

ROYAL GEOGRAPHICAL SOCIETY WITH THE INSTITUTE OF BRITISH GEOGRAPHERS

Expedition Health & Safety

The Royal Geographical Society keeps a database of expedition medical problems. All the information you send to us will remain confidential and no expedition or organising group is identified in any way when the results are collated. The information we receive is analysed regularly, and allows us to update the information that we give to future expeditions. It is important that we do not over-estimate the risks of travel, so **please tell us about your journey even if you had no medical problems at all**. The following form should take less than ten minutes to complete.

Part 1 asks questions about your expedition. We look at the risks of expedition travel overall, but also break down the information we receive according to the type of terrain visited, the age and experience of travellers and the type of work performed.

Part 2 asks about the health problems that you encountered while you were away. We would like to know about **all** health problems, however trivial, but ask you to classify them according to degree of severity. As a guide, we want to know about any occasion on which you had to open the medical kit, with the exception of trivial complaints such as hangovers, or mild blisters not affecting travel plans and requiring only plasters to treat them. For a big expedition, you may need to copy this page, but you could use this as a record for your expedition report.

Part 3 asks for details of serious medical problems, typically those where you had to evacuate or repatriate a member of the group or you had a death on the expedition. We should also like to know details of any incident where expedition members were threatened or assaulted. A description of the incident would be welcome if the form is inappropriate.

Please return this form as soon as possible to:

Mrs Shane Winser, Royal Geographical Society (with IBG)
1 Kensington Gore, London SW7 2AR

tel: 020 7591 3030 email: go@rgs.org, website: www.rgs.org/go

PART 1. DETAILS OF EXPEDITION & MEDICAL PREPARATIONS

Name of Expedition										
Associated with	School	<input type="checkbox"/>	University	<input type="checkbox"/>	Charity*	<input type="checkbox"/>	Company*	<input type="checkbox"/>	Other*	<input type="checkbox"/>
	Military	<input type="checkbox"/>	Private	<input type="checkbox"/>	*Please specify					
Date of departure	/ /		Duration	weeks days						
Total No on expedition										
Male	Under18	<input type="checkbox"/>	18-25	<input type="checkbox"/>	25-40	<input type="checkbox"/>	40-65	<input type="checkbox"/>	>65	<input type="checkbox"/>
Female	Under18	<input type="checkbox"/>	18-25	<input type="checkbox"/>	25-40	<input type="checkbox"/>	40-65	<input type="checkbox"/>	>65	<input type="checkbox"/>
Main Countries Visited										
Principle terrain	Mountain (over 3000m)	<input type="checkbox"/>	Mountain (up to 3000m)	<input type="checkbox"/>	Tropical	<input type="checkbox"/>	Desert	<input type="checkbox"/>	Polar	<input type="checkbox"/>
	Temperate	<input type="checkbox"/>	Marine	<input type="checkbox"/>	Freshwater	<input type="checkbox"/>	Caving	<input type="checkbox"/>	Other	<input type="checkbox"/>
Tick more than one if necessary										
Principle activities	Scientific study	<input type="checkbox"/>	Environmental work	<input type="checkbox"/>	Development /aid	<input type="checkbox"/>	Trekking (<3000m)	<input type="checkbox"/>	Climbing	<input type="checkbox"/>
	Overland	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Caving	<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	Sailing	<input type="checkbox"/>
	Cycling	<input type="checkbox"/>	Skiing	<input type="checkbox"/>	Other					
Purpose	Scientific study	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Community work	<input type="checkbox"/>	Mixed science & adventure	<input type="checkbox"/>		
	Other									
Accommodation	Permanent	<input type="checkbox"/>	Huts	<input type="checkbox"/>	Tents	<input type="checkbox"/>	Other			
No of medics	Doctors	<input type="checkbox"/>	Nurses	<input type="checkbox"/>	Paramedics	<input type="checkbox"/>	First-aiders			
Who gave first-aid training?										
Where did you get pre-departure advice on travel health?	Occupation health	<input type="checkbox"/>	University medical dept	<input type="checkbox"/>	Clinic	<input type="checkbox"/>	GP	<input type="checkbox"/>	Other	<input type="checkbox"/>
Who provided medical & evacuation insurance?										
Did the expedition include anyone with a severe disability or serious long-term illness?										

SERIOUSNESS OF INCIDENTS

A **SERIOUS INCIDENT** is one in which death occurred, evacuation was required or life was at risk. Please complete part 3 of this form for each serious incident.

An **INTERMEDIATE INCIDENT** is one in which the victim was unable to continue normal work for a spell, but remained on the expedition.

A **MINOR INCIDENT** is one in which the casualty could continue working after treatment.

Please also note any cases of **PERSONAL THREAT**, such as assault, mugging or threatening behaviour.

We would also like to know about **SERIOUS NEAR MISSES**, such as rock fall or narrowly averted road accidents

PART 3. SERIOUS INCIDENT FORM

Please send us details of any deaths or serious injuries that occurred and of any incident where life was threatened by natural (rockfall/avalanche) or human causes (mugging/rape). If this form is inappropriate, please send of a brief description. Please photocopy if you had several serious incidents.

Date & Time of Incident	/ /20__ : hrs	No. of Persons Involved	
Nature of Incident			
What factors contributed to incident?			
Injury/Disease Suffered			
What initial treatment was given?			
Who gave this treatment?	Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Paramedic <input type="checkbox"/> First-aider <input type="checkbox"/> Untrained <input type="checkbox"/>	Other <input style="width: 100%;" type="text"/>	
How was additional help obtained?			
Was expedition medic involved?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Was the medical kit adequate?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If no, what else was needed?			
Did casualty require evacuation from area of work to habitation?	No <input type="checkbox"/>	Base-camp <input type="checkbox"/>	Local town <input type="checkbox"/> Major centre <input type="checkbox"/>
If yes, method of evacuation			How long did this take to arrange <input style="width: 50%;" type="text"/> days <input style="width: 50%;" type="text"/> hrs
Were local health services involved?	Doctor <input type="checkbox"/>	Clinic <input type="checkbox"/>	Small Hospital <input type="checkbox"/> Major Hospital <input type="checkbox"/>
If yes, please comment on treatment given			
Was repatriation to home country required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Company involved <input style="width: 100%;" type="text"/>
If yes, were there any problems?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Could this incident have been avoided?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	