#### HIGH RISK ASSESSMENT FORM FOR OVERSEAS TRAVEL INVOLVING ALL ASPECTS OF MEDIA WORK

#### **SECTION 1 - PURPOSE AND OUTLINE PLAN**

#### 1.1 General

Programme/project title		Responsible department & Supervisory Team(s)		Deployment dates	
Team Members  List the contact details of team members <u>including</u> all local staff / fixers / drivers (you may need to take equipment for these individuals and obtain a signed contract or letter of engagement).				uipment for these	
Name	Role	UK Tel Number	Overseas Tel Number Email		Email Contact

## 1.2 Purpose and Outline Plan

This section is <u>critically</u> important for ensuring authorising tutors fully understand the purpose and aims of an assignment and can therefore balance its value against the associated risks.

What is the purpose of this assignment or reason for travel?	
What is the outline plan?	
<ul> <li>Key timings</li> <li>Where and when you are going</li> <li>Key meetings</li> <li>Areas or items of increased risk</li> </ul>	

SECTION 2 – GENERIC COUNTRY RISK ASSESSMENT – Please visit the <u>UK FCO Overseas Travel Advice</u> site for general travel advice: <a href="https://www.gov.uk/foreign-travel-advice">https://www.gov.uk/foreign-travel-advice</a> please select the *Safety and Security* section for country specific security info. Please note that this advice is for general travel <u>NOT</u> for travel involving broadcast or programme making activities (whether profession or for educational purposes) that may increase the risk level of travel. Please refer to the following sites for information and advice for journalists and programme maker and condunct extra research on the risks and <u>local laws</u> associated with media work in the specific country/ies you plan to visit:

https://rsf.org/sites/default/files/guide journaliste rsf 2015 en 0.pdf

https://cpj.org/security/guide.pdf

http://downloads.bbc.co.uk/mundo/pdf/safety-journalism\_safety\_guide\_second\_edition-v1.pdf

Think about insurance that covers you as a filmmaker/programme maker (whether student or professional – your standard insurance may not be valid if the insurer discovers you were engaged in high risk activites such as filming in countries that have strict security restrictions regarding media activity): <a href="https://www.insurewithease.com/high-risk-travel-insurance">https://www.insurewithease.com/high-risk-travel-insurance</a>

## 2.1 General

Valid from

(Update)

Country

Sources
Checked by (Your
Tutor must check this)

## 2.2 Situation and Intelligence Assessment

Situation
(Overview re Media
Activity and Local
Laws covering Media
Activity)
Situation

## 2.3 Generic Risk Assessment

Threat / Hazard	Mitigations / Controls	Residual Risk Use matrix at section 9
Conflict / War		
Terrorism		
Civil Disorder		
Crime		
Kidnap		
Detention		
Transport Accidents		
Environmental Hazards		
Information Security		_
Health Risks	(include exposure to traumatic / emotionally charged events which might have a psychological impact)	

## SECTION 3 - DEPLOYMENT SPECIFIC RISK ASSESSMENT

# 3.1 Additional Deployment Specific Risk Assessment

Use the methodology in section 2 above to identify additional risks or highlight areas where you are not able or do not require to meet the mitigations / controls described above.

Threat / Hazard	Risk Level With no mitigation	Mitigations / Controls	Residual Risk Use matrix at section 9
As required			
As required			

#### 3.2 Risk of Detention

If detention has been identified as a risk, please indicate how you plan to mitigate against this and that you have discussed this fully with the appropriate member of staff and understand and accept the risks involved.

#### 3.3 Editorial Risks

Threat / Hazard	Yes / No	If yes, identify mitigations / controls	Residual Risk Rating
Contributor Risk: Is there a risk to contributor safety and welfare, either during filming / recording or after Tx?  link to edpol guidelines on fairness to contributors	YES / NO		
Post Tx Considerations: Will there be any issues following tx/screening which could impact or threaten the safety of fixers or translators?	YES / NO		
Is there an increased risk to any member of the team as a result of their gender/age/ ethnicity/religious beliefs/ nationality/disability or any other reason(s) of note?	YES / NO		

## **SECTION 4 - ITINERARY**

## 4.1 Daily Activities

Day	Activity	Accommodation location Details below in para 3.2	Additional mitigations for day's activity.  Consideration to given to communication,
		·	protection, medical support and evacuation

## 4.2 Accommodation

Where will the team be staying (name, address and contact details)? What are the physical security measures and has it been recommended as a safe location?

Location	Date	Contact details and physical security arrangements
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## 4.3 Transport to and from Deployment / Destination

Use additional columns if necessary.

Outbound Travel	
Return Travel	

## 4.4 In-country Transport Plan

Type of transport / vehicles being used (for example armoured (AV) or soft skinned)	
Local driver / self-drive (level of training?)	
Outbound Routes	
Return Routes	
Location of 'safe havens'	

## 4.5 Equipment

Items	Type / Quantity
Medical equipment	
Communications equipment	
Other safety equipment	

**SECTION 5 – MEDICAL** (completed by deploying team)

## 5.1 Emergency Medical Plan

Please note that the School requires information regarding your emergency medical planning: please complete the section below.

#### **Immediate Response**

(How will you respond immediately to a medical emergency, injury or casualty?)

## Stabilisation

(Where will you go and what is available in-country to stabilise a casualty / ill person?)

## **Evacuation**

(How will you transfer a stabilised casualty to definitive care?)

# 5.2 Emergency Services Contacts in Country

Name	Role / Organisation	Contact Details

### **SECTION 6 - COMMUNICATIONS**

### 6.1 Communications Plan / Call in Schedule

Detail below how the team on the ground intend to report its movement and situation. Who will they speak with to provide updates and how often will they call in? What actions will be taken in the event that a schedule is missed?

Call-in schedule (frequence	cy/times of day)				
Primary point of contact	ry point of contact		Number	Role	
Alternate point of contact			Number	Role	
Secondary means of communications					
Does the team have a tracking device and what is its designation?					
What action should be taken if the primary / alternate has not heard from the team within the agreed call schedule?					

# 6.2 Contacts in and out of Country

List useful contacts in and out of the country such as non-production team.

Name	Number	E-mail	Role

#### 6.3 External Contacts

List useful external contact details, such as Embassy / consular services / NGOs / UN.

Name	Number	E-mail	Role

# SECTION 7 – RECORD OF CONSULTATION AND APPROVAL

## 7.1 High Risk and Local Bureau Advice

Supervising Tutor/s consulted?	YES / NO	Name	Role	Date	
Comment					
Local Fixer or Contact consulted?	YES / NO	Name	Role	Date	
Comment					

## 7.2 Other Expert Advice

Production Safety consulted?	YES / NO	Name	Role	Date	
Comment					
Health professional consulted (vaccinations and location specific health advice) ?	YES / NO	Name	Role	Date	
Comment					
Any additional advice from other souce?					

## 7.3 Confirmation All Team Members Aware of Risks

Safety\_High\_Risk\_Assessment\_Form\_June\_2017\_ (Based on BBC High Risk Assessment Form Standards\_2016)

Staff are reminded of their absolute right to refuse any trip without the need to provide reasons and with no adverse consequences on their career.

All members of the deploying team will have access to and the opportunity to read this risk assessment?		YES / NO
If no, what arrangements are being made to make sure this is done?		

## 7.4 Approval

To be completed by the responsible manager/tutor and risk owner of the activity.

I confirm that I have reviewed the completed risk assessment form and having considered the factors set out above am satisfied that this deployment may proceed.

Name	Role	Date	Comment

# **SECTION 8 – PERSONAL DETAILS OF TRAVELLING STAFF**

One for each member of staff. Add more if necessary. Note that as per BBC high risk policy HEFAT is valid for 3 years. This information **is not** be taken on the deployment.

Name		Student Number		e Course	
Nationality		Passport or local	Issue	/ Expiry	
		ID Card Number	Dates		
Next of Kin / E	mergency Contact		·		•
(Name, relations	ship, addresses and				
contact number	•				
Blood	Date of		Allergies (If Known)		
Group	Birth		, ,		
Do you have ar	y medical conditions	or are on	•	•	
medications th	at you feel should be	shared with your			
team? (In the e	ent you are injured or	incapacitated)			
		· · ·			
Name		Staff Number		T and PO	
			Comp	letion Dates	
Nationality		Passport or local	Issue	/ Expiry	
		ID Card Number	Dates		
	mergency Contact				
	hip, addresses and				
contact number					
Blood	Date of		Allergies (If Known)		
Group	Birth				
	y medical conditions		•		
medications th	at you fool should be	shared with your			
toam? (In the or	at you leef should be				
team: (iii the e	ent you are injured or				
,		incapacitated)			
Name				T and PO	
Name		Staff Number	Comp	letion Dates	
,		Staff Number  Passport or local	Comp		
Name Nationality	rent you are injured or	Staff Number	Comp	letion Dates / Expiry	
Name Nationality Next of Kin / E	vent you are injured or	Staff Number  Passport or local	Comp Issue	letion Dates / Expiry	
Name Nationality Next of Kin / E (Name, relations	mergency Contact	Staff Number  Passport or local	Comp Issue	letion Dates / Expiry	
Name Nationality Next of Kin / E	mergency Contact	Staff Number  Passport or local	Comp Issue	letion Dates / Expiry	
Name Nationality Next of Kin / E (Name, relations contact number)	mergency Contact ship, addresses and	Staff Number  Passport or local	Comp Issue Dates	letion Dates / Expiry	
Name Nationality Next of Kin / E (Name, relations contact number) Blood	mergency Contact chip, addresses and	Staff Number  Passport or local	Comp Issue	letion Dates / Expiry	
Name Nationality Next of Kin / E (Name, relations contact number) Blood Group	mergency Contact chip, addresses and Date of Birth	Staff Number  Passport or local ID Card Number	Comp Issue Dates	letion Dates / Expiry	
Name Nationality Next of Kin / E (Name, relations contact number) Blood Group Do you have ar	mergency Contact chip, addresses and  Date of Birth by medical conditions	Staff Number  Passport or local ID Card Number	Comp Issue Dates	letion Dates / Expiry	
Name Nationality Next of Kin / E (Name, relations contact number) Blood Group Do you have ar medications the	mergency Contact chip, addresses and Date of Birth	Staff Number  Passport or local ID Card Number  or are on shared with your	Comp Issue Dates	letion Dates / Expiry	

#### 9.1 Data Protection

Personal information collected for the purposes of risk assessment will be used to identify those at risk, and those involved in controlling risk, from this or similar activities and to fulfil the Schools obligations under Health and Safety policy and legislation. It will be retained for up to 6 years after the expiry of the activity. It may be shared with other organisations, including our agents and contractors, with whom the risk or the control of risk is shared.

#### 9.2 Residual Risk

Determining residual risk is to a large degree a judgement. The table below is designed to assist in making this judgement. It follows BBC *magique* risk assessment methodology. The numbers within the matrix are unique for any given box and can therefore be used determine which levels of severity and likelihood were used to determine the risk judgment.

	Multiple loss of life or serious injury in remote area with little or no access to local assistance / Abduction or kidnap by politically motivated grouping
	Loss of life or serious injury in remote area but some access to local assistance / Detention by rogue governments or financially motivated kidnap
SEVERITY	Life changing injuries in areas with good access to reliable medical support / Temporary detention by official organisation / Secure extraction routes
	Minor injuries / good access to medical support / secure extraction routes
	Low levels of intimidation / verbal abuse

17	22	23	24	25
12	18	19	20	21
6	13	14	15	16
2	8	9	10	11
1	3	4	5	7

Critical
Severe
Moderate
Slight
Negligible

Freak event / no known history	Improbable event / very rare occurrence	Foreseeable / may have occurred before	Foreseeable / occurred several times	Expected to occur/ has occurred frequently
		LIKELIHOOD		

### 9.3 Risk Guidelines and Authorisations

Critical	Risks must be controlled. A high risk deployment with a residual risk rate of CRITICAL should be authorised at departmental head level.
Severe	Risks should be controlled. A high risk deployment with a residual risk rate of SEVERE should be authorised at senior manager level.
Moderate	MODERATE risks without controls should only be tolerated for the short-term and then only whilst further control measures to mitigate the risk are being planned and introduced. A high risk deployment with a residual risk rate of MODERATE may normally be authorised at line management editorial level.
Slight	Low risk which typically does not require the introduction of controls. Should be monitored periodically to ensure no changes that might affect the risk. Significant change will require re-assessment. A high risk deployment with a residual risk rate of SLIGHT may be authorised at line management editorial level.
Negligible	Low risk. Monitor and re-assess as necessary. A high risk deployment with a residual risk rate of NEGLIGIBLE may be authorised at line management editorial level.