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| **Solo Fieldwork & Travel Risk Assessment** | | | | | | | | | |
| **Date of Fieldwork:** | | **Location:**  Bwindi Impenetrable National Park, Uganda | | | **Name and Mobile Number:** | | | | |
| **General Description of Fieldwork/Visit:**  The aim of my study is to observe and describe the gestural communication of four family groups of wild mountain gorillas (Bwindi, Uganda) and to clarify their communicative and social function.    Data collection will be observational only and combine both focal individual sampling, in which all of the communication produced by a focal individual will be recorded, together with opportunistic occurrence sampling of communication within the social group. Gorillas will be followed between 7am and 6pm, but for a maximum of 4hrs per day. All communicative behaviour produced will be recorded on a hand held high-definition video camera with external microphone and all signals will then be coded for statistical analysis. Data collected will include: gestures and the social context in which the signals occur. I will focus my analyses on the frequency and type of gestures used, and their use across age-sex groups and behaviour contexts. | | | | | **Location and Accommodation Address and Telephone:**  (List all – i.e. hotel, stopovers and field accommodation) | | | | |
| **Local Hospital**   * Address:   The Surgery Kampala +256 (0)772 756003; (emergency +256 (0)752 756003); International Hospital Kampala: 4686 Barnabas Rd, Kampala, Uganda; Phone:[+256 31 2200400](javascript:void(0))   * Notes on accessibility & facilities:   The surgery; eight hour drive from camp; testing and scanning facilities, GP, nursing, and specialist consultants. Will provide advice by phone for treatment. International Hospital includes full hospital facilities. | | | | | **Contingency Plans**  Evacuation and Repatriation Procedures:  ITFC is a one-hour drive from the nearest major city, Kabale, which has medical clinic facilities and a hospital for emergency treatment. An airstrip is available for emergency evacuation.  **Local Contact**  details: xxxx   * frequency of contact: xxxx   **Home Contact**   * details: xxxx * frequency of contact: xxxx   **Personal emergency contacts**  xxxx  mobile: xxxx  British Consulate address and telephone number (if overseas):  British High Commission Kampala; Plot 4 / P. O. Box 7070, Kampala, Uganda Phone:[+256 31 2312000](javascript:void(0)) | | | | |
| **Transport Information**  Transport Arrangements: Private hire taxi with known driver (xxxx)  Maximum Driving Time in Hours: researchers are not permitted to drive; travel to Kampala is 1hr from airport; travel from Kampala to Bwindi is 7-8hrs.  In-country meet & greet arrangements:  xxxx (known taxi driver) will meet at airport and deliver to Kampala and then to camp. ITFC field staff and xxxx will meet at camp. | | | | |
| **Risk Assessment (Please refer to the Preliminary Planning Checklist you should have completed with the proposal for outline permission from your School/Unit)** | | | | | | | | | |
| **Hazard Identified** | **How might some-one be harmed?** | **Rating**  **(see matrix)** | **What has been done already?** | | | | **Residual risk rating**  **(see matrix)** | **What further action is required? (Include timescale & mechanism for implementation)** | **Action by:** |
| **Accidents in the field** | Broken limbs, concussion, other physical injury | 24 (S6;L4) | Researcher will only enter the field when accompanied by an experienced local field assistant and will follow his advice on safe working practices.  While in the forest, it might be possible that bits of wood or fruit will fall to the forest floor while being located in thick bush wood. This danger will be avoided by being observant to possible risks (e.g. checking canopy before choosing an observation position) and following all advice of the field assistant.  The danger of falling branches etc. from the canopy is highest during heavy wind and rain. The researcher will not enter the forest when there is heavy wind and rain, if already in the forest the researcher will find a safe place to shelter following the field assistants advice at all times.  Falling branches may also occur due to gorillas, or other large animals (e.g. BW colobus monkeys), moving through the canopy above. Researcher will not stand directly under gorilla groups to observe them, and will remain aware of their travel direction in the canopy to minimize the risk of branches falling from above.  Are these measures adequate? Yes | | | | Level 5-6 injury  RR=6  (S6;L1)  Level 3-4 injury  RR=12  (S4;L3) | None |  |
| **Gorillas** | Disease transmission or physical attack | 15 (S5;L3) | Researcher will wear a respiratory face mask and keep to an appropriate distance from all individuals, and never approach individuals closer than 7m.  If approached by a gorilla the researcher will ignore the animal, if there is a concern that the animal is unaware of the researcher, the researcher will make a small noise e.g. by talking quietly. The researcher will not at any time respond directly to the gorillas’ behaviour, but may if needed reposition themselves by, for example, moving over to join the field assistant as though their intention was to point something out to them. Researcher has 12-years experience working with wild apes. Appropriate gorilla specific training will be given through talking to the experienced field staff and researchers on site.  Are these measures adequate? Yes | | | | 5 (S5;L1) | None |  |
| **Diseases (e.g. Malaria, parasites and infectious diseases).** | Sever fever, organ failure etc. | 25 (S5;L5) | Researcher will ensure careful preparation of food and drinking water, vaccinations as recommended.  Suitable malaria prophylaxes taken prior to, during, after field-work as required. Researcher will check the NHS fit for travel site, and will take the advice of their GP re: which medication will be used.  Frequency of mosquito bites are relatively low in this high-altitude field site; however, trips to the town or nearby lakes are a higher risk. No Malaria prophylaxes are 100% effective, so additional precautions will be taken including: long sleeve and leg clothing in morning and evening, use of DEET based spray, and permethrin treated sleeping nets. A thermometer, a treatment such as Co-Artem and a finger-prick malaria testing kit will be carried in the first aid kits.  Side-effects of malaria prophylaxes are relatively common, in particular sleep disruption and sensitivity to sunshine, but can include (e.g. in the case of Larium) disturbing/vivid dreams and hallucinations. Sometimes it can be difficult to distinguish these symptoms from the effects of being in a novel, vivid, remote, and physically demanding environment. Researchers will ensure that they are aware of the possible side-effects of the particular medication they’re taking, and will talk to experienced researchers at camp to discuss any possible symptoms they’re experiencing as soon as possible. If they decide that an alternative is necessary then these will be obtained from a known reputable clinic in Kampala.  Researcher is vaccinated against Yellow Fever and has up to date certificates to present on arrival at airport.  Rabies vaccinations are recommended to all researchers. Rabies is not present in the wild animal population in Uganda; however, it is present in domestic animals in towns. Rabies injections (post possibly infected bite) are available at the Kabale hospital approximately 1-hour drive from camp. If they area out of stock, the well-stocked international clinic in Kampala is a 4-hour drive from camp.  Ebola and other haemorrhagic fevers. Risk of the transmission of Ebola is extremely low. Transmission of Ebola requires direct contact with the bodily fluids of a symptomatic individual. During the previous regular localized outbreaks of Ebola, standard procedure is to ban travel of any researcher or staff member to the infected districts. During a Ugandan outbreak, public transport (for example from Kampala to Kabale) is also avoided. As with all current international travel, the researchers will carefully monitor the status of any outbreaks and their own health status.  Phone and basic internet connections are straightforward at camp. Researchers will monitor reliable channels of information daily.  Are these measures adequate? Yes | | | | 10 (S5;L2) | None |  |
| **Drinking water** | Disease transmission | 20 (S4;L5) | All drinking water is taken from rainwater and filtered or boiled at the site. Showers and washing of clothes uses rain water, care will be taken to avoid swallowing this when showering.  Are these measures adequate? Yes | | | | 4 (S4;L1) | None |  |
| **Electrical storms** | Electrocution | 6 (S3;L2) | Researcher will take care to unplug all electrical equipment during rainstorms.  Are these measures adequate? Yes | | | | 3 (S3:L1) | None |  |
| **Heavy rain in the field** | Exposure (wet and cold); injury from falling branches | 15 (S5;L3) | Researcher will carry appropriate clothing (including waterproofs and suitable footwear). Researcher will follow field assistant’s advice on where to stand during heavy rain to avoid the risks of falling branches. If needed, and safe to do so, researcher will return to ITFC camp during heavy rain.  Are these measures adequate? Yes | | | | 4 (S4;L1) | None |  |
| **Insect bites** | Infection | 15 (S3;L5) | Frequent use of deet-based insect repellent, cover arms and legs with clothes. Treat bites with antiseptic ointment and cover before entering the forest.  **For assessment of disease transmission risks, such as malaria, please see separate section above.**  Are these measures adequate? Yes | | | | 4 (S2;L2) | None |  |
| **Language barriers** | Inability to communicate | 2 (S1;L2) | Basic language training prior to and during fieldwork. Most Ugandans and all ITFC staff members are fluent in English.  Are these measures adequate? Yes | | | | 1 (S1;L1) | None |  |
| **Lone working** | Getting lost or injured while alone | 20  (S5;L4) | Gorilla follows will be carried out in pairs (with field assistant or UWA rangers). Researcher will not enter the forest alone. Researchers will carry mobile phones/walky talkies (if heading somewhere without good reception). Will take compass, torch, first aid kit. Will ensure one person at base is informed of whereabouts at all times.  Are these measures adequate? Yes | | | | 5 (S5;L1) | None |  |
| **Plants/pollen** | Allergic reaction | 4 (S2;L2) | Researchers will carry non-drowsy anti-histamines as part of a first-aid kit.  Are these measures adequate? Yes | | | | 2 (S2;L1) | None |  |
| **Political unrest** | Injury, arrest. | 15 (S5;L3) | The political situation in Uganda is largely stable. Researchers will monitor this closely through the FCO website and local and international media. Researcher will contact embassy and follow their advice.  Are these measures adequate? Yes | | | | 4 (S4;L1) | None |  |
| **Pollution or waste** | Harm to protected areas and species | 6 (S2;L3) | Researcher will leave no trace when working in the forest, which is a UNESCO World Heritage site, and will return all used batteries to the UK for safe disposal.  Are these measures adequate? Yes | | | | 2 (S2;L1) | None |  |
| **Problems with local population** | Potential to cause offence | 9 (S3;L3) | Researchers will work at an established field site, will introduce themselves to everyone working there and will behave respectably towards everyone at all times, including cultural dress norms (no short skirts, shorts when travelling to rural villages or towns). No photography of police, political or military personnel.  Are these measures adequate? Yes | | | | 3 (S3;L1) | None |  |
| **River** | Disease transmission | 20 (S4;L5) | Researchers are aware that there is a risk of Schistosomiasis in river and lake water. No immersion (swimming or wading) in either.  Are these measures adequate? Yes | | | | 4 (S4;L1) | None |  |
| **Sun burn** | Skin burn | 18 (S3;L6) | When working in the forest risk of sun exposure is low, risk is higher when in the clearings or grassland around the forest. Researchers will wear sun cream, will cover arms and legs, avoiding midday heat.  Are these measures adequate? Yes | | | | 3 (S3;L1) | None |  |
| **Altitude** | Altitude sickness; exhaustion | 9 (S3; L3) | Bwindi Impenetrable National Park is at 1000-2000m above sea level; while extreme altitude sickness is highly unlikely at this height the additional altitude and difficult mountain terrain may affect breathing and fitness in the initial few days. The researcher is familiar with mountain terrain and will ensure that she remains hydrated and rested. | | | | 3 (S3; L1) | None |  |
| **Traffic/Travel to site** | Vehicle accidents; thefts | 24 (S6;L4) | Researcher will travel only with project vehicles or with a known taxi driver and will keep taxi doors locked. Will avoid all unnecessary travel. No travel at night, outside of between local village and the field site and between the airport and accommodation. Researchers will not drive.  Are these measures adequate? Yes | | | | 6 (S6;L1) | None |  |
| **Venomous or dangerous animals** | Bite or other injury | 5 (S5;L2) | The researcher has over 12-years field experience in Uganda and is comfortable in how to recognize potential harmful animals and how to deal with any contact with them. Explicit rules such as no handling of snakes, wearing protective boots.  Only the gorillas are habituated to human presence, i.e. will tolerate remaining in proximity to us. The majority of other animals flee on our approach.  Sick and injured animals are not approached; including animals whose behaviour appears abnormal, e.g. a monkey remaining on the ground when approached. The location and species of any sick or injured animals are noted and immediately reported to the resident wildlife vet who will track and monitor them.  Are these measures adequate? Yes | | | | 5 (S5;L1) | None |  |
| Describe significant hazards and residual risks:  Accidents in the field (RR6/8): broken limbs from a bad fall, or injury from falling branches are risks in forest fieldwork. Following the expert advice of local assistants is typically the most effective way to avoid these –and the researcher has 12-years experience working in tropical forest habitats so the likelihood is very low; however, it’s impossible to entirely remove this risk (RR6). Level 4 injuries such as a bad sprain are more likely and have a higher RR of 12.  Diseases (RR10): while prophylaxes, vaccinations, and other preventative care significantly decreases the risk and can reduce the severity (if caught) of most tropical diseases it is near impossible to entirely remove this. No prophylaxes are 100% effective, and malaria can be lethal. However the risk exposure of the researchers on these trips is similar to, or less than (because of the level of education and care taken to avoid exposure), that of a tourist on holiday to Uganda.  Travel to camp (RR6): serious road traffic accidents are common in Uganda, and thefts from cars are common in the capital – particularly during traffic jams. While we are able to significantly decrease the likelihood of these risks by travel with a known safe taxi driver, and by keeping all doors and windows locked while in urban areas it is impossible to entirely remove them. | | | | | | | | | |
| Name: | | Title: | | Date: | | Signature: | | | |
| Approved by Supervisor  Name: | | Signature: | | Date: | | Comments: | | | |
| Approved by Head of School/Department (Signature) : | | | | Date: | | Does this fieldwork require further approval at institutional level? **YES/NO** | | | |

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| **Potential Severity \*** | | | | | | | | | **X** | | | | | | **Likelihood** |
| **1** | | | | | |  | | Superficial injury or illness requiring no treatment | **1** | | | | |  | Zero to very low |
| **2** | | | |  | | | | First aid injury or illness | **2** | | | |  | | Very unlikely |
| **3** | | |  | | | |  | Minor injury or illness | **3** | | |  | |  | Unlikely |
| **4** |  | | | |  | | | ‘Seven Day’ injury or illness | **4** |  | | |  | | Likely |
| **5** |  | | | |  | | | Major injury (e.g. broken bones) or critical illness | **5** |  | | |  | | Very likely |
| **6** | |  | | | | | | Fatality or permanently disabling injury. | **6** | |  | | | | Almost certain |

**\*** The categories for ‘Severity’ are adapted from the Health and Safety Executive’s guidance on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, as amended.

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| **Severity**  **Likelihood** | **1** | **2** | **3** | **4** | **5** | **6** |
| **1** | 1 | 2 | 3 | 4 | 5 | 6 |
| **2** | 2 | 4 | 6 | 8 | 10 | 12 |
| **3** | 3 | 6 | 9 | 12 | 15 | 18 |
| **4** | 4 | 8 | 12 | 16 | 20 | 24 |
| **5** | 5 | 10 | 15 | 20 | 25 | 30 |
| **6** | 6 | 12 | 18 | 24 | 30 | 36 |

When the residual risk – after control measures have been implemented – is calculated, the following action should be taken.

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| Score 1-5 | The control measures for this work are suitable and sufficient. The risk assessment can be approved by the Head. |
| Score 6-15 | If reasonably practicable, further control measures should be put in place. The Head may approve this risk assessment. |
| Score 16-36 | PO approval must be sought if the Head wishes the fieldwork to continue. Please forward to [EHSS@st-andrews.ac.uk](mailto:EHSS@st-andrews.ac.uk) |