

Essential Notes for Fieldworkers

1.0 Responsibilities of institute and employees

The Institute has a duty of care for its employees.¹ Under that rubric, these notes instruct fieldworkers to take precautions to avoid dangers where at all possible in the conduct of fieldwork. The Institute however inevitably knows less about local conditions than you, the fieldworker, so we ask you to please take the hazards seriously. The best way to prepare is to make contacts in a wide network of people who have worked or are in the field country – they know the hazards and how best to avoid them, and what precautions you should take. *It is your responsibility to make these contacts – please ask senior staff to help you do so.*

Although the dangers are probably much less than say going on a skiing, climbing or rafting trip, these are work-related dangers and we must take them seriously. Consequently, the Institute tries to make sure systematic information is available both to the management and the fieldworker; the Institute will appoint a Crisis Team in the case of accident or difficulty.

2.0 Assessing risks

Before first committing to a field site you should talk over with advisors and senior staff whether there might be easier, safer alternatives. A PhD student, for example, plans a three year investment of his or her life – it would be irrational to choose a location where local conditions may make it impossible to complete the project, so a decision must be made with supervisors. With your advisors, do a methodical risk assessment: what are the health risks? What are the risks from social unrest, crime, sexual harassment? What are the risks from local transport (boats, buses, etc.)? What other local factors might impede the completion of the project (e.g. availability of research visas, governmental suspicion, insurgencies)?

A risk assessment form (see below) should be signed by fieldworker and supervisors prior to further preparations.

3.0 Preparing departure

Stage 1 is to make the network of contacts who can tell you what to expect at the other end. You should also consult regional handbooks, travel books and websites (e.g. Lonely Planet guides). Fieldwork may involve not only privations and hardships, but also psychological stress – the first-time fieldworker is reduced, by alien environment and lack of language and cultural understanding, to the capacities of a child. Fieldworkers are also typically placed in many ethical dilemmas – should they protest against injustice to some minority or carry on their work; should they down tools to get someone to hospital or keep on working? You should read some of the numerous books on doing linguistic and anthropological fieldwork which will help to prepare you for this – ask senior staff and experienced fieldworkers for advice.

¹ The issues covered here were briefly discussed by the MPG general Scientific Council in February 2011. Some official guidelines to institutes will be forthcoming. Meanwhile these regulations hold for MPI Nijmegen until further notice. These regulations do not automatically apply to grant-holders (non-tax paying grant-holders) – ask the administration for regulations in that case.

2.1 Medical

Think ahead! Note that you are only as strong as your weakest link – have all dental work done prior to going to the field. Inoculations (tetanus, hepatitis) may need to be done in two stages 6 weeks apart. Rare drugs may take 2 weeks to order through a pharmacy.

If this is the first time you are going to a new field site, the Institute insists you have a general medical check-up at our expense. You can use your local doctor, but we will need a receipt to reimburse expenses. This should be your first step well in advance of other preparations.

The next step is to go to the GGD (Community health programme) who have a travel department staffed with doctors and nurses with up to date information about epidemics and special hazards of the target country (book well in advance in holiday periods). If you are going to somewhere at all remote, insist on seeing a doctor (your secretary will make the appointment for you). They will update all inoculations, and prescribe e.g. the latest malarial prophylaxis. If you are going to go to a remote location where there are no doctors, then you should have, where geographically relevant:

- (a) malarial prophylaxis, plus a backup emergency drug in case the prophylaxis doesn't work. (Example: Malarone + Artemesinin – but the prescription depends on local immunities, and you must follow the medical advice).
- (b) a course of general purpose antibiotics (must be compatible with prophylaxis), and antibiotic salve for wounds.
- (c) by order from a camping store (e.g. Spacsport), a water filter (gravitational feed is best) and water treatment tablets.

Upon return we will insist on a medical checkup to make sure all is fine. This can be done by your local doctor, but the administration will need receipts.

Take sensible clothing that will protect from the cold, mosquitoes and from the sun, dark glasses for sun in the tropics or on snow, protective footgear (e.g. reef shoes). For arctic conditions you need serious gear; for the tropics light weight clothing that covers against sun and mosquitoes – talk to other fieldworkers with experience of similar conditions. In all cases take light blow-up camp beds (e.g. Thermorest) that will help to protect your back from the insults of travel.

2.2 Travel and insurance

Prepare your travel in advance. Think about worst-case scenarios and exit strategies. If there is unrest in the country, contact your home country's government travel advisory service – and check with our administration. *If the Dutch and/or German Government recommends against travel, then travel will not be permitted.*

Actuarially, by far the greatest danger to fieldworkers is 3rd world transport – make sensible choices. You should have special fieldwork insurance with emergency repatriation by air ambulance if necessary – please talk to the administration to obtain this (note: if you are going for longer than 6 weeks it will probably be cheaper to get annual rates).

3.0 In the field country: entry point

Make contacts on arrival with your country's embassy and its consular service. They will be helpful to varying degrees – if there are tens of thousands of your nationals in the country, don't expect too much. But you can ask them (a) whether they would lodge copies of your travel documents in case of loss, and a note of where you will be with mobile phone number if appropriate; (b) whether they can recommend local medical services, so you have a best address in advance. It is often possible to meet consular staff socially via your other local contacts, and this can be most helpful. If you have registered with the embassy, don't forget to re-register on exit – they may be pleased to hear about the conditions in the area you worked.

Check out your exit strategy on site, so you know what to do in the case of emergency. Is there a taxi or boat that would come? If not, how would you get out? Who would take an emergency message, and how would you reach them? Where should they take you – e.g. to which hospital or airport?

4.0 Research in remote locations

Work in remote locations – more than a day's travel by any means from urban centers with doctors or hospitals – requires careful planning.

Make sure you can get adequate diet – take vitamin/mineral pills and dietary supplements as necessary. Take the pdf of *Where there is no doctor* (2010 edition, available on MaxIntra) and make sure you have all essential ordinary medical supplies (a medical kit). Do filter water or boil it and/or treat it with tablets – it is the main vector of disease. Do take precautions with uncooked food. Do use a large treated bednet in the tropics. If you feel unwell, take it seriously: monitor temperature and stool, and *if in doubt, get out*.

Most important: make the kinds of social relationships where people would go to major efforts to help you get out. You depend on them – make them care, respect and value you.

The Institute has a limited number of Iridium satellite phones – book in advance if necessary. Where there is no full satellite coverage in remote locations, these phones may not allow effective voice contact, but only email messages delivered in short windows of satellite coverage – nevertheless this can be a lifeline (but note in this case you must have a regional friend or officer who will read the email and would know what to do to rescue you).

5.0 Communications and documents; activating help

Ensure your lines of communication with kin and with the Institute, and make sure each can reach the other. Update contact addresses as you move in the field. Make sure the Institute and your contacts have back up copies of your documents, so that in the case of loss action can be taken at home base. Take a mobile that will work in the field country or buy one there, and let home base know the number. Have a card on you and in your luggage that gives your contact details in the local language so you can be helped in the case of unconsciousness or serious accident.

Wherever possible please keep in touch with the institute (your supervisors, secretary) on a routine basis to let us know that all is well. If all is not well, please send notification urgently – note that secretaries can be on holiday, so be sure to send the note to head of administration and the current managing director as well. This will activate a crisis management team (Appendix 3) which can only act efficiently if you provide clear details and instructions.

6.0 On return

Get a medical checkup even if you feel well. Monitor your health carefully for the next three months. Malaria can re-assert itself in that period despite prophylaxis; ingested parasites of other kinds can take that long to manifest themselves. If in doubt, see a doctor and get tests done.

Please let us know in retrospect whether there are other kinds of advice we should have given you, so we can improve our service.

7.0 CHECKLIST

Please lodge a signed copy of this checklist with the secretary of your department and the administration before leaving for the field.

	(tick boxes)					
Fieldsite plans checked by senior staff?	YES		NO		N/A	
Research visa applied for?						
Contacts made with people who have done fieldwork in that region?						
Government travel advisories checked?						
General advice books on fieldwork examined?						
Basic health checkup by doctor?						
GGD visit done?						
Visit to GGD?						
Field equipment booked 6 weeks in advance (satellite phone booked if necessary)?						
Suitable clothing and water purification systems obtained? Medical kit obtained?						
Suitable travel arrangements made?	YES		NO		N/A	
Financial arrangements made that would make quick exodus possible (credit cards, traveler's cheques, etc)?						
Adequate insurance cover?	YES		NO		N/A	
Regional permission to work on site in hand?	YES		NO		N/A	
Necessary training and information received	YES		NO		N/A	
Your field contact details and next of kin information given to dept. office and administration?	YES		NO		N/A	
Copies of passport, visas, cards, etc. lodged with department office, and stored as jps on your laptop?						
Provision and medicines for prior disabilities, known health problems?	YES		NO		N/A	

Signed:

Date:

Appendix 1 Contact list

This form must be lodged with the Secretary of your group, in a file that other secretaries can find in an emergency

CRUCIAL IDs	Name	
	Passport Nationality & Number	
	Health Insurance card type and number	
	Mandatory special travel insurance for this trip: Name of insurer and policy number	
	Credit cards to cancel	
	Bank account to top-up in case of emergency need (Full BIC / SWIFT code if available)	
	Copies of all travel documents- please attach.	
FIELD CONTACT		
	Address of fieldworker in field	
	Mobile number in field	
	Satellite phone number in field	
	Email address in field	
<u>In case of emergency:</u>		
Contact details for local government official or local academic in charge of researchers,	Name Email Phone	

	Fax	
	Languages spoken	
Contact details for your national Embassy in the field country – give name of consular official	Name Email Phone Fax	
Contact details of friends or academics in the field country	Names Email Phone Fax Languages spoken	
HOME CONTACTS		
Next of kin	Name, Phone, email, address	
Partner	Name Phone, email, address	
Your doctor*	Name Phone, email, address	
Anyone else you would want us to contact if in difficulty	Name Phone, email, address	

***You may also opt to leave behind attached to this document a sealed envelope with medical history, blood type, etc., which could help in the case of emergency.**

Appendix 2

Fieldwork Risk Assessment Form

You should talk to senior staff on fieldwork safety before completing this form, which should be countersigned by senior staff immediately responsible.

The purpose of this risk assessment is to identify possible causes of harm and measures needed to avoid these - before an accident occurs.

How to calculate the level of risk

Although the level of risk is often very hard to estimate in advance, it may anyway be useful to try to be objective about it. The following is a standard procedure for trying to get an objective picture from subjective assessments:

A **hazard** is anything with the potential to cause harm. The **risk** is the likelihood that an unplanned event involving the hazard will occur. The likelihood reduces in proportion to the precautions taken - training, safety equipment, planning, maintenance, etc. Give the risk a 1-3 rating (1-very unlikely, 2-quite likely, 3-almost certain to occur). Give the possible severity a 1-3 rating (1-trivial small cuts bruises, 2- hospital treatment and/or off work for over three days, 3- death or serious injury/illness). The **level of risk** is the product of the likelihood and the possible severity of outcome. A product of 1-3 is a **low risk** and possibly no more precautions are required. A product of 6-9 is a **high risk** and the activity should be **reconsidered as potentially ill-advised**. A product of 4 is a **medium risk** and further precautions should be taken to reduce it.

By carrying out a risk assessment, you can direct attention and preparations to where they are most needed to prevent ill-health or misfortune.

The five steps to carry out a risk assessment are :

1. Identify the hazards - find out about the site, the work, where you will be staying, how you will be travelling etc.

2. Identify how the fieldworker might be harmed - think about risks to yourself. People with health problems, disabilities or lacking experience in fieldwork may be at greater risk and need extra protection.

3. Evaluate the risks (likelihood) and risk level (likelihood x severity) taking into account the present precautions and consider if and how the risk levels of harm can be reduced (if they need to be) - i.e. what extra arrangements, equipment and training etc. will help to avoid accidents or illness?

4. Record your findings - on the risk assessment form below. This assessment should form the basis of procedures in the field. Don't just fill in the form and forget it - make sure the fieldworker and the supervisory senior staff know about the risks and how to avoid them.

5. Review and revise your assessment where necessary - you should do this when there are significant changes in local conditions. Assessments should also be reviewed if there are illnesses or accidents, near-misses or complaints associated with the work.

FIELDWORK RISK ASSESSMENT FORM

To be discussed and signed before preparations for field work

NAME.....

DEPARTMENT.....

TYPE OF FIELDWORK.....

(e.g. independent student project, supervised field trip)

Dates: From..... **To**.....

Location(s) of work

<p>HAZARDS</p> <p>Physical hazards (e.g. weather; terrain; travel by water)</p>	<p>RISK LEVEL(High, medium, low)</p>
<p>Medical hazards (e.g. malaria, intestinal parasites)</p>	

Evacuation hazards (chances of expeditious evacuation in case of need)	
Psychological hazards (e.g. ability to take time out in local towns, degree of dependency of fieldworker on local population, communicational possibilities in local language or lingua franca, experience with camping and adventure)	
Personal safety (e.g. lone working, levels of crime and political instability in destination country, availability of help; checks on embassy travel advisories, regional handbooks)	

Other hazards discussed (specify)	
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Steps taken already to minimise risks identified above (e.g. clothing; communication; skills training; information; medical)

Additional measures required:

Emergency procedures considered (e.g. first aid, evacuation, communication)

We have talked over these hazards, and are satisfied that:

- (a) The field worker is aware of the risks and willing to undergo them;**
- (b) There is not a safer location where the same scientific information could be obtained, and the scientific goals are sufficient to warrant undertaking the risks;**
- (c) The risks are not, as far as current information permits assessment, such as to make the planned trip unduly risky.**

Signed

Field worker

Advisory committee

(in the case of PhD students, the supervisors; for postdoctoral staff, the immediate superior staff member, e.g. head of group or department)

Appendix 3 Institute Crisis Management Team

While fieldworkers are in the field the Institute will have, in stand-by form, a latent Crisis Management Team (CMT). The team will consist of:

1. Managing Director or delegate
2. Head of Department or Group immediately responsible for the fieldworker, or delegate
3. Secretary of the Group or department in question, or delegate
4. Head of administration
5. Co-opted members with expertise relevant to the case (e.g. regional contacts, technical communications).

(Delegates are required in the case of absence (in which case the next most senior staff person should stand in), or in case a more knowledgeable person is available concerning the region or type of crisis event.)

The CMT springs into action under two conditions:

- (a) Notice from the fieldworker or colleague or next of kin that the fieldworker is in crisis;
- (b) Conditions in the country of fieldwork have suddenly deteriorated

The CMT will try to contact the fieldworker, if impossible then next of kin, to ascertain the nature of the problem. When no information can be obtained, contact will be made with the Embassy of the nationality of the fieldworker in the country concerned. If this proves unsatisfactory contact will be made with regional government officials or academics known to have contact with the fieldworker, as specified in the Contact List.

The CMT may order express repatriation of the fieldworker if conditions are judged to warrant that, or it may decide to monitor the case until danger has passed.