacement, costs, overload of medical evacuation (MEDEVAC) assets, etc.

(3) To protect NATO and its personnel against future possible claims.

(4) To check that a NATO civilian sent to an AOO is not hampering deployed medical treatment facilities.

MEDICAL HISTORY

4. **General.** During critical evaluation of the medical history, attention will be directed to any evidence of physical defects, which might jeopardize the health of the examinee or endanger mission accomplishment. Evidence of this nature may result in suspension of the examinee's deployment status, even though the physical defect is not listed in this manual. The HQ medical consultant will not accept external medical statements on individuals' deployability without thorough medical reports and substantial data.

5. **Causes for Rejection.** A history of:

- a. Acute or chronic rheumatoid arthritis.
- b. Paroxysmal atrial flutter or fibrillation.
- c. Coronary artery disease or any vessel disease with haemodynamic narrowing of a blood vessel.
- d. Chronic frequently recurrent gastritis or ulcers of the intestinal tract with prolonged history.
- e. Serious chronic infectious diseases (HIV disqualifies permanently).
- f. Any surgery with radical or simple resection of an organ (disqualifying for a minimum of six months from the date of surgery). Exceptions: appendectomy, surgical correction of an inguinal or umbilical hernia with asymptomatic scar, cholecystectomy without complications when pararectal or transrectal incision is performed.
- g. Verified calculi in kidneys and/or ureters.
- h. Other infections and parasitic diseases such as: leprosy, actinomycosis, filariae, trypanosoma, pathogenic amoebae, schistosomae, and other intestinal parasitic infestations which are more than mild and not readily amenable to therapy, or in which permanent pathologic changes have been established.

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- i. More than mild psychiatric disorder or evidence of central nervous system dysfunction to include recent episode of seizures of any type, syncopal attacks, narcolepsy or epileptic equivalents.
- j. Serious defect of the endocrine system.
- k. Abuse of drugs or alcohol.
- l. Cancer (disqualifying for a minimum 1 year from the date, when complete recovery was proved). Anybody volunteering to go earlier should be cleared by the HQ medical consultant.

PHYSICAL EXAMINATION

The examinee must have a physical aptitude to efficiently fulfil the various functions associated with deployment.

6. **Builds and Weight Measurements.** The body weight should generally be normal. The Body Mass Index (BMI) = body weight/squared body height (in m²) has to be measured.

- a. A BMI of greater than 25 is defined as overweight and a BMI greater than 30 is defined as overweight that needs to be treated, in case the overweight is mainly based on body fat.
- b. Causes for rejection. A BMI of greater than 31 disqualifies as long as it is combined with an insufficient cardio corporal capability (PWC less than 2,4 W/kg) or combined with other risk factors of a higher degree concerning the metabolism or circulatory system.

7. **Head and Neck, Extremities.** Causes for rejection: Malfunctions and deformities, which impair the wearing of CBRN equipment.

8. **Spinal Column.** Causes for rejection:

- a. Scoliosis and other development disturbances that become more than slightly symptomatic or impair mobility.
- b. Degenerative symptomatic changes such as severe osteochondrosis, spondylosis deformans, spondylarthrosis, and disk prolapse with neurological symptoms.
- c. Vertebral tumours.
- d. Manifest arthritis of the big joints with relevant reduction of range of motion and reduced load-bearing capacity.

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- e. Chronic inflammatory processes and tumours of the tubular bones and extremity joints.
- f. Chronic therapy resistant spine problems and reduced load-bearing capacity of the spine, including insufficient treatment of disk prolapse.
- g. Osteosynthesis with artificial material requires a waiver.
- h. Malformations or major deformities as a sequel of injuries in the thoracic region or shoulder girdle, impairing functional capacity.

9. **Heart and Circulatory System.** The heart and circulatory system must be organically able to cope with the physiological stresses of deployment, or be within acceptable tolerances with reference to the patient's age. Causes for rejection:

- a. Bradycardia of 45/min or less if the patient is symptomatic (i.e. dizziness).
- b. Tachycardia of 100/min or more, if supported by multiple examinations in the supine position and if examination indicates the presence of organic heart disease.
- c. Paroxysmal tachycardia, paroxysmal atrial flutter or fibrillation.
- d. Hypertension or hypertensive regulatory disorders. Hypertension must be assumed, when during multiple resting measurements, a mean systolic pressure (corrected) of more than 150 mm Hg or mean diastolic pressure (corrected) of more than 90 mm Hg is registered. For examinees over 35 years of age, an average value (corrected) of 155 mm Hg systolic pressure is acceptable as an upper limit if stress tolerance is adequate. If so, a 24-hour blood pressure registration is mandatory to prove the hypertensive state and further examinations to distinguish between primary and secondary arterial hypertension have to be made. A moderate exertional hypertension can be tolerated if there are no other risk factors causing a disease of the circulatory system.
- e. Severe vegetative liability associated with recurring syncope or vertigo.
- f. Any moderate or bigger congenital or acquired impairments to cardiac function.
- g. Acute cardiac diseases.
- h. Cardiac disorders due to skeletal disorders.
- i. Coronary arterial insufficiency.
- j. All electrocardiography tracings read as seriously pathological.

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- k. Significant vascular abnormalities such as stenosis, aneurysms or arteriovenous fistulae.
- l. More than mild vascular diseases such as Raynaud's Disease, endangitis obliterans or arteriosclerosis.
- m. Varicose veins and haemorrhoids of a severe degree.

10. **Respiratory System.** In principle, a respiratory function of the pulmonary system, which is fully sufficient, even under physical exertion, is a basic requirement. Causes for rejection:

- a. Infarct of the lung.
- b. Asthma demanding intensive medicament treatment.
- c. After large-scale resection of lung tissue.
- d. α 1-antitrypsin deficiency syndrome.
- e. Healed exudative pleurisy with impairment of pulmonary function.
- f. Sarcoidosis of the lungs, except healed Stage I without sequelae verified by X-ray.
- g. Sequel of lung diseases with significant impairment of pulmonary function.
- h. Pneumothorax until the patient is cleared by a pulmonologist.
- i. Symptomatic bronchiectasis.
- j. Pulmonary tuberculosis, unless there is clinical and X-ray evidence that the process has been inactive for a minimum of three years and that there is no significant impairment of respiratory functions. Negative results of bacteria culture and PCR are mandatory.
- k. Tumours of the lung, mediastinum or thoracic wall.
- l. Intrathoracic foreign bodies.

11. **Abdomen and Gastrointestinal System.** The function of the gastrointestinal tract must be normal. Causes for rejection:

- a. Significant diverticula and stenoses of the intestinal tract (not diverticulosis).

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- b. Inflammations and ulcerous alteration of the intestinal tract.
- c. Chronic or frequently recurring functional disorders of the gastrointestinal system with significant impairment of functional capacity and well-being.
- d. Hepatitis and its sequel (acute or chronically active).
- e. Serious chronic diseases of the gastrointestinal system and spleen.
- f. Hernia of any type until scar has adequate stress resistance after successful surgical repair.
- g. Weakness of muscles of abdominal wall or scars with insufficient resistance, which interfere with function or cannot bear sufficient strain.
- h. Tumour of any part of the gastrointestinal system.

12. **Genitourinary System.** The examinee must not show any symptoms of serious organic disease of the kidneys, of the renal collecting system, or of the genitals. There should be no pathologic constituents in the urine. Causes for rejection:

- a. Nephritis, except when recovery is dating back at least one year.
- b. Pyelonephritis until the antibiotic treatment is completed and the urine tests are normal.
- c. Polycystic kidney (exception: *solitaire kidney cyst without reduction of kidney function*), hydronephrosis, pyonephrosis and tumours of the kidney.
- d. Nephrectomy.
- e. Malignant tumours of the bladder.
- f. Strictures of the urethra that cause significant problems during urination.
- g. Abnormalities of the genitourinary system as long as they impair the function and/or may cause recurring diseases.
- h. Obstruction of and concretions in the collecting system of the kidney, including vesicular calculus. History of unilateral renal calculus or a single attack of renal or ureteral colic is acceptable if the following conditions are met:

- (1) The calculus has passed and X-ray shows no evidence of concretion in the collecting system of the kidney, ureter or bladder.

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- (2) Renal function is normal.
- (3) Parathyroid adenoma or other metabolic disorder has been excluded.
- (4) Urine test shows no abnormalities especially bacterial organisms.
- i. Chronic cystitis.
- j. Symptomatic moderate to severe chronic prostatitis and serious hypertrophy of the prostate gland.
- k. Chronic orchitis, epididymitis tuberculosa, tumours of the testicles or epididymis.
- l. Hydrocele or varicocele of a severe degree.
- m. Testicle implants or prothetical replacement of the penis until all surgery has healed.
- n. Any venereal disease until recovery is complete.

13. **Pelvic.** Causes for rejection:

- a. Pregnancy and eight weeks after delivery or 12 weeks after twin birth or Section Caesarea.
- b. Endocervicitis, cervical polyps, ulcers or erosions if more than mild or symptomatic.
- c. Bartholinitis or symptomatic Bartholin cyst.
- d. Moderate to severe acute or chronic vaginitis manifest by leukorrhea.
- e. Salpingitis, Oophoritis, acute or chronic.
- f. Tuberculosis of the pelvic organs.
- g. Dysmenorrhea, if incapacitating to a degree that necessitates recurrent absences of more than a few hours from routine duty.
- h. Gross irregularity of the menstrual cycle, menorrhagia, metrorrhagia, polymenorrhea or non-physiological amenorrhea.
- i. Symptomatic endometriosis.
- j. Malposition of the uterus, if more than mildly symptomatic.

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- k. Pap smears grade Class 3 or higher.
- 14. **Endocrine System.** Causes for rejection:
 - a. Diabetes Mellitus. Insulin Dependent Diabetes Mellitus (IDDM) *disqualifies permanently*. Non-insulin Dependent Diabetes Mellitus (NIDDM) is acceptable as long as the levels are under good control.
 - b. Hyperthyreodism and hypothyreodism. (*Demand of well regulated treatment for one year.*) Thyroid adonomas.
 - c. All other endocrine disorders impairing function and performance capability (e.g. adrenal, gonadal, pituitary dysfunctions).
- 15. **Lipometabolism and Uric Acid Metabolism.** Causes for rejection:
 - a. Hyperlipoproteinemia with critical prognoses and combined with other risk factors.
 - b. Hyperuricemia (*constantly > 9 mg/dl*) also asymptomatic.
 - c. Gout.
- 16. **Blood and Blood Forming Tissue.** The examinee must have a quantitatively and qualitatively normal haemogram. Causes for rejection:
 - a. Acute or chronic diseases of the lymphopoietic, myelopoietic or erythropoietic systems (e.g. haemoblastosis, agranulocytosis, lymphogranulomatosis).
 - b. All forms of haemophilia.
 - c. All forms of acquired and hereditary haemolytic anaemia.
 - d. Asymptomatic sickle cell anaemia.
 - e. Thrombosis/thrombosis emboli.
 - f. In case of uncomplicated calf-thrombosis, individuals are not to be deployed for three months due to necessary anti-coagulation therapy. When complicated thrombosis or pulmonary embolism is diagnosed, the period is at least six months and examination of the coagulation system in a special lab is mandatory.
 - g. All more than mild forms of the coagulation system diseases.

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17. **Skin.** Skin diseases should be evaluated individually to a maximum extent. Rejection should occur only when the anomaly or prevailing skin disease will impair physical performance or render the wearing of CBRN equipment impossible. Attention has to be directed to the fact that persons disposed to skin diseases frequently have a low overall distress tolerance and that certain skin disorders are exacerbated by the peculiarities of deployment such as dust, sweat, contact with chemicals, fuels, etc. Causes for rejection:

- a. Contagious, or other severely itching skin diseases to the extent that they are not amenable to therapy.
- b. As long as the problem can impair duty performance, any skin diseases that tend to recur frequently or with involvement of other organ systems (e.g. severe forms of acne, extensive furunculosis, eczema, recurrent urticaria, severe ichthyosis).

18. **Nervous System and Psyche.** Causes for rejection:

- a. Relevant injuries, operations or poisonings that negatively affect the central, peripheral or autonomic nervous system.
- b. Significant pathological changes or disorders of the central, peripheral or autonomic nervous system.
- c. Seizures.
- d. Infectious parasitic and immunological diseases of the central nervous system (i.e. Encephalomyelitis disseminata, AIDS, prion-diseases).
- e. Neuromuscular diseases.
- f. Serious psychiatric disorders.
- g. Cognitive impairment, addiction, drug abuse, reduced impulse control and suicidal.

In case of addiction or drug abuse, individuals must be "clean" for at least six months prior to returning to normal deployment status.

19. **Eyes.** Causes for rejection:

- a. Refraction of more than plus or minus 6.00 diopters in any meridian (for flying personnel, the Flight Surgeons Manual's regulations will apply i.e. plus or minus 5.00 dioptries in any meridian).
- b. Astigmatism of more than 3.0 dioptries of cylinder.
- c. Anisometropia greater than 4.0 dioptries.

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- d. Uncorrected impaired vision of less than 80 %.
- e. Field of Vision. Peripheral constrictions up to 25 degrees in any meridian are acceptable when due to anatomic constrictions of the orbits or lids.
- f. **Eye Diseases.** Causes for rejection are any acute, chronic or progressive pathological changes of the eyes or adnexa that may impair the examinee's duty activities.
 - (1) Acute keratitis.
 - (2) Iritis.
 - (3) Cataract to a serious degree.
 - (4) Dislocation of the lense.
 - (5) Acute or chronic cyclitis.
 - (6) Infection of the retina or choroids.
 - (7) Detachment of the retina.
 - (8) Oedema of optic disk (papilledema).
 - (9) Neuritis of the optic nerve.
 - (10) Tumours of the eyeball or orbita.

20. **Ear, Nose and Throat.** Serious acute, chronic or progressive pathologic changes of the ear, nose or throat are causes for rejection. Allergic conditions are acceptable when in the opinion of the examiners they pose no threat to individual safety. Causes for rejection:

- a. Chronic infection or inflammation of the auricle or outer ear canal, more than mildly symptomatic.
- b. Acute otitis media or perforation of the eardrum.
- c. Chronic otitis media.
- d. Significant hearing loss.
- e. Acute sinusitis until complete recovery.
- f. Chronic sinusitis.

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g. Cancer.

21. **Dental Status, Mouth and Maxillary Region.** Preferably the status of dentition should be teeth in complete rows. Causes for rejection:

- a. Untreated dental caries.
- b. Broken tooth/teeth and roots.
- c. Infections of roots without root canal treatment.
- d. Periodontal problems with pockets deeper than 6 mm and infection inside the pockets.
- e. Jaw fracture within last 3 months.

APPENDICES:

- 1. Special Evaluation Requirements
- 2. Periodic Medical Examination and Scope
- 3. Vaccinations of Civilian Personnel

SPECIAL EVALUATION REQUIREMENTS

This appendix establishes guidelines pertaining to the additional medical information required in connection with the physical examination of applicants for entry into deployment status. Medical history ought to be complete and to contain adequate evaluation of each defect noted prior to submission of the reports to the appropriate reviewing authority. The following conditions, defects, and items of personal history require thorough evaluation as indicated. The additional information, indicated for each item, is considered to be the minimum essential required for initial evaluation.

1. **Allergic Disorders.** Be cautious of self-diagnosis. Record all historical details, such as age of onset, season and geographical variation, severity, frequency and duration, medication used, efficiency of treatment and date of last occurrence. If the symptoms are severe and cannot be coped with by using medication, a complete allergy test has to be performed by an allergologist.
2. **Backache, Severe or Incapacitating.** Current orthopaedic consultation that reports strength, stability, mobility and functional capacity of the back. Report on appropriate X-rays or Magnetic Resonance Imaging (MRI).
3. **Elevated Blood Pressure.** Evaluation of Hypertensive Patients. To assist clinical specialty consultants or referral hospitals in their evaluation of the referred hypertensive patient, to reduce cost and minimize patient inconvenience, the following procedures are to be followed:
 - a. Ensure that the patient actually is hypertensive. Obtain a minimum of ten supine arm pressures in a five-day period – a.m. and p.m. or at 24-hour blood pressure registration.
 - b. If not clinically contraindicated, blood pressure determinations should be made while patients are in ambulatory status. Ordinarily, a majority of diastolic pressures over 95 mm Hg are required to substantiate the diagnosis of significant hypertension. This will vary with the judgment of the physician in an individual case, with consideration of the presence of secondary organ changes, sudden onset at a relatively youthful age and other pertinent factors.
4. **Coronary Artery Disease.** In case of significant coronary artery disease and treatment with an implantable stent, the non-deployment period must be at least 6 months after treatment before the patient is deployable. After 6 months a non – invasive cardiological examination must show a good cardiac function.
5. **Gastrointestinal Haemorrhage.** When a gastrointestinal haemorrhage is suspected or confirmed, the individual is not deployable until an endoscopic examination excludes any serious irregularity.

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6. **Headaches, Frequent or Severe.** Neurological consultation and other evaluation may be indicated.
7. **Haematuria.** Medical consultation with the evaluation report, including appropriate laboratory studies to include Addis count. Urological/nephrological consultation, including endoscopic examination of the bladder, is necessary if haematuria (also micro haematuria) is persistent.
8. **Hepatitis.** If there is a clinical sign of hepatitis or a pathological lab report, antibody testing must be performed (hepatotropic organisms and auto antibodies). Consultation with specialist for internal medicine.
9. **Intra-ocular Tension.** Routine determination of intra-ocular tension by tonometry is performed only on those individuals age 45 and over. Tonometry is also performed when the medical family history or physical examination is suggestive of abnormal intraocular pressure. Refer examinees with the following tensions to a qualified ophthalmologist for consultation:
 - a. Two or more current determinations of 22 mm Hg or higher.
 - b. One or more determinations of 25 mm Hg or higher.
 - c. A difference of more than 4 mm between right and left eyes.
10. **Jaundice.** Complete examination of liver and pancreas including ultrasound, lab tests and scopes if necessary.
11. **Joint, Knee, Internal Disorder.** Current orthopaedic consultation and report on strength, stability, mobility and functional capacity of the knee. Report of appropriate X-rays/MRIs, together with comparative measurements of the thighs, knees and lower legs.
12. **Joint, Shoulder, History of Dislocation.** Current orthopaedic consultation and report on strength, stability, mobility and functional capacity of the shoulder. Report of appropriate X-rays/MRIs.
13. **Pneumothorax.** Recurrent pneumothorax disqualifies permanently from deployment.
14. **Sinusitis.** Be cautious of self-imposed diagnosis. Diagnostic criteria includes presence of purulent nasal discharge, hyperplastic changes in the nasal mucosa, nasal polyps, X-ray (CT) evidence of thickened or polypoid mucosa or an opaque sinus. Small or absent frontal sinuses are not disqualifying. Current ear, nose and throat (ENT) consultation.
15. **Strabismus.** Ophthalmologic consultation to determine degree of strabismus and presence of complete and continuous third degree binocular fusion.

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16. **Syncope.** Some cases of simple vasovagal syncope (fainting) are acceptable. A history of syncope will be described by the examining physician and will include a detailed account of each episode (age, body position and symptoms prior to fainting, time of unconsciousness and post-unconscious mental state), contributing factors (inadequate nutrition, viral illness, anaemia, etc) or associated stresses (severe pain, fear, surprise, exhaustion, etc). Additional evaluations or consultations may be indicated. This information will be forwarded as a part of the physical examination to the appropriate reviewing authority.

PERIODIC MEDICAL EXAMINATION AND SCOPE

Category	Frequency		Examinations
Mandatory deployable	1. Initial check		Full medical check as prescribed in the contract.
	2. Annually		Full check up including: Baseline ECG on record. Tonometry; Rectal examination; Simple eye test and Chest X-ray. Gynaecological examinations (women).
Potentially deployable	1. Initial check		Full medical check as prescribed in the contract ¹ .
	2. Biennially		Full check up including: Baseline ECG on record. Tonometry; Rectal examination; Simple eye test and Chest X-ray. Gynaecological examinations (women).
	3. When required to deploy on short notice		See mandatory deployable: Full medical check as prescribed in the contract.

NOTES:

- All personnel 40 years of age and over will have a faeces examination for occult blood and a rectal examination.
- Male personnel will have an examination of the prostate gland and testicles.
- Female personnel are required to have an annual limited scope examination consisting of breast and pelvic examination and Papanicolaou smear.
- Chest X-ray: Only if there are clinical signs or symptoms of lung disease, but can be carried out voluntarily.

¹ NATO Group Insurance Contract

VACCINATIONS OF CIVILIAN PERSONNEL

1. Reference C is the basic NATO policy document with regard to vaccinations. Therefore, ACO bodies and NATO Agencies are to ensure that all NATO civilian personnel are vaccinated in accordance with standard vaccines (mentioned in paragraph 5.a. below) and have them recorded in an international certificate of vaccination card (international yellow booklet), which must be taken on deployment.
2. It is understood that, depending on the region to which a NATO civilian will deploy, specific vaccines as defined in the OPLAN will have to be dispensed.
3. Sending HQs/Agencies must take any necessary actions to commence vaccination of their deployable personnel, starting with the ones on 5 days notice to move (NTM).
4. The paragraph below summarises the basic vaccines that any NATO civilian must receive in order to deploy either on NRF operations, exercises or to a CRO HQ.
5. **Type of Vaccines.**
 - a. **Standard Vaccines.** NATO forces, including NATO civilians, are to have adequate immunity against the following diseases (immunity can result from vaccinations given in national childhood immunisation programmes and/or military vaccination programmes, or from previous illness from these diseases):
 - (1) Diphtheria.
 - (2) Measles.
 - (3) Mumps.
 - (4) Pertusis.
 - (5) Polio.
 - (6) Rubella.
 - (7) Tetanus.
 - b. **Conditional Vaccines.** NATO forces, including NATO civilians, when operational and travel parameters are such that they may be exposed to the following diseases, are to be adequately immunised prior to exposure to the diseases:

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- (1) Hepatitis A.
- (2) Hepatitis B.
- (3) Influenza.
- (4) Japanese Encephalitis.
- (5) Meningococcal Meningitis.
- (6) Rabies.
- (7) Typhoid fever.
- (8) Yellow fever

c. Operational Commands, other NATO bodies and Agencies are not limited to the above vaccines and may wish to immunise against additional diseases, such as adenovirus, cholera, tick-borne encephalitis, tuberculosis, varicella, etc or to prevent endemic diseases known at the location of deployment.

d. SHAPE J4 MED Branch shall regularly inform SHAPE J1 HRP about any changes to Reference C that could modify the above list of vaccines.

PROTECTIVE EQUIPMENT AND CLOTHING

1. **Introduction.** There is a current and enduring need for the participation of NATO civilians in NATO Council approved operations and missions. For those personnel that deploy on such operations there is a requirement for them to be equipped with, and trained on the use of, suitable protective equipment. Such equipment should be common for all deploying NATO civilians to ensure that all are provided with adequate levels of protection, administration and training.

2. **Equipment Scale.**

a. The scale of equipment to be provided to NATO civilians is at Appendix 1. A specification for CBRN and Ballistic Protection equipment for NATO civilians deployed on operations has been developed by SHAPE J4 and promulgated through the Security and Force Protection IPT. It provides the specification against which procurement activity should take place. It should be noted that in certain cases equipment and clothing of NAEW&C FC NATO civilians may need to deviate from the general specifications when there are specific duties and ground/flight safety considerations that need to be applied.

b. The procurement of a full range of equipment for all NATO civilians is not a cost effective use of common funding, since not all NATO civilians will be required to deploy at the same time. Therefore a balance is to be sought between those NATO civilians that have an increased liability to deploy, and are likely to deploy and have ready access to equipment, whilst those at lesser readiness times can be provided with appropriate equipment within their notice to move time. This difference in deployability liabilities of NATO civilians suggests an equipping policy as follows:

(1) All personnel with a notice to move time of 5 days or less, or have a requirement to frequently visit operational theatres on TDY associated with their normal duties are to be provided with the full range of equipment that they require and are to be routinely trained on the use and care of such equipment.

(2) Those personnel with the standard notice to move liability of 30 days, or are only occasionally required to visit operational theatres on TDY associated with their normal duties, are to be provided with equipment from a pool (either centralised or decentralised dependent on how training is to be undertaken) or from equipment purchased from a pre-arranged provider, within readiness times. The decision on whether to opt for a pool of equipment or purchase as required is dependent on how readily-available such equipment is and the associated lead time for procurement. Pools of equipment will have sufficient range and depth to be able to support the appropriate population of personnel.

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c. Equipment pools are also to be established and maintained for specific purposes such as support to Public Information Operations (PIO) activities and training. The size and depth of such pools of equipment will be dependent on the population size to be supported and how the particular activity is to be managed.

d. Neutral equipment colours, rather than camouflage pattern, have been selected to ensure that NATO civilians are not mistaken as military personnel and targeted as such. Under exceptional circumstances, and should intelligence reports clearly indicate that civilian personnel wearing civilian clothes are intentionally targeted, then the Commander, to overcome this threat, may request NATO civilian personnel to wear any dress that will blend them in with their military colleagues. Under such circumstances, local arrangements will have to be made for the provision of such equipment.

3. Procurement of Equipment.

a. SHAPE J8 (P&C) are to establish and maintain basic ordering agreements (BOAs) for the range of equipment identified in Appendix 1, and defined in the specifications developed by SHAPE J4.

b. Based on the scaling policy above, Operational and Tactical commanders are to provide equipment as an individual scaling or through an appropriately established and managed pool. Equipment must be procured through the BOA established by SHAPE J8 (P&C) to ensure that common equipment is provided to all personnel and ACT designated training facilities.

4. Use of Protective Clothing and Equipment.

a. Individual protective equipment (IPE) is mandatory for wear during the entire period of deployment when dictated by force protection measures/decisions.

b. Upon request by the chain of command NATO civilian personnel will be required to wear IPE during exercises and training.

c. Personal issue protective clothing and equipment is only to be used in connection with an individual's duties (including training) on behalf of NATO, and is not to be utilised for personal purposes.

5. Training.

a. There is a requirement for personnel to be fully familiar with and trained on the use of their specialist equipment, if that equipment is to function correctly and the wearer is able to undertake his/her duties with minimal loss of effectiveness. Effective training will also reduce the amount of equipment which is mishandled and/or broken.

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b. Training on equipment is to be incorporated into and managed as a part of a comprehensive package that covers all aspects of an individual's training requirements prior to deployment into an operational area. This training may be undertaken under centralized or decentralized arrangements, but must be done using a pool of equipment of the same type as that utilised in an operational theatre.

c. Whenever pre-deployment training contains any activity in full CBRN gear other than self-rescuing, a medical examination for wearing breathing protection will be mandatory **before** performing subject activities.

6. **Management of Equipment.** The management of stocks of equipment is to be undertaken in three ways:

a. For individuals that have a high liability for deployment they will be provided with a complete range of protective equipment for which they will be personally responsible. Items that are damaged, gone beyond their shelf life or time-expired, will need to be taken to the supply point from which they were issued for exchange.

b. Pools of equipment will be maintained in one or more peacetime locations to support unanticipated short notice deployments, short-term deployments (less than 30 days) and training. The management of equipment in these pools will be the responsibility of that element of the Command or Agency¹ responsible for equipment matters. Pools of equipment will also be established for endorsed requirements where NATO has a duty of care liability for the protection of civilians that are escorted to operational theatres (e.g. media visits hosted by SHAPE PIO).

c. Operational pools of equipment will be maintained in theatres as directed by the Theatre Commander. These pools will provide appropriate protective equipment to International Civilian Consultant (ICC) and Local Civilian Hire (LCH) personnel for which they are responsible. The scale of equipment provided will be a partial scaling as indicated by the applicability indicator in Appendix 1. The loan will cover the period during which they will work for the CRO HQ and the individual will be responsible for the care of the equipment for the duration of the loan. Whenever the contract is terminated, the loaned equipment is to be returned to the supply point from which it was issued.

7. **Maintenance of Equipment**

a. All equipment is to be properly maintained and managed. Individuals are to be trained on the care of equipment and are to undertake such care when it is within their means. All care and maintenance issues that are

¹ JFC/JCL HQs, NCSA, NAMSA, NAEW&CF, E3A Component

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beyond the scope of the individual are to be managed through the Command or Agency from which the equipment was issued.

b. Equipment that has been loaned to an individual is to be returned in good condition to the supply point from which it was issued, either on a reduction in liability for deployment, or on return from an operational tour. In the case of ICC or LCH, this will be when they cease to work for the CRO HQ. Repair/replacement costs will be requested, either in part or in full, from the individual for each item lost or damaged, unless an acceptable case is made to the contrary. Where necessary, this will need to be in the form of an International Military Police (IMP) report. The provider will then arrange for the refurbishment, if required for reissue, of the equipment, or its disposal.

c. Following the initial procurement of equipment, there will be a requirement for a year on year maintenance buy to replace those items that have become damaged, lost, or, for items gone beyond their shelf life. Such maintenance buys are to be made through the BOA established by SHAPE J8 (P&C).

d. A stock of consumables, particularly filters, NBC medical first aid packs and detection equipment is to be maintained within operational theatres to ensure that items that are consumed as part of an individual's duties can be replaced at no cost to the individual.

e. All equipment will need to be stored correctly, where necessary in a controlled environment, by personnel trained on the maintenance of the equipment (if necessary), and subject to stock rotation. Equipment that has exceeded its storage life should not be considered for issue for operational purposes, but may be used for training.

APPENDIX 1 TO
ANNEX C TO
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DATED 14 MAY 2007

PROTECTIVE EQUIPMENT AND CLOTHING LIST FOR NATO CIVILIANS

CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR PERSONAL PROTECTIVE EQUIPMENT

Product	Colour	Scaling	Remarks
Respirator	Black	1	
Filter	Black	2	
NBC Haversack	Green	1	A haversack with sufficient room to house the respirator fitted with filter, spare filter, personal detection equipment, personal decontamination equipment and NBC first aid equipment.
NBC Clothing	Olive	1	Could be a one piece suit, a jacket and trousers set, or a multi-piece item.
NBC Gloves	Black	1 pair	Gloves should be considered as a pair (left and right or two symmetrical gloves). Gloves should also be interpreted to mean a single glove, a glove set or a glove system depending on the design of the equipment.
NBC Footwear	Black	1 pair	Footwear should be considered as a pair (left and right or two symmetrical items/systems). Footwear should be interpreted to mean a single item, a footwear set or a footwear system depending on the design of the equipment.
Personal Detection equipment	N/A	1 set	Detector Paper or similar capability to detect likely battlefield chemical agents in liquid, vapour or aerosol form.
Personal Decontamination Equipment	N/A	1 set	Gel, pads or similar system for the individual decontamination of clothing and personal equipment.
NBC First Aid Equipment	N/A	1 set	Burn bandage Atropine Auto injector x3 Nerve Agent Pre-treatment (Piryostigmine) (30 mg) x3
NBC - Instructions	N/A	1 set	Set of general NBC instructions relevant to the clothing and equipment being utilised.

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PERSONAL PROTECTION EQUIPMENT

Product	Colour	Scaling	Remarks
Helmet	Black / Blue	1	To meet V50 ballistic standard at 650 m/s.
Body armour	Black / Blue	1	To meet NIJ IIIA standards.
Up-armouring plates	N/A	1 set	To meet NIJ III standards

MISCELLANEOUS EQUIPMENT

Product	Colour	Scaling	Remarks
Shipping container, lockable	Aluminium	1	Suitable for unaccompanied shipment of equipment, and/or secure on-site storage.
Sleeping bag (normal/winter - delete as appropriate)		1	
Cotton sleeping bag liner		2	
Mosquito net		1	

WEATHERPROOF CLOTHING

Product	Colour	Scaling	Remarks
Neckerchief		1	
Waterproof, windproof, breathable jacket		1	
Fleece inlay windproof		1	
Long sleeve shirt		3	
Sweater		1	
Trekking boots		2 pair	
Trekking socks shinbone length		3 pair	
Sun cap		1	

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Product	Colour	Scaling	Remarks
Protective goggles		1	
Heavy duty winter trousers		2	
Woolly hat/cap		1	
Heavy duty summer trousers		2	
Warm underwear T-shirt		2	
Warm underwear long sleeve		2	
Warm underwear trousers		2	
Warm underwear trousers		2	
Gore-Tex gloves		1 pair	
Shoe grease		2 boxes	
Extra shoe laces		2 pairs	

Remark:

Weatherproof clothing for NAEW&CF NATO civilians may deviate from the weatherproof clothing listed above, based on the specific nature of their duties and flight/ground safety considerations.

PRE-DEPLOYMENT TRAINING

1. **General.** All NATO civilian personnel earmarked for deployment into theatre are to complete a Pre-Deployment Training course. Training should include a common part and a mission-related part, in accordance with the training objectives below. The CBRN training must focus specifically on the type of equipment that is issued to the NATO civilian.
2. **Training Objectives of Pre-deployment Training.**
 - a. **CBRN.**
 - Being able to describe the actual CBRN and release other than attack (ROTA) threat and its effect.
 - *Knowing the CBRN alarm signals.*
 - Being able to describe the safety rule.
 - Being able to put on and to remove the CBRN mask.
 - Being able to make the CBRN mask fit.
 - Being able to drink with the CBRN mask in protection position.
 - Being able to put on the protective clothing.
 - Being able to remove contaminated CBRN protective clothing.
 - Being able to describe the wearing methods of the CBRN protective clothing (dress states). Being able to describe the operational content of the CBRN carrier bag.
 - Being able to describe the use of pyridostigmine tablets.
 - Being able to use the auto injector in the correct manner.
 - Being able to describe the use of reactive skin decontaminant lotion.
 - Being able to perform the personal response drill in the event of a chemical attack.
 - Being able to perform personal decontamination following an attack with a chemical weapon.
 - b. **First aid.**
 - Being able to explain the importance of fixed order of action following the ABCD protocol.
 - Being able to treat direct life threatening injuries by using the ABCD protocol.
 - Being able to apply artificial respiration and CPR.
 - Being able to treat several non-direct life threatening injuries.
 - Being able to turn a victim from his back into the stable side posture.
 - Being able to turn a victim from his stomach to his back.
 - Being able to use emergency removal using the Rautek grip.
 - Being able to apply the Heimlich manoeuvre.

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- c. **Hygiene and preventive health care.**
 - Personal measures against infectious diseases.
 - Personal hygiene.
 - Personal resistance and immunity.
 - Cold injuries.
 - Heat injuries (with more emphasis on it if required).
- d. **Security Orientation.**
 - Being able to recognize several IEDs.
 - Being able to recognize any directions for ammunition danger.
 - Being able to apply the basic safety rule.
 - Being able to act in an area with ammunition danger.
 - Being able to evacuate from an area with ammunition danger.
 - Being able to act in case of a casualty in an area with ammunition danger.
 - Being able to apply the force protection rules in force in the area of deployment.
- e. **Equipment.**
 - NATO civilian personnel shall be trained on when and how to put their equipment on.
 - Being able to adjust the equipment to his/her shape.
 - Care of equipment.
- f. **Fire Fighting.**
 - NATO civilian personnel shall be instructed on how to fight the *different types of fire*.
 - Real fire fighting shall be practised.

3. Each Pre-Deployment Training course will end with an evaluation of the course in order to assess the success of the training dispensed over the period.

4. In unforeseen circumstances, should a NATO civilian be required to deploy on very short notice and/or for a short period of time, and it is not possible to undertake scheduled initial (refresher) training as applicable, Operational Commands, and Tactical Commands if so required, shall fall back on individual common core skills (ICCS) training that should contain as a minimum:

- (1) Nuclear, biological and chemical self protection training.
- (2) First aid training.
- (3) Fire fighting and Unexploded Ordnances divided in 3 groups: Explosive Ordnance Reconnaissance, Explosive Ordnance Devices and Improvised Explosive Devices.

5. **Refresher course.** Operational Commands for NATO civilians and consultants earmarked for deployment, and Tactical Commands for ICCs and LCHs

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will foresee a 1 to 2 day Refresher Training, which will include first aid, mine awareness and CBRN protection as provided in the initial training above. The goal of the refresher training is to maintain the knowledge and skills required to be able to react professionally in case of a crisis situation. Once the initial training has been followed, refresher training is required every year.

ADMINISTRATIVE PROVISIONS & PROCEDURES

1. **Identification and Other Documents.** NATO civilian personnel must have the following identification documents in their possession during the deployment period:

- Passport (valid for at least 12 months).
- Employing NATO HQ ID card.
- NATO civilian identity card (when implemented).
- Copy of TDY orders.
- If duties demand national driving licence and international driving licence.
- Personal immunization record (vaccination card).
- Copy of NATO security clearance certificate (ACO Form 170) or relevant validation thereof.
- Copy of Personal Administration Form (PAF) (see Joining Instructions).

2. **Identification (ID) Tag/Passports/Theatre ID card.**

- a. The Operational Commander or the Head of the NATO Agency shall provide each NATO civilian with an ID tag bearing his/her relevant personal identification details, blood group and the identity number of the sending HQ/Agency. The ID tag, which will be provided before the start of the deployment, should be worn at all times during the stay in the AOO.
- b. NATO civilians are responsible for ensuring that their passports are valid at the beginning of the deployment for at least 12 months. If this requirement cannot be met because of lengthy passport renewal procedures, the deployment must not extend beyond the validity period of the passport held by the staff member.
- c. Once in theatre, NATO civilians will receive a Theatre ID card for use in the AOO and will comply with the directives laid down in the SOP paragraph covering "The ID Card".

3. **Emergency Situations.**

- a. **Information.** In the event of a family emergency, to be defined as one where the NATO civilian's presence is considered imperative by the sending headquarters and the Tactical Commander, or in case of a requirement for repatriation for medical reasons, a paid return passage to the sending HQ/Agency is permitted if safe repatriation is possible. Special leave will be granted in family emergency cases in line with the existing ACO policies. If the NATO civilian him/herself is seriously ill or otherwise incapacitated and is medically unfit to travel, the sending HQ/Agency will pay for a return passage for his/her spouse or other close relative to visit him/her at the remote location or location of evacuation when such a visit can be arranged considering the operational circumstances (Reference E).

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b. **Support to Families.**

(1) The Operational Commander or the Head of the NATO Agency shall provide support to the families of deploying NATO civilian staff members. In addition, where national support elements (NSEs) exist, the Operational Commander or the Head of the NATO Agency should endeavour to make local arrangements to have national support provided for the families of deploying NATO civilians of the related nationality.

(2) **Contact in Emergency.** NATO civilians are to provide the CPO of the sending HQ/Agency with at least 1 emergency contact in order to enable notification of relatives/next of kin in an emergency situation.

c. The sending HQ/Agency will provide NATO civilians with appropriate contact numbers covering duty hours and non-duty hours which relatives/next of kin can use to establish emergency contact.

d. **Mortuary Affairs.** In case a NATO civilian dies in the theatre of operations, Tactical Commanders are responsible for providing a Mortuary Officer and for co-coordinating all arrangements with respect to the storage and transport of remains (with appropriate escort) via military transport.

4. **Travel Information.**

a. NATO civilian personnel will usually use civilian flights to join their CRO HQ, though military flights (MILAIR) may be the operationally preferred option. Should this be the case, the sending HQ/Agency shall organize their transportation through military assets.

b. **Baggage Restrictions.** The maximum allowance of baggage is 116 kg, split as follows:

(1) All passengers are restricted to a maximum of 26 kg of attended luggage (10 kg hand luggage, 16 kg hold baggage).

(2) Passengers are allowed another 90 kg of unattended personal baggage, which will be sent separately on a cargo flight.

(3) Shipping containers, flak jackets, helmets and sleeping bags are not counted against the attended weight restriction.

(4) **Notes.**

(a) Passenger duty free allowance is listed in the Joining Instructions.

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(b) Deploying NATO civilians will be issued with appropriate airline Miscellaneous Charges Orders (MCOs) to cover excess baggage payments.

(c) All baggage must be packed in accordance with current regulations concerning the carriage of Dangerous Goods (See Joining Instructions at Appendix 9 to Annex E).

(5) There are no stated baggage limits on MILAIR.

c. **Toiletries.** It is recommended that NATO civilians pack toiletries in their hand luggage with the movement gear, together with an overnight kit (clothes, washing bag, sufficient towels/personal hygiene items, etc) that may be needed before arriving at their destination. NATO civilians are to carry clothes and toiletries for 3 days in their hand luggage. This is in addition to the Protective Equipment above. Details are provided in the Joining Instructions related to the relevant AOO.

d. **Recommended Personal Items to be taken:**

- Disposable or electrical razor (*adaptor plug may be needed*).
- Spectacles/contact lenses and spares.
- Radio/walkman/alarm clock.
- Flashlight.
- A set of cutlery or other eating utensils.
- Long term medication.

e. **Leave.** NATO civilians assigned to an operation will be entitled to one out of theatre leave flight or a flight ticket of equivalent price paid through the mission budget after two consecutive months in the theatre of operations. This would be duty travel, as would apply for home leave, but the period of absence from the theatre of operations will be deducted from the NATO civilian's annual leave entitlement or compensatory time off (Reference A).

f. **TDY trips.** NATO civilian personnel are allowed to travel in/out of theatre on TDY if it is so directed.

5. **Postal Arrangements.** Distribution of mail to NATO civilians on deployment will be a sending HQ/Agency responsibility, and instructions will vary based on the operations of the deployment location. Specific mail provisions will be included in the CRO HQs Joining/deployment Instructions (see Appendix 9 of Annex E).

APPENDICES:

1. Official Appointment to Deploy to <<Crisis Operation>>

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2. Staff Clearance Procedure (not applicable to NAEW&C FC)
3. Deployment/Return Checklist
4. Temporary Assignment to... Letter
5. Staff Clearance Procedure (Applies to NAEW&C FC)
6. Letter J(F)C J1 CPB
7. Request for Extension/Reduction of Tour Length (example)
8. Tactical HQ Letter: Hazardous Environment
9. Joining Instructions

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APPENDIX 1 TO
ANNEX E
AD 50-11
DATED 14 MAY 2007

NOTE: Not Applicable (N/A) to NAEW&C FC Deployments

<<DATE>>

MEMORANDUM FOR: <<PARENT HQ/AGENCY>>

SUBJECT: OFFICIAL APPOINTMENT TO DEPLOY TO <<CRISIS
OPERATION>>.

REFERENCE: Verbal information received from <<TITLE>> <<LAST NAME>>,
<<DATE>>.

1. Further to the reference, it is noted that <<TITLE>> <<INITIALS>> <<LAST
NAME>> has been nominated to go on deployment/TDY to <<CRISIS
OPERATION>>.

2. You are requested to complete the enclosed appointment form and to return it
to J(F)C HQs J1/CPO. As soon as this appointment document has been received,
the deployment procedure will be started and <<TITLE>> <<INITIALS>> <<LAST
NAME>> will be informed accordingly.

<<INITIALS>> <<NAME>>

Head, Civilian Personnel Branch J1 J(F)C HQ

ENCLOSURE:

1. Official Appointment Document

TAB 1 TO
APPENDIX 1 TO
ANNEX E TO
AD 50-11
DATED 14 MAY 2007

NOTE: N/A to NAEW&CF Deployments

OFFICIAL APPOINTMENT TO <<CRISIS OPERATION>>

TO: Operational HQ, J1/CPO

FAX:

Herewith I, (sending HQ/Agency)

Name: _____ Title: _____

Sending HQ/Agency: _____

officially informs Operational HQ J1/CPB that the NATO civilian

<<NAME>> <<INITIALS>> <<LAST NAME>> <<NATIONALITY>> <<GRADE>>

is nominated to deploy to <<CRISIS OPERATION>> <<COUNTRY OF
DEPLOYMENT>>

(In case more than one duty location exists, please indicate the exact place(s) of duty including the
Division or Camp)

Place: _____ Date (from/to) _____ / _____

Description of Duties: _____

Place: _____ Date (from/to) _____ / _____

Description of Duties: _____

Place: _____ Date (from/to) _____ / _____

Description of Duties: _____

CE post number (if applicable): _____

I confirm that the NATO civilian mentioned above has completed the pre-deployment
preparations in compliance with Operational HQ's OPLAN _____

OFFICIAL STAMP

(Date)

(Name in capital letters)

(Signature Head of sending
HQ/Agency)

APPENDIX 2 TO
ANNEX E TO
AD 50-11
DATED 14 MAY 2007

NOTE: N/A to NAEW&CF Deployments

OPERATIONAL HQ OFFICIAL LETTER

<<DATE>>

TO: COM

SUBJECT: STAFF CLEARANCE PROCEDURE FOR DEPLOYMENT OF NATO
CIVILIAN STAFF MEMBER - <<TITLE>> <<INITIALS>> <<LAST
NAME>> - TO <<CRISIS OPERATION>>.

REFERENCE: Official Appointment Document.

1. Enclosed please find a copy of the referenced appointment document.
2. By signing below, you officially state that you accept <<TITLE>> <<LAST NAME>> to travel to <<CRISIS OPERATION>> on <<DEPLOYMENT START DATE>> and return to << SENDING HQ/AGENCY>> on <<DEPLOYMENT END DATE>>. Furthermore, you officially state that the current level of security and environment are of an acceptable level to receive NATO civilians under your responsibility for the mentioned period of deployment.
3. Once your acceptance has been received, the J(F)C HQ Division Head J1 and SHAPE SDC will be informed on <<TITLE>> <<LAST NAME>>'s deployment.
4. **Please fax this document back to IVSN**

<<INITIALS>> <<LAST NAME>>
Head, Civilian Personnel Branch J1 J(F)C HQ

ENCLOSURE:

1. Appointment Paper

ACCEPTED / NOT ACCEPTED

(Name in capital letters)
(Rank and nationality)

COM

(official letter to
COM)

APPENDIX 3 TO
ANNEX E TO
AD 50-11
DATED 14 MAY 2007

NOTE: Specific procedure/checklist - database system- applies to NAEW&C FC

DEPLOYMENT/RETURN CHECKLIST: <<INITIALS>> <<LAST NAME>>

=====

<<DEPLOYMENT START DATE>> TO <<DEPLOYMENT END DATE>>

	Send out	Form received	Upon return
Official appointment by Division/Agency/other HQ			
Instructing letter to sending HQ/Agency (if from other HQ, sending HQ/Agency should tick the "received" box)			
Approval of COM			
Deployment letter <<COUNTRY OF DEPLOYMENT>>			
Last medical cannot be from longer than 6 months ago:	<<LAST MEDEX DATE>>		
Staff Clearance Procedure for NICs from J(F)C HQ for deployment/TDY to			
Letter addressed to the local immunisation office (GGD)			
Copy of yellow vaccination booklet (also to be forwarded to JFC HQ)			
- DTP (Diphtheria – Tetanus – Poliomyelitis)			
- MMR (Mumps –Measles – Rubella)			
- Typhoid			
- Hepatitis A			
- Hepatitis B: 1 st – 2 nd – 3 rd (circle the inoculations received)			
- Rabies: 1 st – 2 nd – 3 rd			
- Meningitis			
- TB-test			
Printed proof of blood type and rhesus factor			
Pre-deployment requirements checklist NICs – Deployment			

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Antidotes through <input type="text"/>			
CBRN equipment: from Supply or through national Delegation/other Agency (delete as appropriate and add which Delegation or Agency if applicable)			
Supply loan request for equipment or similar at other HQ/Agency			
Purchase request and attached order list			
Invoice through P&C			
Joining Instructions			
Details shortlist			
Training through: (delete as appropriate and add dates)			
ICCS training on	<<DATE>>		
Sending HQ/Agency from	<<DATE>> until <<DATE>>		
National Delegation (add which one) on <input type="text"/>			
Other HQ/Agency (state which one) on <input type="text"/>			
Information on personal life insurance (if applicable)			
Copy of insurance package			
Declaration on peacekeeping mission			
Letter signed by the Commander/Head of the sending HQ/Agency			
ID-tag			
Approval of J(F)C HQ <input type="text"/> Division Head J1			
Information to SHAPE J1 HRO (info to J(F)C HQ <input type="text"/> J1/MPB)			
Extra Duties Allowance			
Information to HSG/PM (Fuel Tax Rebate: Only for JFC HQ Brunssum)			
Ready to go sending HQ/Agency			

E-3-2

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I, <<POC AT SENDING HQ/AGENCY>>, responsible for civilian staff at <<PARENT HQ/AGENCY>>, declare by signing this document that <<TITLE>> <<LAST NAME>> has followed the correct clearance procedure for deployment and is ready to leave.

_____ (Signature)

<<POC AT SENDING
HQ/AGENCY>>

APPENDIX 4 TO
ANNEX E TO
AD 50-11
DATED **14 MAY 2007**

NOTE: N/A to NAEW&CF Deployments

OPERATIONAL HQ OFFICIAL LETTER

<<DATE>>

TO: <<SENDING HQ/AGENCY>>
Head Personnel Services/CPO
<<TITLE>> <<INITIALS>> <<LAST NAME>>

SUBJECT: TEMPORARY ASSIGNMENT TO - <<TITLE>>
<<INITIALS>> <<LAST NAME>>.

1. Enclosed you will find a copy of the "Staff Clearance Procedure" used to prepare our NATO Civilians to go on deployment/TDY as well as all documents to be used to complete the clearance procedure.
2. When following the checklist step by step, the NATO civilian will be ready to go on deployment. Please note that this clearance procedure needs to be adhered to strictly otherwise, the NATO civilian will not be cleared for deployment/TDY.
3. Immunisation Process. We advise you to instruct your HQ/Agency's medical service or a civilian immunisation office on which inoculations are required.
4. Training and equipment. This HQ is willing to offer some assistance in case your HQ/Agency is not in a position to issue the required training and equipment. Please let us know **at least 4 weeks before deployment start date** if provisions need to be made by this HQ. The more you delay your request, the longer it will take your NATO civilian to complete the clearance procedure.
5. You are requested to forward to us the completed official appointment document as well as the completed details list. We will keep you informed of the progress.
6. Last but not least, please note that you and your HQ/Agency will remain fully responsible for your NATO civilians on deployment. In case of emergencies, you will be the point of contact (POC). Therefore, you are asked to supply us with contact numbers where you can be reached 24 hours a day, 7 days a week. In case the Tactical Commander in theatre cannot directly reach you for whatever reason, you will be contacted through us.
7. If questions remain, do not hesitate to contact me or my staff.

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<<INITIALS>> <<LAST NAME>>

Head, Civilian Personnel Branch J1 J(F)C HQ

ENCLOSURE:

1. NATO civilian's shortlist details

E-4-2

NATO/PIF UNCLASSIFIED

TAB 1 TO
APPENDIX 4 TO
ANNEX E TO
AD 50-11
DATED 14 MAY 2007

NOTE: Specific procedure/checklist - applies to NAEW&C FC

DETAILS SHORTLIST FOR <<INITIALS>> <<LAST NAME>>
(TO BE COMPLETED AND SIGNED BY THE ABOVE NATO CIVILIAN AND RETURNED
IMMEDIATELY TO _____)

PERSONAL DETAILS:

- Nationality: <<NATIONALITY>>
 - Home address: <<ADDRESS>>, <<CITY>>,
<<COUNTRY>>
 - Contact numbers: <<CONTACT NUMBER>>
 - Date of birth: <<D.O.B.>>
 - ID document (e.g. passport): <<TYPE OF DOC>>
ID document number: <<NUMBER OF DOC>>
 - Blood type/rhesus factor: <<TYPE>> / <<RHESUS>>
 - Religious preference: <<PREFERENCE>>
 - Contact person in case of emergencies: Name: <<NAME>>
Address: <<ADDRESS>>
Country: <<COUNTRY>>
Tel.: <<PHONE NUMBER>>
 - Second contact person: Name: <<NAME>>
Address: <<ADDRESS>>
Country: <<COUNTRY>>
Tel.: <<PHONE NUMBER>>
 - Personal insurance information: Company: <<COMPANY>>
Number: <<POLICY NUMBER>>
Amount: <<AMOUNT>>
Period of coverage: <<FROM>> /
<<TO>>
- Declaration requested: YES/NO (delete as appropriate)

(Copy of personal insurance policy(ies) to be attached.)

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MEDICAL DETAILS:

- Date of last medical: <<DATE>>
- Date of first set of vaccinations:
(Copy of vaccination card to be attached) <<DATE>>
- Mantoux test if deployment lasted for more
than 12 weeks: <<DATE>>

EMPLOYMENT DETAILS:

- Sending HQ/Agency: <<NAME HQ>>
- POC in sending HQ/Agency: <<NAME OF POC AT SENDING
HQ/AGENCY >>
<<OFFICE PHONE NUMBER>>
- Emergency number POC in sending
HQ/Agency: <<EMERGENCY PHONE NUMBER>>
- Personnel Management Information
System (PMIS) (personnel) number: <<PERSONNEL NUMBER>>
- ID card sending HQ/Agency/expiry date: <<ID-CARD NUMBER SENDING
HQ/AGENCY >> / <<EXPIRY DATE>>

(A copy of your current security clearance mentioning the level of clearance and
expiry date is to be taken with you.)

DEPLOYMENT DETAILS:

- Operation, place and country: <<CRISIS OPERATION>>
<<PLACE OF DEPLOYMENT>>
<<COUNTRY OF DEPLOYMENT>>
- Start and end date of deployment: <<START DATE>> to <<END DATE>>
- Post number on CE: <<CE POST NUMBER>>
- Job title on CE: <<CE POST TITLE>>
- TDY basis or not: YES/NO (delete as appropriate)
- Justification for deployment/TDY: <<REASON FOR DEPLOYMENT>>

PREPARATORY DETAILS:

TRAINING:

- Training at SHAPE: <<DATE>>
- ICCS training at : <<DATE>>
- Full week training at JFC HQ : <<DATE>>
- Training attended on above dates: YES/NO (delete as appropriate)

E-4-T2

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EQUIPMENT:

- In case you cannot duly justify 2 trips for collection of equipment, we need you to indicate the required size on the equipment list and forward it to J(F)C/J1/CPB (fax ext: _____) a **week in advance of the collection date.** (Clothing sizes are: S – M – L – XL – XXL.
Shoe - Size should mark the country size as well: e.g. EU size 38, UK size 6.)
- Date of receiving or taking the measurements: <<DATE>>
- Date of collection of equipment:

<<DATE>>

(Collection of equipment must be made **in person** to make sure the correct sizes are delivered.)

- Summer equipment received: YES/NO (delete as appropriate)
- Winter equipment received: YES/NO (delete as appropriate)
- TDY package received: YES/NO (delete as appropriate)

Signature _____

Date: _____

<<INITIALS>> <<LAST NAME>>

(TO BE COMPLETED AND SIGNED BY THE ABOVE NATO CIVILIAN AND RETURNED IMMEDIATELY TO _____)

E-4-T3

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APPENDIX 5 TO
ANNEX E TO
AD 50-11
DATED 14 MAY 2007

NOTE: Specific procedure/checklist - applies to NAEW&C FC

<<DATE>>

MEMORANDUM FOR: J(F)C HQ
Division Head J1

SUBJECT: STAFF CLEARANCE PROCEDURE FOR DEPLOYMENT OF NATO
CIVILIAN STAFF MEMBER - <<TITLE>> <<INITIALS>> <<LAST
NAME>> - TO <<CRISIS OPERATION>>.

1. We would like to receive your concurrence on the deployment of <<TITLE>> <<LAST NAME>>. Acceptance of this civilian travelling to <<CRISIS OPERATION>> has in the meantime been received from COM .
2. Once your concurrence has been received, SHAPE/SDC and JFC/J1/MPB will be informed on <<TITLE>> <<LAST NAME>>'s deployment.
3. We recommend you approve the deployment of the above NATO civilian.

<<INITIALS>> <<LAST NAME>>
Head, Civilian Personnel Branch J1 J(F)C HQ

APPROVED/NOT APPROVED

<<INITIALS>> <<NAME>>
<<GRADE>>, <<NATION>> <<FORCE>>
Division Head J1 J(F)C HQ

APPENDIX 6 TO
ANNEX E TO
AD 50-11
DATED 14 MAY 2007

NOTE: N/A to NAEW&CF Deployments

Letter J(F)C HQ J1 CPO

<<DATE>>

TO: <<SENDING HQ/AGENCY>>

Attn: <<POC AT SENDING HQ/AGENCY>>

SUBJECT: APPROVAL FOR DEPLOYMENT/TDY FOR <<TITLE>> <<LAST NAME>>.

REFERENCES: A. Approval J(F)C HQ Division Head J1 dated
<<date>>.
B. SACEUR OPLAN , dated
(NC document).

Enclosed please find a copy of Division Head J1's approval to deploy <<TITLE>> <<INITIALS>> <<LAST NAME>> for the period of <<DEPLOYMENT START DATE>> to <<DEPLOYMENT END DATE>> to <<CRISIS OPERATION>> for your retention and information.

<<INITIALS>> <<LAST NAME>>
Head, Civilian Personnel Branch J1 J(F)C HQ

ENCLOSURE:

1. Approval J(F)C HQ Division Head J1,

COPY TO:

J(F)C HQ J1/MPB

APPENDIX 7 TO
ANNEX E TO
AD 50-11
DATED 14 MAY 2007

NOTE: N/A to NAEW&CF Deployments

The template for this document may be found:

[http://nwww.jfcbs.nato.int:8080/webdocs/j5/advance_implementation/10_30302_REV_2/07_OPLAN_30302_Rev_1/82a_OPLAN_30302_Annex_MM_App_1_\(NICs_procedure_part_two\)_2006_0309_1004.doc](http://nwww.jfcbs.nato.int:8080/webdocs/j5/advance_implementation/10_30302_REV_2/07_OPLAN_30302_Rev_1/82a_OPLAN_30302_Annex_MM_App_1_(NICs_procedure_part_two)_2006_0309_1004.doc)

REQUEST FOR EXTENSION/REDUCTION OF TOUR LENGTH (example)

Personal Details (to be completed by applicant)			
CE Post Number	SA PSY 100		
Grade, Last Name, First Name	A-3, Melber, Eberhard		
Nationality	DEU		
Sending HQ/Agency	CC Air Izmir		
Start of Tour Date	23 JAN 05		
End of Tour Date	24 JUL 05		
Extension Date Requested	03 NOV 05		
Justification (to be completed by authorizing officer)			
<p>-PsyOps is in the process of centralizing the radio network, which is an important and sensitive project that requires intimate knowledge.</p> <p>-The annual Sarajevo Film Festival project will not be finalized before EOT of A-3 Melber. As it is a very complex undertaking it needs a vast amount of experience.</p> <p>- PsyOps will produce a second documentary in the time frame July through October. It would seriously damage the dynamic and continuity of the documentary should A-3 Melber be unable to conclude this major project.</p> <p>-PsyOps is in the process of creating a full range of products dealing with BIH pride programme. To maintain continuity an extension of tour highly is helpful.</p>			
Name	Quinlan	Rank	OF-6
Job Title	ACOS OPS		
Signature			
Additional Comments (if required)			
<p>A-3 Melber's excellent performance thus far in his tour, having provided continuity within this position, coupled with the important ongoing projects of NHQSa make the extension extremely important, not only for NHQSa but also for BIH.</p> <p>The extension of his tour by an additional 3 months will enhance the efficiency and output and will impact positively on the continuous development of some main issues in his branch.</p>			
Name	Flament	Rank	A-4
Job Title	CPO		
Signature			

APPENDIX 8 TO
ANNEX E TO
AD 50-11
DATED 14 MAY 2007

TACTICAL HQ LETTER: HAZARDOUS ENVIRONMENT

<<DATE>>

TO: COS <<Operational Command>>

SUBJECT: HAZARDOUS AND AUSTERE CONDITIONS CONCERNING
CIVILIAN STAFF MEMBER - <<TITLE>> <<INITIALS>>
<<LAST NAME>>

REFERENCE: AD 50-11 Deployment of Civilians

1. I hereby confirm that the subject Civilian Staff member is currently serving in <<hazardous>>, <<austere>>, <<normal>> conditions and that he/she is entitled to receive the corresponding allowances. There <<is no>> OR <<is>> room for improvement in the foreseeable future.

2. Should the working conditions change during his/her stay in <<location>>, I will inform you accordingly.

<<INITIALS>> <<LAST NAME>>
Chief of Staff
of Tactical HQ in theatre

COPY TO:

J(F)C HQ/J1/CPO

The template for this document may be found:

[http://nwww.jfcbs.nato.int:8080/webdocs/j5/advance_implementation/10_30302_REV_2/07_OPLAN_30302_Rev_1/82a_OPLAN_30302_Annex_MM_App_1_\(NICs_procedure_part_two\)_2006_0309_1004.doc](http://nwww.jfcbs.nato.int:8080/webdocs/j5/advance_implementation/10_30302_REV_2/07_OPLAN_30302_Rev_1/82a_OPLAN_30302_Annex_MM_App_1_(NICs_procedure_part_two)_2006_0309_1004.doc)

JOINING INSTRUCTIONS

FOR PERSONNEL DEPLOYING TO AND SURROUNDING AREAS

INTRODUCTION

1. The purpose of these Joining Instructions is to provide personnel with general administrative information prior to deployment to and surrounding areas for the mission/operation.

2. <<Provide here a short summary of the role of the HQ.>>

DEPLOYMENT PREPARATION

3. All personnel assigned to the mission/operation must be screened by their National Support Elements for militaries or by their Civilian Personnel Officer (CPO) for civilians to ensure that all national medical, training, equipment, and other personal deployment requirements are met. The following are NATO's minimum suggested criteria to prepare for deployment:

Medically certified to deploy including all necessary inoculations and preventive medication.

Training:

Weapons Qualification (not for civilians)

First Aid

Mine Awareness

Personal Health & Hygiene

Law of Armed Conflict

Personal Affairs:

Emergency contact data on file with NSE/CPO

Will, power of attorney

Area orientation briefs

Equipment:

3x sets of utility uniforms/clothing (winter, desert or normal kit),

Two pairs of boots

Helmet & protective jacket

Load bearing equipment

2 sets of sheets

Sleeping bag & mat, if requested

Physical fitness uniforms/clothes

Personal weapon (not for civilians)

Personal Items:

NATO or National ID card valid at least 6 months

Geneva Convention card

ID tags

Passport valid at least 12 months

NATO travel orders specifying "Authorised to carry weapons" (not for civilians)

NATO/National security clearance certificate valid at least 6 months

Medication in case of treatment

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PERSONNEL

4. Upon Arrival.

- a. Proceed to the Personnel Office (in-processing). Hand over your orders and follow the procedure to obtain all the paperwork to become a member of HQ , after which you will be given your ID card. Civilian personnel are then to proceed to the tactical CPO office.
- b. You will attend the mandatory Newcomers Orientation Briefing, which will inform you on the operation, local custom, local threat, mine threat, terrorism, etc..
- c. Each deployed member is responsible for reading and adhering to the Tactical HQ 's policy, which is outlined in detail within this guide, and will also be stressed at the Newcomers Orientation Briefing.
- d. You will usually deploy for a 6 months tour, but for OF-5 and above the tour ideally is at least 1 year. Extension or reduction of your mission is possible, but only with the approval of the MOD through the chain of command (exception for the US as for such matters, the SNR in theatre is in charge to get the approval). NATO civilian personnel usually deploy for a 6 months tour and the Tactical HQ CPO is responsible to process any extension or reduction of your mission to SHAPE J1 through the chain of command.

5. Prior to leaving theatre.

- a. Some days before your departure date, you will receive a document, which you will have to present at different offices in the compound. Each subscriber will certify that you are clear to leave. You will have to return the completed document to the in/out- processing office before you are allowed to leave theatre.
- b. On departure day, you will collect your orders to return to your Sending HQ/Agency from the in/out- processing office and from the Tactical HQ CPO for civilian personnel. You will then bring back your blankets and room key to the Billeting office, where you will receive back your deposit.

6. Your central point of contact in Tactical HQ for all personnel issues is the Manpower Personnel Office (MPO) located in Building Room , phone number . The office is open from to . In case of urgency the phone to be used is . For civilian personnel, the Tactical CPO office is located in Building Room , phone number . The office is open from to . In case of urgency the phone to be used is .

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BILLETING

7. You will be lodging in a building inside the compound. No cost is set for the room, but you will be asked to deposit (give currency; either \$ or Euros) for one pair of blankets. You will get the key to your room during the in-processing. The billeting office is located in Building Room Phone number and is open every day from to

a. Civilian personnel usually live outside the compound. However, if for security reasons they must be lodged inside the compound, civilian personnel will be charged over and above the deposit of for one pair of blankets.

b. However, if for personal reasons and despite security risks a civilian staff member claims the right to live outside the compound, the Tactical CPO will request the staff to sign a paper exempting NATO from every liability should any harm occur to him outside the compound that is specifically linked to the unsafe environment.

8. You will be able to bring your laundry to building , where it will be cleaned and ironed at no cost for military personnel. A collective bill will be presented monthly to all MODs participating in the mission. Civilian personnel will be charged per Kg laundry.

MESSING

9. Opening hours:
Morning from to
Noon from to
Evening from to

a. Military personnel: No payment will be requested as the bill will be presented monthly to each participating nation.

b. Civilian personnel will be charged for a breakfast, for a dinner and for a supper.

MORALE AND WELFARE ACTIVITIES (MWA)

10. MWA are mainly concentrated in the area. Shops, library, snacks and pubs are usually open from to . Each MWA facility will close at every day.

11. Leaving the compound for activities other than military duty (shopping, excursion, restaurant) is not allowed due to security concerns. OR Leaving the compound for activities other than military duty (shopping, excursion, restaurant), is

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allowed IN ACCORDANCE WITH the regulations laid down in the HQ SOP.

12. A Chaplain is assigned to Tactical HQ. Services are held every from to . The Chaplain's office is located in Building Room , which is open from to every day. His/her phone number is .

13. Internet connections will be available for deployed personnel who wish to maintain a link with the family.

SECURITY

14. Personnel are to minimize the opportunity for hostile groups to target them, ergo the following principles apply where applicable:

- a. Maintain a low profile in the community, avoid pretentious dress, habits, and behaviour;
- b. Avoid displaying rank, importance, money, or wealth in the local economy;
- c. Remove titles, ranks, unit decals, emblems, or distinctive military symbols from baggage, ID tags, or personal items;
- d. Avoid predictability; vary your routine, times of travel, and travel routes; travel in groups when possible;
- e. Be alert, exercise caution with strangers, avoid casually giving out personal data or operational information;
- f. Maintain a general personal awareness—it's the best defence against terrorism.

WEAPONS

15. Individuals will deploy to Tactical HQ with a weapon for their own personal protection. This is not the case for Civilian personnel be they NATO Civilian, consultant, ICC, LCH or Contractors who will go unarmed, except for those who perform a job requiring a weapon (i.e. bodyguards).

MEDICAL/DENTAL CARE

16. Role 1, 2 and 3 Medical facilities¹ are available in the area of deployment.

¹ Role 1 refers to primary health care including routine sick call and the management of minor sick and injured personnel for immediate return to duty.

Role 2 refers to small field hospital providing basic secondary health care, built around primary surgery, Intensive Care Unit (ICU) and nursed beds.

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- a. Individuals deploying to Tactical HQ must be medically and dentally fit. Should a medical problem occur, you would get treatment either, for small injuries, in the sick-bay (located at) or for more severe health problems in the hospital located at . Your dental problems will be taken care of in the dentistry part of the hospital.
- b. Civilian personnel will have to pay for their treatment. Price rates will be given at the Tactical HQ CPO office with reimbursement through the insurance company.
- c. Should you currently be following a course of treatment, which will continue during your mission, make sure that you take your medicine with you and, if requested, bring along extra prescriptions and medical instructions.

LEAVE

17. For your information a copy of the national Leave Policy is available at the Tactical HQ J1 office. Civilian personnel will follow the policy established in the ACO Directive 50-11 Deployment of Civilians.

COMPENSATORY TIME OFF (CTO) FOR NATO CIVILIANS

18. CTO will be accrued at 2 days per week when NATO civilians work in excess of 56 hours per week and at 1 day per week when working between 40 and 56 hrs per week. CTO will not be taken in the AOO, but used after return to the sending HQ/Agency and when having a (holiday) break in the deployment period.

MISCELLANEOUS

19. Telephone:

- a. From Tactical HQ to home: .
- b. From home to HQ : .

20. National Support Element (NSE) or National Contingent Command (NCC):

- a. Each Troop Contributing Nation (TCN) deploys either a NSE or a NCC. This kind of support element provides individuals with post office facilities and answers to any national administrative questions i.e. finance, national awards, etc.

Please use following postal address

Role 3 refers to enhanced hospitals including surgical and medical intensive care capabilities, required for the seriously ill and injured personnel, with holding capacity that will be sufficient to allow diagnosis, treatment and holding of those patients who can receive adequate treatment and be returned to duty within the theatre of Operations.

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Rank, Name, First Name
Tactical HQ / Cell

- b. For smaller nations without NSE/NCC, deployed individuals should be managed under bilateral agreement with larger nations. This applies also for Civilian personnel.
21. Discipline: Discipline is a national responsibility. However, any serious outbreaks of ill discipline will be forwarded via the chain of command and may result in those involved being sent back to their sending HQ/Agency. The Tactical HQ CPO will forward any civilian case of outbreaks of ill discipline via the chain of command to SHAPE J1 that will decide on the outcome.
22. Awards: All participating nations are authorized the NATO medal for if the following criteria are met:
- a. The normal period of service, which shall be required as qualifying service, is 30 days, continuous or accumulated, in any single tour of duty, which is normally of one hundred and eighty (180) days. The NATO Council determines on a case-by-case basis the period of qualifying service, which could vary for a specific campaign, or operation. LCHs and contractor personnel are not entitled to receive NATO medals for CROs.
 - b. For pilots, broadly the same rule applies, but they will be entitled once they have accomplished 30 sorties over the Area of Operation (AOO) with the limitation that only 1 sortie over the AOO will be accounted per day.
 - c. Your NATO medal will normally be presented to you in a ceremony after 90 days at Tactical HQ . The certificate serves as verification of the award. When you return to sending HQ/Agency, show the certificate to your personnel office to update your personnel database.
 - d. No NATO medals will be awarded to personnel, who have been convicted of serious misconduct or crimes during the period of their assignment under NATO command or control.
23. Banking/Cash facilities: Banking and/or cheque cashing and/or currency exchange is available at . Other sources of cash are to be found at .