Science and Technology Facilities Council

TRAVEL ON COUNCIL BUSINESS

Safety Code No 8

Issue No 2.00, March 2023

Revisions

1	Initial Launch	July 2007
1.4	Minor text addition to section 4.5	September 2010
1.5	Use of mobile phones 4.1.10	April 2011
1.6	Changes to Appendix 2 (Sec 3)	October 2011
1.7	Minor edit to 4.1.8	January 2013
1.8	Amendments to audit checklist	May 2013
1.9	Added document retention policy	August 2014
1.10	Amendments to Job titles	February 2015
1.11	Minor amendments to Scope and section 4.1	March 2015
1.12	Minor change to Scope	April 2015
1.13	Addition of Personal Travel Safety training	June 2015
1.14	Minor changes to Appendices 1 & 2	June 2015
1.15	Minor changes to reference new information on the STFC staff intranet.	March 2017
1.16	Addition of new para 4.1.6	May 2017
1.17	Minor mod to para 4.1.8	January 2018
1.18	Minor change to para 4.1.2	August 2018
1.19	Minor changes to reflect the launch of SHE Assure	October 2018
1.20	Minor change to 4.1.10	January 2019
1.21	Changes to 4.1.1 & 4.1.4 plus some rationalisation of Section 4	April 2019
1.22	Minor change to 4.1.1	November 2019
1.23	Additional information inserted covering international travel	September 2021
2.00	Reorganisation and rationalisation of information	May 2023

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Travel on Council business

1. PURPOSE

The nature of the work undertaken by the STFC necessitates that some employees travel extensively in the course of their employment. Travel, particularly by car, is the major cause of work-related fatalities in the UK. Travel on Council business is therefore a significant safety hazard for staff in the course of their work.

The STFC has a 'duty of care' responsibility under the 'Health and Safety at Work etc. Act, 1974', to "take care of the health, safety and welfare of its entire staff". This responsibility extends beyond work at STFC sites and includes instances where staff travel on Council business or conduct work at non STFC sites in the UK and overseas. The STFC expects staff to demonstrate an equivalent commitment to take reasonable care of their health and safety while travelling, and driving, on Council business. The nature of travel arrangements, especially by car, necessitates that flexibility and pragmatic judgement is applied to ensure traveller safety.

This code sets out the controls and policies adopted by the STFC to minimise the likelihood of injuries or ill health arising from travel on Council business.

2. SCOPE

This code addresses all aspects of travel on STFC business: to meet suppliers; install equipment; attend conferences and training events; visit other laboratories; travel between STFC sites for example between RAL and DL; and travel to and between overseas destinations.
This code also references the 3rd party emergency support company, **International SOS**, who are contracted by UKRI to provide travel risk guidance and traveller support in times of emergency.

In particular this code addresses:

- Travel by car and other vehicles, especially when driving for extended distances or periods of time
- Travel outside of the UK on STFC business
    - To Low-risk countries
    - To Medium, High or Extreme risk countries

This code does not address:

- The health and safety of staff undertaking work at a non STFC site. Such issues should be considered using the STFC's standard risk assessment code, see SHE Code 6, 'Risk Management';
- Routine travel by staff between their home and normal place of work.
  Where staff are on long term secondment or attachment to non STFC laboratories the normal place of work shall be the non STFC laboratory to which they are seconded.
  (Note - It does apply where the STFC requires staff to attend work outside of their normal working hours, for example, staff on call.)
- Use of forklift trucks or electrically powered vehicles, see SHE Code 4 'Safety and safe use of work equipment';
- Travel arrangements for facility users, visitors to STFC sites or tenants on STFC sites; and

- Activities of professional drivers whose work should be considered in more detail as part of the general risk assessment for their role, see SHE Code 6 'Risk Management'.

Although this code makes reference to insurance, it is important to note that in most circumstances insurance is not a safety issue but a financial issue (ie insurance does not prevent accidents from happening; however it ought to help with the financial consequences). An exception to this is that in certain countries, for example the USA, a person without insurance may not be able to access medical treatment.

UKRI and STFC provide comprehensive medical and travel insurance cover for all employees travelling on official council business. Employees must ensure that suitable medical and travel insurance is in place for any given destination prior to any overseas travel. For collaborators or other third parties travelling under STFC arrangements, STFC will ensure that insurance cover is in place. See information about insurance on the STFC staff intranet.

When planning work with ionising radiation at non STFC locations in the UK or overseas see SHE Code 29, Appendix 16 and discuss with your site Radiation Protection Advisor (RPA).

3. DEFINITIONS

3.1 Professional drivers

those employed by the STFC whose primary role is the use of cars and/or other vehicles to transport people and/or goods

3.2 FCDO - the Foreign, Commonwealth & Development Office

a source of information on overseas travel risks.

3.3 International SOS

This service provides comprehensive support for all aspects of travel from pre-trip planning and advice, through practical assistance for travellers while overseas, including the organisation of any medical treatment or repatriation

3.4 Country risk ratings

a system of security and health risk ratings provided by International SOS for use by STFC.

4. RESPONSIBILITIES

4.1 Employees shall:

4.1.1 Consider whether their journey is necessary - can the objectives of the visit be achieved through other means e.g. telephone call, conference call or video conference. Where practicable consider travel public transport, e.g. by rail in preference to driving.

Requirements for Employees Driving on Council business:

4.1.2 When driving within the UK follow the controls identified in Appendix 1

4.1.3 Be formally authorised through a "Permit to Drive" by the STFC to drive a hire/lease vehicle or use your own car to travel on Council business. STFC travel and car insurance for hire or lease cars is valid only where such authorisation exists. The "Permit to Drive" can be found on the Travel and Transport section of the **STFC staff intranet.**

4.1.4 Avoid the use of motorcycles and bicycles for business travel off site.
If special circumstances require the use of such vehicles off site a specific risk assessment must be carried out and approved by the line manager.

4.1.5 Inform their line manager, HR and Occupational Health teams if they are aware of any medical condition or take medication that may adversely affect their ability to drive or affect the length of time they can drive.

4.1.6 Actively take steps to safeguard their own and others health and safety when driving.
The unpredictability of driving conditions and road congestion makes establishing absolute rules for safe driving times difficult. The following guidelines should provide the basis of journey planning for drivers. Such guidelines must be implemented pragmatically and depend most critically on the driver's awareness and alertness for driving and the journey undertaken.

- Maximum driving period 2.5 hours, to be followed by a 15 minute break/stop out of the vehicle.
- Where business travel takes place at the end of a working day the total working day including business travel (and breaks) should not exceed 12 hours.
- The maximum continuous driving time, including breaks/stops, should not exceed 9 hours, or 400 miles, in one day: and
- Business driving and breaks must be included in consideration of total weekly working hours.

4.1.7 Attend driving development when considered a STFC high mileage driver, driving greater than 3000 business miles per annum, or when they believe they are likely to exceed ~3000 business miles per annum.

4.1.8
Ensure that when using private cars to travel on any Council business the vehicle is insured for business use. In the event of an incident, the STFC will not accept liability for damage to employee's vehicles.

4.1.9 Drivers must not engage in telephone conversations or text message exchanges when driving and should use scheduled or other breaks to pick up and respond to messages. Mobile phones may remain switched on so that their emergency and navigation functions are active.

Requirements for Employees Overseas Travel

4.1.10 During travel planning consult the Foreign, Commonwealth & Development Office **(FCDO)** website and **International SOS** website these identify the medical, security and road safety risks for the country(s) being visited. Use the International SOS **Risk Maps** to quantify the medical and security risk levels. Travel plans must be prepared based on the highest risk rating obtained for medical or security.

4.1.11 Follow the FCDO and International SOS travel health recommendations for a particular destination and allow sufficient time to enable the effective implementation of prophylactic/preventative drugs, immunisations, vaccinations, or medical treatments by local Occupational Health teams.

4.1.12 Inform their line manager, HR and Occupational Health teams if they are aware of any medical condition or take medication that may adversely affect their ability to travel on Council business.

4.1.13 Must complete the STFC overseas Travel Approval Request form

4.1.14 Travel MUST be booked via the UKRI/STFC travel management company Travel Booking If this is not possible Director approval is required for alternative booking arrangements.

4.1.15 Inform their line manager of travel itineraries and contact details when travelling abroad, for example through their Outlook Calendar.

4.1.16 Prior to travelling abroad **register** with International SOS, download the travel advice app, and complete all required training (ISOS training hub).

4.1.17 Ensure that they have all relevant insurance documents and contact details available during transit

4.1.18 At their destination, familiarize themselves with the fire management provisions (escape routes, fire extinguishers, manual call points etc.) in their place of work and accommodation.

4.1.19 When travelling to **Low Risk** countries (identified in 4.1.10) follow the controls identified in Appendix 2 (Guidance – Overseas Travel)

4.1.20 When travelling to **Medium Risk** destinations (identified in 4.1.10) inform their line manager and conduct a documented risk assessment based on Appendix 2 (Guidance - Overseas Travel Risk Assessment)

4.1.21 When travelling to **High Risk** destinations (identified in 4.1.10) documented approval must be obtained from the employee's Director. Conduct a documented risk assessment based on Appendix 2 (Guidance - Overseas Travel Risk Assessment)**.**

4.1.22 The risk assessment must identify risk controls and mitigation measures which will be used, proportionate to the risk ratings identified. The Risk Assessment process is described in SHE Code 6 "Risk Management".

4.1.23 Not travel to **Extreme Risk** destinations (identified in 4.1.10) or any country where the FCDO web site advises against "all travel" or "all but essential travel".

If special circumstances require travel to such a country, documented approval must be obtained in advance from the STFC Executive Chair or Chief Operating Officer.
The advice of International SOS must be sought for all such travel and specific consideration should be given to ensuring regular contact with the individual is maintained throughout the visit and to obtaining insurance for such trips.

4.1.24 Notify UKRI and STFC insurers before travelling to destinations categorized as High or Extreme risk.

4.1.25 Identify suitable contact and communication measures which will be used during travel. Plans must identify methods to be used both ways, i.e. how the traveler will report safe progress back to base, but also how the Council will contact the traveler in urgent circumstances. Protocols will need to be more frequent and more prescribed in travel to areas with higher risk ratings.

4.1.26 When travelling, inform their line manager where an incident, for example natural disaster or terrorist related, occurs local to them to provide assurance of their safety and plans as soon as is practicable.

4.1.27 Report at the earliest opportunity all travel related health and safety incidents

- to their line manager;
- to SHE Group using Evotix Assure;
- to the relevant site contacts if the incident involves damage to vehicles/hire cars,
- to Occupational Health teams any instances of travel related ill health occurring up to 2 weeks following travel on Council business in the UK or overseas.

4.2 Line managers of STFC staff shall:

4.2.1 Review the travel plans of their staff and satisfy themselves that suitable and sufficient control measures have been identified. Particular attention should be given to the travel plans of inexperienced travellers and lone travellers.

4.2.2 Ensure that for **Medium, High or Extreme risk** destinations (see 4.1.10) a risk assessment has been carried out. The risk assessment must evaluate country, region and city specific travel risks, including consideration of security, health, method of travel and the welfare of the traveller. The assessment should reference the risk ratings for health and security published by International SOS **Risk Maps** and the advice provided by the UK Foreign, Commonwealth & Development Office (FCDO).

4.2.3 Ensure that all employees travelling overseas are sufficiently competent and have received all relevant information before travel.

4.2.4 Inform Occupational Health of the names of professional drivers to allow regular health monitoring to take place.

4.3 Directors of STFC staff shall:

4.3.1 Review and, where agreed, formally approve any travel to High Risk destinations. The approval must cite all relevant information and sources.

4.4 Occupational Health, or HR staff support groups, shall:

4.4.1 Provide travel health screening, high altitude medical examinations (see Appendix 2), verification of fitness to travel, and advice when requested by those traveling overseas and provide as appropriate inoculations, immunisations and other preventive health measures relevant to the travel destination as recommended by the Medical Advisory Services for Travellers Abroad (https://www.masta-travel-health.com)

4.4.2 Maintain records and conduct 2 yearly health assessments for STFC professional drivers until they reach the age of 50 and thereafter conduct health assessments annually.

4.5 SHE Group

4.6.1 Arrange Defensive Driving training for staff who, via the permit to drive system, indicate that they drive more than 3000 miles per year on Council business.

Appendix 1 - Guidance – Driving on Council Business

Alternatives to driving

Primary consideration should be given to avoiding the journey. It may be possible to conduct the business by telephone, video or telephone conferencing, e-mail or fax.

Alternative, safer, means of travel, such as rail or air should be considered where this is a reasonably practicable alternative.

Competency to drive safely on Council business in the UK.

Drivers must be in possession of a valid UK Driving licence for the class/type of vehicle being driven.

Drivers booking hire cars or using their own cars for travel on Council business are required to have a current STFC Permit to Drive, https://staff.stfc.ac.uk/core/travel/Pages/DrivingPermits.aspx
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Training to drive safely on Council business.

Drivers must follow the guidance and legal requirements set out in the UK Highway code, www.gov.uk/guidance/the-highway-code and any other relevant traffic legislation, including that relevant to mobile phone use.

Drivers who drive (or are likely to drive) greater than 3000 miles per year on Council business are required to attend STFC Defensive driver training.

Planning of journeys when driving on Council business.

Plan travel routes in advance of the journey.

The time allowed for journeys must enable them to be completed without exceeding speed limits.

The intended journey should follow the safest available route, which may not necessarily be the shortest or quickest. Usually Motorways are safer than, A roads. A roads are safer than B roads.

Driving time is part of the working day. Very long days must be avoided, particularly in winter. Overnight stops may be necessary to avoid very long days.

Where business travel takes place at the end of a working day the total working day including business travel (and breaks) should not exceed 12 hours.

Journey breaks should be taken before the driver begins to feel fatigued - as a minimum, a 15-minute break every 2.5 hours is recommended.

Where more than one person is travelling, consideration should be given to sharing the driving.

The weather forecast should be checked before the journey. If on the day of travel there is, or forecast to be, thick fog, icy conditions or heavy snow, the journey should be postponed or cancelled.

Driving abroad

Drivers must familiarise themselves with the road traffic legislation and driving standards for the country they will be visiting.

The risks involved in driving abroad must be assessed before the journey is undertaken. The degree of risk will depend on the country involved.

Outside Western Europe and North America, it may be appropriate to consider the use of a local driver or taxi recommended by your host institution in preference to the employee driving.

Driving when tired represents a significant hazard and should be avoided for example after long haul flights, long train journeys etc

Mobile phones

Mobile phone use (hands free or otherwise) is prohibited whilst driving on Council business. Staff should use scheduled breaks as a means to pick up and respond to messages.

Condition of vehicle

Hire cars are contracted to be provided in a road-worthy condition.

Where a vehicle is not road worthy alternative transport must be found and the matter reported to the relevant purchasing contact.

Drivers of hire cars should assess, to the best of their ability, the roadworthiness of vehicles prior to undertaking a journey.

Recommended basic checks –

- Condition of tyres (pressure and tread)
- Lights clean and operational - headlights (dipped & full); rear lights; brake lights; indicators.
- Windscreen wipers operational
- Screen wash operational

Where an employee drives their own vehicle on Council business, the employee has a responsibility to ensure that it is suitable for the intended task, has current road tax, MOT and is insured for business use.

Driver familiarisation with hire car.

Drivers of hire cars should familiarise themselves with the controls of the hire car prior to commencing their journey: including indicators, lights, horn, wipers.

Familiarisation should include the setting of seat and mirror position to allow safe driving.

Emergency Equipment

Where lone driving is required, consideration should be given to the provision of mobile phones for use in an emergency.

Emergency kits containing a first aid kit, warning triangle and high visibility jacket are available from site security. Hire cars are unlikely to be supplied with this equipment.

Accidents & Emergencies

In the event of involvement in a road traffic accident drivers involved must stop to determine the extent of any injuries to individuals or damage to vehicles and as appropriate call the emergency services for assistance.

Individuals must record, as far as they are able, as much detail as possible regarding the accident using the STFC Brief Accident Report Form, supplied in the Hire Car Information Pack.

At no time should staff admit blame or accept liability.

STFC Hire Car Information - STFC Hire Car FAQs

Driving Licence Categories & Authorisations

B1	You can drive motor vehicles with 4 wheels up to 400kg unladen weight, or up to 550kg unladen weight if they're designed for carrying goods.
B and passed your test before 1 January 1997	You can drive a vehicle and trailer combination up to 8,250kg MAM. You can also drive a minibus with a trailer over 750kg MAM.
B and passed your test after 1 January 1997	You can drive vehicles up to 3,500kg MAM with up to 8 passenger seats with a trailer up to 750kg. You can also tow heavier trailers if the total MAM of the vehicle and trailer combined isn't more than 3,500kg.
BE and passed your test before 19 January 2013	You can drive a vehicle up to 3,500kg MAM with a trailer of any size.
BE and passed your test after 19 January 2013	You can drive a vehicle up to 3,500kg MAM with a trailer up to 3,500kg MAM
C1	You can drive vehicles between 3,500 and 7,500kg MAM with a trailer up to 750kg MAM.
C1E	You can drive vehicles between 3,500 and 7,500kg MAM with a trailer over 750kg MAM. The combined MAM of both can't exceed 12,000kg.
C	You can drive vehicles over 3,500kg MAM with a trailer up to 750kg MAM.
CE	You can drive vehicles over 3,500kg MAM with a trailer over 750kg MAM.
D1	You can drive vehicles with: • no more than 16 passenger seats • a maximum length of 8 metres • a trailer up to 750kg
D1E	You can drive D1 category vehicles with a trailer over 750kg MAM. The combined MAM of both can't exceed 12,000kg.

Unladen weight means - The weight of the vehicle when it's not carrying any passengers, goods or other items. It includes the body and all parts normally used with the vehicle or trailer when it's used on a road.
MAM - Maximum Authorised Mass means - The weight of a vehicle or trailer including the maximum load that can be carried safely.
This is also known as gross vehicle weight (GVW) or permissible maximum weight.
It will be listed in the owner's manual and is normally shown on a plate or sticker fitted to the vehicle.

Appendix 2 - Guidance - Items for Overseas Travel Risk Assessment

International travel poses various risks to health and safety, depending on the traveller's experience, the health of the traveller and the location of travel. STFC staff may encounter sudden and significant changes in altitude, humidity, temperature and exposure to a variety of infectious diseases, which may result in ill health and sickness.

This document aims to give those STFC staff travelling overseas guidance in areas that need to be considered if they need to complete an Overseas Travel Risk Assessment. Not all the hazards identified is this document will be applicable to all countries so careful consideration of the 'reasonable and foreseeable risks' should be made when completing the risk assessment. This document makes no assumptions of the travel experience of those undertaking trips.

Driving on Council business, and driving overseas, is one of the most significant hazards faced by STFC staff. Consider whether you need to drive or can use public transport or employ taxis if at all possible.

There are a number of topics that should be considered:

1) Flights
2) Driving and travel in a foreign country
3) Environmental: Climate and Geology
4) Security
5) Food and Drink
6) Health
7) Animals, Insects and Parasites

All individuals planning travel should seek competent advice on the potential hazards for their chosen destination(s) and understand how best to protect their health and safety. The most helpful and practical source of such advice is most likely to be your host(s) in the places being visited. General travel advice can also be gained, by country, from the Foreign, Commonwealth & Development Office **(FCDO)** website, **International SOS** websites and International SOS **Risk Maps**.

Insurance and Medical Arrangements

Employees planning overseas travel should consult the harmonised RC Travel policy for short visits overseas CEM 16 (Sections 16 to 18) for the current arrangements regarding Insurance and Medical Arrangements.

Each of the following sections will give a guide to possible hazards and actions to be taken to prevent or minimise the realisation of the risks involved. This is by no means an exhaustive list but should help those undertaking overseas travel to consider a number of potential hazards.

1) Flights

Hazard	Effect and possible Controls for the Hazard
Fatigue	A long journey, whether a business trip or a vacation, can sap your energy. This may result in the traveller being prone to one or more of the other hazards identified. <u>Controls to reduce the risk</u> • Organize your trip seamlessly to avoid the unpleasant surprises that a poorly planned trip can present-such as a missed flight or lack of decent lodging. These situations cause extreme stress, which will dissipate your energy greatly. • Pace yourself when possible. Leave some room on the itinerary for downtime, especially following a long flight, train/bus ride or drive. • Get suitable rest or sleep when possible; away from noise and distractions. • Make the extra effort to eat healthy foods and maintain hydration. • Undertake small amounts of exercise to help boost long term energy levels. • Stimulate yourself mentally with music, a good read, or even conversation with fellow travellers. Our energy levels can stem from our mental status as well as physical. • Make a pronounced effort to stay positive and upbeat on your journey. Depression is closely associated with fatigue.
Jet Lag	This term refers to the feelings of disorientation, light-headedness, impatience, lack of energy, and general discomfort that follow travelling across time zones. Jet lag may persist for several days after arrival and can be accompanied by loss of appetite, difficulty in sleeping, constipation, and grogginess. Although individuals differ in severity of symptoms they experience, many people simply fail to recognise how they are affected, especially in tasks requiring concentration, situation awareness, and complex coordination. <u>Controls to reduce the risk</u> • Try to leave time to recover. Bear in mind potential effects of Jet lag when planning your work and travel schedule.
Deep Vein Thrombosis (DVT)	The DVT affects blood vessels which go through the calf and thigh muscles, and are not those which you can see just below the skin. DVT occurs when a blood clot forms in a leg vein where it usually remains stuck to the vein wall. The symptoms tend to settle gradually, but there are two main possible complications: Pulmonary embolus involves the blood clot becoming dislodged and moving to the lung; Long-term discomfort and swelling of the calf occur in some cases following a DVT (post-thrombotic syndrome); DVT can occur on long journeys by plane, train, etc., most probably due to sitting cramped for long periods. In plane journeys other factors that may possibly play a part include: reduced cabin pressure, reduced oxygen levels in the plane, slight dehydration caused by not drinking much water, and drinking too many alcoholic drinks. <u>Controls to reduce the risk</u> Whilst travelling on a long journey, particularly on a long-haul plane trip: • Exercise your calf and foot muscles regularly. Every half hour or so, bend and straighten your legs, feet and toes when you are seated; • Press the balls of your feet down hard against the floor or foot-rest every so often. This helps to increase the blood flow in your legs; • Take a walk up and down the aisle every hour or so, when the aircraft crew say it is safe to do so; • If you are allowed, get off the plane and walk about if the plane stops for refuelling; • Drink plenty of water (to avoid dehydration); • Do not drink too much alcohol. (Alcohol can cause dehydration and immobility);

	• Do not take sleeping tablets, which cause immobility; • Consider wearing compression stockings; • Some people at high risk may also be advised to take anticoagulant medication; • Have a little walk straight after the journey to 'get the circulation going'. The vast majority of travellers have no problems. However, if you develop a swollen painful calf or breathing difficulties shortly after a long journey, then see a doctor urgently. Note: slight painless puffiness of feet and ankles is common after a long journey and is not due to a DVT.

2) Driving and travel in a foreign country

Hazard	Effect and possible Controls for the Hazard
Competence to drive in the foreign country	Poor driving may lead to injury of driver and others who may be harmed by inability of driver to understand local highway regulations. Traffic collisions are the most frequent cause of death among travellers. The risks associated traffic collisions are greatest in low and middle income countries, where trauma care systems may not be well developed. <u>Controls to reduce the risk</u> • Consider how the trip could be undertaken without driving, for example can you host arrange to collect you from the airport. • Drivers must be in possession of a valid International Driving Permit (IDP) and the licence from your home country in order to drive in countries such as Chile. The requirements for this will vary from country to country. • Drivers must carry both of these licences along with your passport and any documents relating to the vehicle for example hire/lease agreements. Any police officer stopping the driver will request these documents. • Obtain information on the regulations governing traffic and vehicle maintenance, and on the general state of the roads. • It may be wise to keep doors locked at all times and be aware of the possibility of criminals when stopping at traffic lights. • Do not drive after drinking alcohol.
Driving with excessive speed	Being stopped by the Police and receiving a fine or other penalty which is likely in the country may significantly hinder the purpose for which you are visiting that country. Any penalties will be the responsibility of the driver involved. <u>Controls to reduce the risk</u> • Drivers should not exceed the maximum speed limit defined by the country. • Make sure that you are conversant with the local highway regulations, for example right turn at lights in the USA. • Check the state of the vehicle prior to use e.g. tyres, seat belts, screen wash, wipers etc.
Unawareness of the country's driving style	Be cautious and aware when driving in an unfamiliar country. Some driving styles have a reputation for lack of courtesy at intersections, and drivers often jump red lights and fail to signal. Lane discipline may be very different or non-existent. <u>Controls to reduce the risk</u> • Consider undertaking the defensive driving course offered by the STFC. • Consider using public transport or official taxis.

3) Environmental: Climate and Geology

Hazard	Effect and possible Controls for the Hazard

Exposure to unfamiliar or extreme conditions e.g. altitude, hot deserts, frozen climates, monsoon and high humidity	Awareness of the locality and conditions likely to be experienced. For example, STFC staff regularly visit the European Southern Observatory in the Atacama Desert, at high altitude, and where exposure to higher levels of UV radiation occurs. Other sites include frozen climates e.g. Svalbard, where the potential for hyperthermia is possible. When a person is exposed to conditions to which they are not accustomed they can be prone to fatigue and physical stress. <u>Controls to reduce the risk</u> • Be aware of the likely environmental conditions you will have to contend with and take appropriate precautions to reduce the risk and mitigate any eventualities. • Be aware of symptoms of High Altitude Illnesses. Acute Mountain Sickness, or worse conditions, can be minimised through acclimatisation at intervening altitudes or prophylaxis such as with acetazolamide. • Exposure to harmful UV radiation (UVA and UVB) is greater at the equator than the poles and also increases approximately 5% for every 300m altitude gain. Appropriate skin and eye protection and limiting exposure time around solar noon will help minimise effects of sunburn and acute keratitis (“snow blindness”). • Check that any medication being taken will not affect sensitivity to UV radiation. • Exposure to high temperatures results in water and electrolyte loss from the body and can lead to heat exhaustion and heat stroke, so continual replenishment is important. • Exposure to hot, dry, dusty air may lead to irritation and infection of the eyes and respiratory tract. Avoid contact lenses in order to reduce the risk of eye problems.
Extreme geological events e.g. volcanic eruptions and earthquakes	Be aware of the potential for these extreme events if you are going to travel to such countries as Chile, Japan etc. since they can cause great devastation and loss of life; as well as affecting the local infrastructure after the event. Some consideration should be given to secondary events e.g. tsunami’s produced by earthquakes etc. <u>Controls to reduce the risk</u> • Be aware of the potential for these hazards and what measures should be taken in the event that you are unfortunate enough to experience such an event. If you have a local contact they should be a good source of information on how to respond. • Follow any advice or instruction given by local civil or military authorities in the event of an emergency. • Consider how you could be extracted from the area in the event of seismic activity.
Extreme climatic events e.g. tidal extremes, storms, typhoons/hurricanes and avalanches.	Be aware of the potential for these extreme climatic events since they can cause great devastation and loss of life; as well as affecting the local infrastructure after the event. <u>Controls to reduce the risk</u> • Avoid travelling to destinations that regularly suffer from these events if possible. • Be aware of what action you should take in the event that you are subject to these extreme conditions. • Follow any advice or instruction given by local civil or military authorities in the event of an emergency.

4) Security

HazardHazard	**Effect and possible Controls for the Hazard**
Personal Security	The reasonable possibility of crime affecting the individual, involving mainly minor or petty crime. Violent crime is less likely. It may be that there is less robbery late at night, but the crime may tend to become more serious. <u>Controls to reduce the risk</u> • Only use reputable hotels where there should be suitably sufficient risk assessments acceptable to UK standards.

	• Beware of pickpockets and keep all important documents secure. • Only carry important documents when required or it may be possible to only carry a photocopy. Use the hotel safe if applicable. • Think twice about walking home at night. If you are going a short distance, a taxi is probably a suitable option in unfamiliar territory. • Do not carry large sums of money on you. • Avoid becoming involved in verbal arguments that could escalate into physical violence.
Loss of property	Airports and departure lounges have higher security but personal possessions can be lost or tampered with. <u>Controls to reduce the risk</u> • Luggage and personal possessions should not be left unattended.
Kidnap and terrorism	STFC staff could suffer loss of freedom and be exposed to significant health risks through actions of kidnap or terrorism. Although this should be considered fairly unlikely staff should be aware of measures to keep themselves safe. <u>Controls to reduce the risk</u> • Avoid travelling at night and do not travel alone. • Avoid isolated areas. • Park in well-lit areas and do not pick up strangers. • Vehicle hijacking is a recognised risk in a number of countries. If stopped by armed robbers, make no attempt to resist and keep hands where the attackers can see them at all times.
Drugs	There should be no reason to become involved with either illicit drugs, or those specifically restricted in specific countries, in either their use or transportation. <u>Controls to reduce the risk</u> • Do not become involved with drugs of any kind. Penalties can be very severe and convictions for drug offences can lead to imprisonment. • All luggage should be packed by yourself and never carry any items through customs for anyone else.
Civil disturbance	There is always a possibility for persons to be exposed to situations relating to civil disturbance sparked off specific issues or events. Even the UK is not immune to these types of events. <u>Controls to reduce the risk</u> • Be aware of issues that could be inflammatory and avoid areas where civil disturbance is occurring or is likely to occur. Newspapers, news reports on television etc. can be helpful in keeping abreast of issues in the country or areas you are or will be visiting. • If you are caught in a civil disturbance follow any advice given by civil enforcement authorities.
Cultural Differences	There are significant cultural issues that could have implications for personal safety; since it could quite easily be possible to cause offence or insult the local population of a country or region e.g. through customs, dress and religion. <u>Controls to reduce the risk</u> • Be aware of specific customs etc for which the country has strong commitment and take very seriously. Avoid causing offence even if you disagree with the practices of that country.

5) Food and Drink

Hazard	Effect and possible Controls for the Hazard
Allergies	STFC staff may have severe reaction and need treatment. Staff with know allergies should be aware of any potential for coming in to possible contact with the respective agent. <u>Controls to reduce the risk</u> • Appropriate treatments should be carried as a precaution should an exposure and subsequent reactions occur. Particular medications may be difficult to acquire in certain countries.
Food poisoning	Consideration should be made to how food is prepared etc. in the country you are visiting. Fruit and vegetables should only be consumed if they have been peeled or cooked. Undercooked meat and fish should not be consumed. Food from street vendors should be avoided as this carries a higher risk of causing ill health. <u>Controls to reduce the risk</u> • If you are purchasing fresh foods and vegetables make sure they are washed thoroughly in clean water, for example bottled water. • Think twice about eating raw seafood shellfish.
Water and fluids	Contaminated drinking water is one of the leading sources of health problems for travellers, and can cause anything from mild gastrointestinal distress to serious bacterial diseases. The most common cause of water-borne illness is bacteria, such as E. coli, cholera and salmonella, but illness can also be caused by protozoa (including giardia and cryptosporidium), viruses (like hepatitis A, polio and rotavirus) and chemical pollutants. Mexico is well known for its unsafe water, but according to the CDC, travellers also face high risk in Central America, most of Africa and Asia, and the Middle East. <u>Controls to reduce the risk</u> • Avoid local tap water, unless you are in a country where you know this is clean. • Drink bottled water, making sure the seal is intact and before opening the bottle for the first time. • If you have to drink local water it is best to boil it for at least a minute. • Canned juices, fizzy soda, beer, wine and other alcoholic drinks are usually safe to drink. • Freezing water does not kill bacteria so avoid ice if you are unsure of the source of the water.
Contamination from water and soil	It is possible that a number of diseases and bacteria, e.g. diarrhoea, Legionella, tetanus, E.coli, can be present where contact with water and soil is possible. <u>Controls to reduce the risk</u> • Wash hands well in clean water with suitable soap or cleaning agent prior to handling food which you will eat.

6) Health

Hazard	Effect and possible Controls for the Hazard
Working at altitude	STFC staff may suffer effects from working at altitude e.g. fatigue, fainting, breathlessness etc. <u>Controls to reduce the risk</u>

	• Staff visiting the observatory sites, particularly the ESO Chile and JAC Hawaii, must undertake a high altitude medical prior to travelling, see STFC SHE Code 8 Travel on Council business.
Falling ill or being injured	STFC staff may be hospitalised. <u>Controls to reduce the risk</u> • In the EU staff should carry the appropriate documentation to allow access to medical facilities that are required. • It is possible that staff could be injured or fall ill requiring them to seek medical services. All travellers should carry the details for travel insurance provided to STFC staff travelling on council business. Details of the Insurance cover are provided on the STFC in-focus website: https://staff.stfc.ac.uk/about/gov/Pages/Insurance.aspx
Exposure to viruses, significant diseases and parasites. (tetanus, polio, typhus, hepatitis A, hepatitis B, HIV, Lyme's disease, malaria, yellow fever, cholera)	STFC staff could be infected and suffer long term illness. There are a number of modes of transmission i.e. Food bourn and water bourn diseases; vector-bourn diseases, diseases transmitted by animals (zoonoses), sexually transmitted diseases, blood bourn diseases, airborne diseases and diseases transmitted via soil. Malaria is a common and life-threatening disease in many tropical and sub-tropical areas. There are currently over 100 countries or areas at risk of malaria transmission. <u>Controls to reduce the risk</u> • It is important to renew vaccinations against tetanus, polio, typhus, jaundice (hepatitis A) and hepatitis B, if necessary. Outbreaks of typhoid fever and hepatitis are common in the warm season in central Chile (December to March). • Travellers must contact site Occupational Health services to arrange appropriate vaccinations at least 4 to 8 weeks prior to their intended departure to a country where the risk is high. This should allow the necessary time for any vaccinations prescribed by the doctor to take effect. • Immunisation through vaccination and prophylaxis. Immunisation is not a substitute for avoiding potentially contaminated food and water. • For malaria, be aware of the risk, incubation period and possible delayed onset of the main symptoms. Anti malarial drugs (Chemoprophylaxis) may be required to prevent infection developing into a clinical disease. • Medical evacuation (contact details etc. required).
Exposure to blood or other body fluids	Blood transfusion is a life-saving intervention; however, it carries a potential risk of acute or delayed reactions to transmittable infections. Not all developing countries have safe blood and blood products available in all health care facilities. In malaria-endemic areas there is a high risk of acquiring malaria from transfusion. <u>Controls to reduce the risk</u> • Travellers should carry a medical card or other document showing their blood group and information about any current medical problems or treatment. • Unnecessary travel should be avoided by those with pre-existing conditions that might require blood transfusion. • Travellers should take all possible precautions to avoid involvement in road traffic accidents or other significant accidental injuries. • Avoid contact between blood and body fluid and damaged skin e.g. cuts, or with mucous membranes. • Avoid injury with needles or sharp instruments contaminated with blood or body fluids.
Prescription medication	Travellers could suffer from not being able to take prescribed medication which is needed to control a diagnosed condition. This could have serious implications and lead to a significantly higher risk of health issues.

	Controls to reduce the risk • Travellers are also advised to take an appropriate supply of any prescription medication; this should be accompanied by a written doctor's instruction, explaining the need for the medication and justifying the quantities required.
Smog and poor air quality	STFC staff, especially those with breathing difficulties or suffer from Asthma. Controls to reduce the risk • This could be a particular problem if the member of staff has any respiratory issues. Different cities can suffer smog conditions at different times of year. A city may declare "pre-emergency" or "emergency" states when the level of smog is dangerously high and takes measures to limit emissions. When the air quality is in pre-emergency or emergency state, children, senior citizens and people with respiratory problems should avoid trips to areas at risk of high smog.
Damaged tooth or toothache	Travellers could suffer significant discomfort and pain, resulting in stress, lack of concentration etc. Flying at altitude can cause issues for anyone with a dental abscess. Controls to reduce the risk • If you have any indication of toothache or discomfort it would be advisable to visit a dentist prior to travelling overseas.
Loss or damage of spectacles or contact lenses	STFC staff could become more vulnerable to other hazards if their eye sight is impaired. Controls to reduce the risk • It would be advisable to take an additional pair of spectacles or more than sufficient sets of contact lenses such that any loss or damage does not have significant impact on your visit
Pre-existing medical condition e.g. cardiovascular disorders, chronic hepatitis, chronic respiratory diseases, diabetes mellitus, epilepsy etc.	People suffering from underlying chronic illnesses should seek medical advice before planning a journey. Controls to reduce the risk • Carry all necessary medication and medical items for the duration of the journey. Prescription medications should be packed in carry-on luggage. However, all airline security requirements will also need to be followed. • Carry the name and contact details of your physician with other travel documents. • A physician's attestation should also be carried, certifying the necessity for any drugs or other medical items carried by the STFC employee that may be questioned by customs officials and/or security personnel. • Confirm whether or not you have adequate health insurance since some countries now require this proof as a condition of entry. Take a copy of the required information. • It is often advisable to have a medical examination on returning from the overseas travel if you suffer from a chronic disease or experience illness in the weeks following the travel.
Psychological health e.g. stress	International travel can often be a stressful experience dealing with the impact of foreign cultures and language, significantly different environments and climate etc. The greater the range of stress factors may result in a greater risk for psychological problems. Mental health resources can vary from country to country. Controls to reduce the risk • Take precautions to reduce travel-related stress. This can be done by gathering proper information before travel. This will help maintain self-confidence and cope with the unfamiliar. It will also allow you to develop strategies to minimise risks.

7) Animals, Insects and Parasites

Hazard	Effect and possible Controls for the Hazard
Insect, Arachnid or similar bites and stings	STFC staff could suffer life threatening conditions from reaction to venom from a bite. STFC staff could suffer stress and discomfort from uncertainties associated with a snake, insect or animal bite to which UK inhabitants are not exposed in everyday life. Envenomation may cause some local tissue necrosis around the bite site and could well lead to serious spreading human tissue destruction (necrosis) or even human death. Neurotoxins in bites and stings will cause weakness and paralysis. Venom contacting the eyes can cause severe damage and may result in blindness. Certain spiders such as Tarantulas have toxins in the hairs covering their bodies which can cause intense irritation on contact with the skin. <u>Controls to reduce the risk</u> • Consult with those familiar with this type of hazard as to measures to avoid contact or medical procedures in the event of a bite. • Make others aware if you are specifically at risk from an allergic response to bites. • Carry any appropriate medication specific to you. • Seek immediate medical attention, especially for snake, scorpion or spider bites/stings, and if possible identify the source of the bite. • Clean with disinfectant and keep any bite wound clean from infection. • Avoid being exposed to these species at night since this is when they are particularly active. • Avoid walking barefoot or in open sandals in terrain where venomous snakes, scorpions or spiders may be present. Wear boots or closed shoes and long trousers. • Avoid direct contact with spiders where there are known to be species of Tarantula. • Certain spiders, e.g. Tarantulas, have toxins in the hairs covering their bodies which can cause intense irritation on contact with the skin.
Contact with dangerous animals.	There are specific areas where STFC staff can come into contact with dangerous animals e.g. polar bears on Svalbard. <u>Controls to reduce the risk</u> • Follow all local rules and advice given by those familiar with the particular animal hazard.
Rabies	Animals suffering from rabies often become aggressive and may attack without provocation. Rabies represents the most important infectious health hazard from animal bites. In many developing countries, rabies is transmitted mainly by dogs, but many other species of mammals can be infected by the rabies virus. <u>Controls to reduce the risk</u> • If a significant risk of exposure to rabies is foreseen, seek medical advice before travelling. • Avoid direct contact with domestic animals in areas where rabies occurs, and with all wild and captive animals. • Seek medical or veterinary advice should be sought about the possibility of rabies in the area. Where a significant risk of rabies exists, the patient should be treated with post-exposure rabies vaccination and immunoglobulin. • A booster dose of tetanus toxoid is also recommended following an animal bite.
Insects and other vectors of disease	Vectors, such as bloodsucking insects, play an essential role in the transmission of many infectious diseases. Typical insect vectors are mosquitoes, bloodsucking flies and ticks. The transmission of many vector-borne diseases is seasonal because of the relationship with rainfall and breeding sites. <u>Controls to reduce the risk</u>

	• Avoid, if possible, travelling to countries with significant insect vector problems, for example during wet seasons. • There is a lower risk of exposure to these insects in urban centres, especially if sleeping in air-conditioned rooms. The exception to this is exposure to dengue fever which is frequent in urban centres in tropical countries. • Use insect repellent containing either DEET or Icaridin. Apply to both exposed skin and clothing. Follow instructions for the application of the repellents. • Use mosquito nets, either with or without insecticide treatment, while sleeping.
Intestinal parasites	Exposure to a number of intestinal parasitic worms, particularly when visiting tropical or subtropical countries. This risk is normally associated with low standards of hygiene and sanitation. Clinical effects may take some time to become apparent. The main intestinal parasites are likely to be; Hookworms, Tapeworms, Roundworms and Whipworms. <u>Controls to reduce the risk</u> • Follow common-sense precautions for avoiding unsafe food and drink. • Only use hotels of sufficient standard that exposure to these parasites is minimised. • Drink only bottled water and clean teeth in bottled water, making sure the seal is intact before opening the bottle for the first time.

Appendix 3 - STFC Risk Assessment template

Ref:	**Title: Example Risk Assessment for Overseas Travel. (also see SC08 Appendix 2 – Guidance - Items for Overseas Travel Risk Assessment)**
Assessment Date:	Rm/Building/STFC Site:
Main Assessor:	Department:
Assessment Team involved:	Persons or Groups of people exposed:
Activity/Task being assessed (and any other relevant details, e.g. photos or related risk assessments/COSHH assessments etc. and where to find them): **Travel to Chile and European Southern Observatory (ESO) on Council business**	

Step 1 What are the hazards? Hazard/Task or Situation	Step 2 Who might be harmed and how?	Step 3: What are you already doing? (see guidance attached)	What is the level of risk? (see guidance attached) H Harm	L Likelihood	R Risk	What further action is necessary?	Step 4: How will you implement identified actions? Action by whom	By when	Done
Flights									
Fatigue (flights are long; totaling 24 to 30 hrs)	Traveller May result in the traveller being prone to accidents or poor judgement	After the long haul flight the first night will be spent in Santiago prior to travelling on to an observatory.	Moderate	Likely	Medium	Traveller to familiarise themselves with the itinerary; flight times, flight numbers, airport terminal numbers. Get suitable rest or sleep when possible; away from noise and distractions.	Traveller		
Jet lag	Traveller May result in the traveller being prone to accidents or poor judgement	The time in Chile is 4 hrs behind GMT. Taxi has been booked for collection from the airport upon arrival and transport to local hotel for first day & night stay. Visit itinerary planned to avoid complex tasks during early part of the visit.	Slight	Unlikely	Low	Traveller to be mindful of potential effects of Jet lag. Jet lag may persist for several days after arrival and can be accompanied by loss of appetite, difficulty in sleeping, constipation, and grogginess. Although individuals differ in severity of symptoms they experience, many people simply fail to recognize how they are affected, especially in tasks requiring concentration, situation awareness, and complex coordination.			

Deep Vein Thrombosis (DVT)	Traveller	Development of DVT can occur on long journeys by plane, train, etc. This is probably due to sitting cramped for long periods.
		
		The increased risk of DVT from travel is small.
			Moderate	Unlikely	Medium	Whilst travelling on a long journey, particularly on a long-haul plane trip:
						• Exercise your calf and foot muscles regularly:
						  ○ Every half hour or so, bend and straighten your legs, feet and toes when you are seated.
						  ○ Press the balls of your feet down hard against the floor or foot-rest every so often. This helps to increase the blood flow in your legs.
						  ○ Take a walk up and down the aisle every hour or so, when the aircraft crew say it is safe to do so.
						• Drink plenty of water (to avoid dehydration).
						• Do not drink too much alcohol. (Alcohol can cause dehydration and immobility.)
						• Do not take sleeping tablets, which cause immobility.
						• Consider wearing compression stockings.
						• Have a walk straight after the journey to 'get the circulation going'.
						Most travellers have no problems. However, if you develop a swollen painful calf or breathing difficulties shortly after a long journey, then see a doctor urgently. (But note: slight painless puffiness of feet and ankles is common after a long journey and is not due to a DVT.)
							Traveller		

Driving and travel in Chile									

Competence of driver to drive in Chile on council business.	Traveller May lead to injury of driver and others who may be harmed by inability of driver to understand local 'highway code'.	Evaluate the need to drive in Chile and select alternative method of transport as appropriate e.g. use of taxis, internal flights etc Drivers must be in possession of a valid International Driving Permit (IDP) and the licence from your home country in order to drive in Chile. Drivers must carry both of these licences along with your passport and any documents relating to the vehicle. Any police officer stopping the driver will request these documents.	High	Likely	High	Driving defensively is advised. Consider undertaking the defensive driving course offered by the STFC. Keep doors locked at all times and be aware of criminals when stopping at traffic lights, especially in southern parts of Santiago and the airport.	Traveller		
Travel from airport to Santiago city.	Traveller	Take an official taxi. In both terminals, there are taxis to the city available 24 hours a day. For security reasons, it is recommended to use only the official taxis that the airport offers.	Slight	Unlikely	Low	Visitors can pay in local currency or dollars; it should cost less than US$30 for the approximately 30 minute trip into town.	Traveller		
Climate/Geology									
Exposure to desert conditions and intense sun.	Traveller Sunburn or sunstroke	Awareness of potential risk of sunburn and sunstroke	Slight	Unlikely	Low	When working or resting outside ensure suitable sun protection is used.	Traveller		
Volcanic eruptions	Traveller Injury	Pre travel awareness training of what to do in the event of a volcanic eruption.	Moderate	Very Unlikely	Low	Staff should make themselves aware of any local procedures. ESO and Gemini publish guidance on this.	Traveller		
Earthquakes	Traveller Injury	Pre travel awareness training of what to do in the event of a significant earthquake.	Moderate	Very Unlikely	Low	Staff should make themselves aware of any local procedures. ESO and Gemini publish guidance on this.	Traveller		
Security									

Personal Security	Traveller Could be assaulted, injured and/or lose important documents etc.	Pre travel personal security awareness training	Moderate	Unlikely	Medium	A recent government study showed that most people were robbed in Santiago during the evening rush hour Though there is less robbery late at night, the crime tends to become more dangerous. Think twice about walking home at night. If you are going a short distance, a taxi is inexpensive. Watch your belongings while on buses and the metro. Some pickpockets are very skilled at emptying your pockets on crowded buses.	Traveller		
Kidnap and terrorism	STFC staff Could suffer loss of freedom and be exposed to significant health risks.	Travel by official taxis. Accommodation organised through the corporate travel provider who monitor the safety of hotels, etc.	Moderate	Unlikely	Medium				
Food and Drink									
Allergies	STFC staff May have severe reaction and need treatment.	Appropriate treatments will be carried as a precaution should an exposure and subsequent reactions occur.	Slight	Unlikely	Low	Staff with known allergies should be aware of any potential for coming in to possible contact with the respective agent.	Traveller		
Food poisoning	STFC staff May have debilitating illness from food poisoning.		Moderate	Likely	Medium	Fruit and vegetables should only be consumed if they have been peeled or cooked. Undercooked meat and fish should not be consumed. Food from street vendors should be avoided as this carries a higher risk of causing infection.	Traveller		
Water and fluids	STFC staff May suffer illness and dehydration from drinking contaminated water.	Tap water is generally safe to drink in Chile's major urban centres, Water quality in rural areas is variable. Travellers are advised to consume only sterilised or bottled water.	Moderate	Unlikely	Medium	In rural areas travellers are advised to consume only bottled water.	Traveller		
Health									

Working at altitude	STFC staff May suffer effects from working at altitude e.g. fatigue, fainting, breathlessness etc.	High altitude medical before travelling	Slight	Unlikely	Low	Follow any recommendation made in the high altitude medical	Traveller		
Falling ill or being injured	STFC staff Injury	Travellers will carry the details for travel insurance provided to STFC staff travelling on council business. International SOS app downloaded on to mobile devices Health facilities are good in Santiago and other major cities	Moderate	Unlikely	Medium	Some major hospitals accept credit cards but many doctors expect cash payments immediately.			
Exposure to viruses and diseases. (tetanus, polio, typhus, hepatitis A, hepatitis B)	STFC staff Could be infected and suffer long term illness	MASTA and International SOS provide information about which vaccinations are needed for the travel destinations. Travellers are advised to visit a doctor or clinic that specialises in travel-related medicine at least four to six weeks prior to their intended departure. This should allow the necessary time for any vaccinations prescribed by the doctor to take effect.	Moderate	Unlikely	Medium	Travellers are advised to avoid activities which could increase the risk of infection.	Traveller		
Prescription medication	STFC staff Could suffer illness from not being able to take prescribed medication	Travellers will take an appropriate supply of any prescription medication; this will be accompanied by a written doctor's instruction, explaining the need for the medication and justifying the quantities required.	Moderate	Very Unlikely	Low	Split supplies of any necessary medication into separate travel bags in case any bags are lost during travel.	Traveller		
Smog and poor air quality	STFC staff, Could suffer breathing difficulties or effects from Asthma.	Santiago declares "pre-emergency" or "emergency" states when the level of smog is dangerously high. When the air quality is in pre-emergency or emergency state, avoid trips to downtown Santiago whenever possible.	Slight	Unlikely	Low	Travellers should note that the most severe pollution in Santiago occurs from June to September; this may cause problems to sufferers of asthma or other respiratory illnesses.	Traveller		

Damaged tooth or toothache	STFC staff Could suffer significant discomfort and pain, resulting in stress, lack of concentration etc.	Chilean dentists (*dentistas*) are well trained. Dental work in Chile is relatively inexpensive. International SOS can provide advice about which service to use.	Moderate	Very Unlikely	Low	If a dental visit is required consult International SOS for advice.	Traveller		
Loss or damage of spectacles or contact lenses	STFC staff Could become more vulnerable to other hazards if their eye sight is impaired.	Travellers will take spare glasses and/or contact lenses. Opticians are available in Santiago.	Slight	Unlikely	Low	Care to be taken not to lose or damage spectacles.	Traveller		
Animals/Insects									
Bites Chilean violin spider (also known as the brown spider, Chilean Recluse or Chilean fiddle-backed spider)	STFC staff Could suffer life threatening conditions from reaction to the venom.	Pre travel awareness training to identify this spider and its likely locations.	Moderate	Very Unlikely	Low	Clothing should be inspected if there are known to instances of this spider in the region. This spider is not aggressive and usually bites only when pressed against human skin, such as when putting on an article of clothing.	Traveller		

Distribution List:	Signed:	Date:

Has the assessment been entered into the Evotix Assure database?	Yes ☐ No ☐ Evotix Assure ref no:
Step 5 Review Date:	▪ Review your assessment to make sure you are always improving the identification of hazards and control measures. ▪ If there is a significant change in your workplace, remember to check your risk assessment and where necessary, amend it.

What is the level of risk? For each hazard, choose the 'Harm' and 'Likelihood'. Choose 'the most likely reasonably foreseeable injury' and **not** just the worst case outcome. For example, it is very unlikely that someone would be killed from falling from a footstool, the most common injury is likely to be a minor injury which may or may not require attention from a First-Aider.

E.g. if Harm was 'Moderate' and Likelihood 'Unlikely' the Risk would be 'Medium'.

		If control measures are not adhered to potential harm is likely to be:				
HARM	**Major**	Fatality	High	High	V High	V High
	High	Fatality or life changing injuries or serious health effects	Med	Med	High	V High
	Moderate	Time off work, e.g. broken bones, stress or musculoskeletal injury	Low	Med	Med	Med
	Slight	Minor injury which may or may not require First-aid treatment	Low	Low	Low	Low
			Very Unlikely	**Unlikely**	**Likely**	**Very Likely**
			Conceivable but difficult to realise. Would require a combination of several failures	Can be envisaged but is unlikely. Never previously happened in STFC	Can be anticipated to happen. Has previously been known to happen in STFC	Can be anticipated to happen. Has previously been known to happen on site
			LIKELIHOOD			

[Please note this matrix is reversed on SHE Assure, this is due to the software design and currently is unable to be altered. However, the meaning of the risk categories are the same.]

Where:

Low Risk	No additional controls are necessary unless they can be implemented at very low cost (in terms of time, money and effort) or there is a mandatory requirement within legislation. Actions to further reduce these risks can be assigned low priority.
Medium Risk	Consideration should be given as to whether the risks can be lowered, where applicable, to a low risk level, but the costs of additional risk reduction measures should be take into account. The risk reduction measures should be implemented within a defined time period.
High Risk	The controls put in place are critical and it is imperative that they are monitored by a line manager (or equivalent) on a regular basis to ensure they are in place. Risk reduction measures should be contemplated as per the hierarchy and favour engineering controls over administrative controls and PPE. Additional controls may require extra resources and these would be justifiable.
Very High Risk	Additional control measures **must** be implemented to reduce the risk, regardless of cost, or a decision taken to terminate the activity until the risk level can be reduced.

What are you already doing? The 'Control Hierarchy' provides a simple prompt to consider the various types of control measure that are or could be established for any given hazard. The examples below are provided for illustration but are not an exhaustive list.

Eliminate/Substitute	Redesign job or substitute a substance so hazards are removed or eliminated. For example, avoid working at height or substitute a carcinogenic substance with a less hazardous substance.
Engineering Controls	For example: Local Exhaust Ventilation (LEV) to control risks from dusts or fumes; Interlocks/guarding of machinery; Access control; Emergency stop within reach. Also, the complete enclosure of the operator or the hazardous machinery/equipment. Give priority to measures which protect collectively over individual measures.
Administrative Controls	For example: training; reducing the time workers are exposed to hazards (e.g. by job rotation); prohibiting lone working; prohibiting use of mobile phones in hazardous areas; safety signage. Also, performing risk assessments, safe systems of work or a laser standing order.
Personal Protective Equipment (PPE)	Only used as a control measure after all the previous measures have been considered and determined to be ineffective in controlling the risks to a reasonably practicable level. For example: safety shoes, gloves, safety spectacles, hard hat, fall arrest harnesses. It is not sufficient to say 'PPE used', the type of PPE required must be specified.

Note: if one section such as PPE is not applicable, do not delete it but instead insert "PPE: N/A". This shows that it has been considered and deemed not relevant for this activity.

Appendix 4 - STFC Overseas Travel Risk Assessment template

Ref:	Title:
Assessment Date:	Rm/Building/STFC Site:
Main Assessor:	Department:
Assessment Team involved:	Persons or Groups of people exposed:
Activity/Task being assessed	

Step 1 What are the hazards?	Step 2 Who might be harmed and how?	Step 3: What are you already doing? (see SC08 Appendix 2 - Guidance for Overseas Travel Risk Assessment)	What is the level of risk? (see guidance attached at end of this form)			What further action is necessary?	Step 4: How will you implement identified actions?		
Hazard/Task or Situation			H Harm	L Likelihood	R Risk		Action by whom	By when	Done
Flights									
Fatigue	Traveller Fatigue may result in the traveller being prone to one or more of the other hazards identified.								

Jet Lag	Traveller May affect ability to carry out tasks requiring concentration, situation awareness, and complex coordination.								
Deep Vein Thrombosis (DVT)	Traveller Blood clot forms in a leg vein								
Driving									
Competence to drive in the foreign country	Traveller Poor driving may lead to injury to driver and others								
Driving with excessive speed	Traveller Vehicle accident may lead to injury to driver and others								

Unawareness of the country's driving style	Traveller Vehicle accident may lead to injury to driver and others								
Environmental									
Exposure to unfamiliar or extreme conditions	Traveller Ill health from high or low temperatures. Sunburn								
Extreme geological events	Traveller Injury from earthquake, volcanic eruptions, tsunamis.								
Extreme climatic events	Traveller Injury from storms, typhoons/hurricanes and avalanches.								
Security									
Personal Security	Traveller Assault or mugging								

Loss of property	Traveller Increased risk if travel documents, money and/or communication devices are lost								
Kidnap and terrorism	Traveller Injury and/or health affected through actions of kidnap or terrorism								
Drugs	Traveller Injury or ill health from involvement with illicit drugs								
Civil disturbance	Traveller Injury through actions of rioters								
Cultural Differences	Traveller Causing offence or insult resulting in injury or security risk								
Food and Drink									

Allergies	Traveller Allergic reaction and ill health								
Food poisoning	Traveller Ill health								
Water and fluids	Traveller Ill health from contaminated drinking water								
Contamination from water and soil	Traveller Ill health from contact with contaminated water or soil								
Health									
Working at altitude	Traveller Effects from working at altitude e.g. fatigue, fainting, breathlessness, altitude sickness								

Exposure to viruses, significant diseases and parasites.	Traveller Infection and short or long term illness								
Exposure to blood or other body fluids	Traveller Infection and llong term illness								
Prescription medication	Traveller Ill health from lack of necessary medication								
Smog and poor air quality	Traveller Breathing difficulties								
Animals, Insects and Parasites									
Insect, Arachnid or similar bites and stings	Traveller Life threatening conditions from reaction to venom								
Contact with dangerous animals.	Traveller Injury from animal attack								

Rabies	Traveller Rabies infection from bite by affected animals								

Distribution List:	Signed:	Date:
Has the assessment been entered into the Evotix Assure database?	Yes ☐ No ☐ Evotix Assure ref no:	
Step 5 Review Date:	▪ Review your assessment to make sure you are always improving the identification of hazards and control measures. ▪ If there is a significant change in your workplace, remember to check your risk assessment and where necessary, amend it.	

What is the level of risk? For each hazard, choose the 'Harm' and 'Likelihood'. Choose 'the most likely reasonably foreseeable injury' and **not** just the worst case outcome. For example, it is very unlikely that someone would be killed from falling from a footstool, the most common injury is likely to be a minor injury which may or may not require attention from a First-Aider.

E.g. if Harm was 'Moderate' and Likelihood 'Unlikely' the Risk would be 'Medium'.

		If control measures are not adhered to potential harm is likely to be:				
HARM	**Major**	Fatality	High	High	V High	V High
	High	Fatality or life changing injuries or serious health effects	Med	Med	High	V High
	Moderate	Time off work, e.g. broken bones, stress or musculoskeletal injury	Low	Med	Med	Med
	Slight	Minor injury which may or may not require First-aid treatment	Low	Low	Low	Low
			Very Unlikely	**Unlikely**	**Likely**	**Very Likely**
			Conceivable but difficult to realise. Would require a combination of several failures	Can be envisaged but is unlikely. Never previously happened in STFC	Can be anticipated to happen. Has previously been known to happen in STFC	Can be anticipated to happen. Has previously been known to happen on site
			LIKELIHOOD			

[Please note this matrix is reversed on SHE Assure, this is due to the software design and currently is unable to be altered. However, the meaning of the risk categories are the same.]

Where:

Low Risk	No additional controls are necessary unless they can be implemented at very low cost (in terms of time, money and effort) or there is a mandatory requirement within legislation. Actions to further reduce these risks can be assigned low priority.
Medium Risk	Consideration should be given as to whether the risks can be lowered, where applicable, to a low risk level, but the costs of additional risk reduction measures should be take into account. The risk reduction measures should be implemented within a defined time period.
High Risk	The controls put in place are critical and it is imperative that they are monitored by a line manager (or equivalent) on a regular basis to ensure they are in place. Risk reduction measures should be contemplated as per the hierarchy and favour engineering controls over administrative controls and PPE. Additional controls may require extra resources and these would be justifiable.
Very High Risk	Additional control measures **must** be implemented to reduce the risk, regardless of cost, or a decision taken to terminate the activity until the risk level can be reduced.

What are you already doing? The 'Control Hierarchy' provides a simple prompt to consider the various types of control measure that are or could be established for any given hazard. The examples below are provided for illustration but are not an exhaustive list.

Eliminate/Substitute	Redesign job or substitute a substance so hazards are removed or eliminated. For example, avoid working at height or substitute a carcinogenic substance with a less hazardous substance.
Engineering Controls	For example: Local Exhaust Ventilation (LEV) to control risks from dusts or fumes; Interlocks/guarding of machinery; Access control; Emergency stop within reach. Also, the complete enclosure of the operator or the hazardous machinery/equipment. Give priority to measures which protect collectively over individual measures.
Administrative Controls	For example: training; reducing the time workers are exposed to hazards (e.g. by job rotation); prohibiting lone working; prohibiting use of mobile phones in hazardous areas; safety signage. Also, performing risk assessments, safe systems of work or a laser standing order.
Personal Protective Equipment (PPE)	Only used as a control measure after all the previous measures have been considered and determined to be ineffective in controlling the risks to a reasonably practicable level. For example: safety shoes, gloves, safety spectacles, hard hat, fall arrest harnesses. It is not sufficient to say 'PPE used', the type of PPE required must be specified.

Note: if one section such as PPE is not applicable, do not delete it but instead insert "PPE: N/A". This shows that it has been considered and deemed not relevant for this activity.

Appendix 5 - Guidance for staff visiting high altitude locations.

Introduction

- **1.1** There may be occasions when staff are required to visit / work at a location which is at high altitude (i.e. over 10,000 feet). It is essential to assess an individual's fitness prior to travel, given the possible risks to health that ascent to high altitude may impose.

Background

- At altitudes of 10,000 feet (or more) the ambient partial pressure of oxygen can be less than 70% of the sea level value. This affects people in different ways and there are certain dangers which should be clearly understood. For brief visits of a few hours duration there is no significant medical risk for adults in normal good health, although the majority of people do experience some discomfort. The most common symptom is shortness of breath but this is very rarely severe and most people overcome this fairly easily. The next most prominent complaint is headache, which usually develops only after several hours at high altitude; it can be severe.

- Other high altitude complaints, such as lethargy, giddiness, insomnia, etc. affect fewer people (less than 20%). The severity of the symptoms usually increases after several hours at the summit. After 24 hours at high altitude the incidence and severity of symptoms start to diminish.

- On rare occasions individuals can exhibit signs of high-altitude pulmonary oedema or high-altitude cerebral oedema; these are potentially fatal conditions and must be treated by taking the affected person back to sea level without delay. The altitude may also aggravate pre-existing cardiovascular and respiratory diseases. One of the problems is that the sufferer may not be fully aware of the seriousness of the situation and it may be necessary for others to decide that retreat to a lower level is necessary.

- High altitude facilities often employ a mid-level facility where visitors en-route to the summit are advised to take a break for at least 30 minutes. Those visiting such locations should ensure they maintain their levels of hydration.

- It should be noted that children under sixteen years of age are particularly susceptible to the effects of low oxygen pressure and should not be encouraged to visit. Pregnant women are also at risk at high altitude. In general, any adults with known heart disease, lung disease, high blood pressure or who suffer from frequent severe headaches should not ascend higher than the mid level facility.

Rules for STFC staff travelling to high altitude.

- It is mandatory for STFC staff required to visit or work at a high altitude (in excess of 10,000 feet) to undergo a full medical examination to certificate their fitness to undertake this visit. Examinations will be arranged through Site Occupational Health and/or Safety Advisers and HR sections for which at least six weeks' notice should be given prior to the date of travel. The high altitude fitness medical comprises the following:

-
    - Health and Lifestyle consultation;
    - Blood tests, if they have not already been carried out by the General Practitioner;
    - Ultrasound of the carotid arteries and abdominal aorta;
    - Ultrasound of the heart;
    - Vascular screening of the abdominal organs (kidney size, abdominal aorta calibre);
    - 12 lead resting ECG;
    - 12 lead exercise tolerance test;
    - Spirometry;
    - Post screening consultation;
    - Lifestyle and/or treatment recommendations; and
    - Full written report and follow up consultation if required
    -
- A confidential report will be provided to the individual covering the outcome of the examination together with a certificate confirming that the individual is fit to travel to altitude. A copy of this certificate should be passed to the relevant high altitude facility Safety Adviser/HR advisors as proof of fitness

- Any member of staff who does not pass the appropriate medical examination will not be allowed to visit or work at a high altitude location.

- The fitness of staff to visit and/or work at high altitude should be reviewed and/or re-assessed annually, regardless of age, in case there is an unexpected change in medical status which might affect the risk to the individual. However, frequency of testing will ultimately be at site discretion.

Non-STFC staff - visitors and observers

- Medical opinion is unequivocal in stating that all visitors to a high altitude location (including short-term visitors of three hours or less and all observers) should also undergo a full assessment by their own GP, who should be familiar with the risks of altitude, before such a visit takes place. As such, all visitors are asked to sign a medical disclaimer stating that they fully understand the risks of ascending to altitude and acknowledging the recommendation to seek medical assurance of fitness prior to travel.

Appendix 6 – Travel Risk ratings

Security Risk Rating	Medical Risk Rating	Travel must be authorised by	Training and Pre-Trip Briefing	Tracking & Communication	Other Measures
Extreme	Very High	STFC Executive Chair or Chief Operating Officer	Int SOS Travel Awareness (Medical, Security & Higher Risk) Destination specific briefing	Logged Itinerary Pre-arranged check-in contact Active monitoring tracker device	Specialist Advice (FCDO & Int SOS)
High	High	Departmental Director	Int SOS Travel Awareness (Medical, Security & Higher Risk) Destination specific briefing	Logged Itinerary Pre-arranged check-in contact Active monitoring tracker device	As Identified in Risk Assessment (FCDO & Int SOS)
Medium	Variable	Line Manager	Int SOS Travel Awareness (Medical, Security & Higher Risk) Destination specific briefing	Logged Itinerary Pre-arranged check-in contact	As Identified in Risk Assessment
Low	Medium	Line Manager	Int SOS Travel Risk Awareness (Medical & Security)	Logged Itinerary	Not required
Insignificant	Low	Line Manager	Int SOS Travel Risk Awareness (Medical & Security)	Logged Itinerary	Not required

Appendix 7 - Training

Role	Initial Training	Refresher Training	Frequency	Comments
High mileage drivers > 3000 business miles. As identified by Business Support Manager	½ day STFC Driving development course	½ day STFC Driving development course	5 yearly	
Travellers to **Low and Insignificant** Security Risk Rating Countries	International SOS Travel Risk Awareness - Security Travel Risk Awareness - Medical 30 minutes each	e-learning or face to face	Prior to first travel 5 yearly refresh	Int SOS Travel Training Hub Then select the appropriate iSOS training package(s).
Travellers to **Medium, High and Extreme** Security Risk Rating Countries	International SOS Travel Awareness - Higher Risk. 30 minutes. International SOS Training packages relevant to planned travel and destination.	Prior to each trip	Prior to each trip	Int SOS Travel Training Hub Then select the appropriate iSOS training package(s).

Appendix 8 - Audit checklist

Ref.	Item	Rating	Comments
1 (Section 4.1.3)	Have all staff driving on Council Business (hire, lease or own car) been given 'Permit to Drive'?		
2 (Section 4.1.7)	Have all high mileage drivers attended driving development course?		
3 (Section 4.4.2)	Has the mileage of STFC drivers been reviewed in the past 12 months to determine high mileage drivers?		
4 (Section 4.2.2)	Have risk assessments been conducted for any Medium, High & Extreme risk overseas travel? Reviewed by managers and stored in Evotix Assure?		
5 (Section 4.1.21)	Where travel has occurred to countries that the FCO advises against "all travel" or "all but essential business travel" is there documented Executive Chair or COO approval?		
6 (Section 4.1.25)	Have travel related SHE incidents been reported in Evotix Assure? Is this consistent with vehicle accident insurance and medical claims?		
7 (Section 4.4.3) (Section 4.4.2)	Have STFC professional drivers undertaken their annual health assessment?		

Appendix 9 - Document Retention Policy

Records Established	Minimum Retention Period	Responsible Record keeper	Location of Records	Comments/Justification
Travel Risk Assessments	Current + 5 years	Line management	SHE Assure	SHE Group maintain Evotix Assure Facility
Permits to Drive	Current + 5 Years	Site Operations	Local records systems	