

Safety Plan for Group Travel

The purpose of the Safety Plan for Group Travel is to identify both resources available and potential challenges that groups may face throughout the program. By identifying the potential risks and avenues for mitigation, the Safety Plan aims to prepare you and your program to navigate the inevitable variances that come with international travel. It is not meant to lock you in to a minute-by-minute itinerary, but to demonstrate the program's infrastructure for handling emergencies and changes to plan. It also allows the ITOC Executive Body to assess the program to ensure the university is promoting healthy, safe, and productive international experiences for everyone.

Submit the following information to the International Travel Oversight Committee (ITOC) at itoc@wustl.edu. Forms should be submitted at least 30 days before the trip's departure.

Safety plans must be reviewed and approved by the ITOC Executive Body in order to proceed.

Contact itoc@wustl.edu with any questions.

SECTION 1: BASIC TRIP INFORMATION

Group Leader's name:

Group Leader's e-mail:

2nd Leader's name:

2nd Leader's e-mail:

Name of sponsoring school/department or organization:

Trip dates:

List the program's locations:

Country	City	Estimated arrival date	Estimated departure date

SECTION 2: PROGRAM DETAILS

1) Briefly explain the program's purpose and an overview of planned activities.

2) Does this program involve any segment that includes patient-facing activities?

Yes No

a. If Yes, explain what training participants will receive prior to departure in relation to these activities.

3) Anticipated number of WashU students participating in this program

a. Undergraduate students:

b. Graduate students:

- 4) Anticipated number of WashU faculty/staff participating in this program
- a. WashU Faculty:
 - b. WashU Staff:
- 5) Is this program associated with a credit-bearing course, even if the travel portion is optional?
 Yes No
- 6) Briefly explain the group leader's experience leading international trips for students.
Please also include experience traveling to and within the intended trip destination.

SECTION 3: TRAVEL LOGISTICS

- 1) Provide a brief overview of the accommodations (hotel, hostel, host family, apartment, dorm, campsite, etc.), including how they were chosen and/or vetted for safety and security. Please note if the program has stayed with this accommodation before.
- 2) Describe the transportation methods for each location on your itinerary, including transportation to and from the work/study site. Is the in-country partner arranging transport? *If WashU faculty/staff are planning to drive, please include that information. If the plan includes faculty/staff renting and driving vehicles outside of the U.S., U.S. territories, or Canada, please review the university's [Rental Vehicle policy](#).*
- 3) If already selected, please list the accommodation(s) for each city listed in the program's itinerary.

Accommodation Name	Address	Dates of Stay	Website (if applicable)

- 4) Will participants have the option or opportunity to travel independently (internationally) during the program? Yes No
- a) If yes, are students required to notify the group leader of their travel plans?
 Yes No

SECTION 4: DESTINATION CONDITIONS AND IN-COUNTRY PLAN

- 1) Is the destination under a university travel suspension condition? University travel suspension conditions are listed [here](#). **If yes, you must complete section 6.**

Yes No

- 2) What is the destination's Travel Advisory Level, according to the [Department of State](#)?

Level 1 Level 2 Level 3 Level 4

- 3) What are the associated travel safety risk indicators identified within the Travel Advisory above?

- 4) Does the [Centers for Disease Control](#) currently have an alert/warning in place for the destination(s)?

Yes No

If yes, please provide details of alert/warning and how you plan to mitigate the risks associated with it.

- 5) What are the current [International SOS](#) travel and health risk ratings for the destination(s)?

Travel rating:

Medical rating:

- 6) If applicable, provide the name(s) of the program's in-country partner(s) and/or host organization(s). *Partners are those with professional experience supporting international academic experiences. Please describe this experience and include phone number(s) to be used in the case of an emergency.*
- 7) In the event of an emergency, how can the Group Leader be reached? *Please include a local mobile phone number and any other means of communication.*
- 8) Who is the university contact in the U.S. who will be available in case of an emergency while the group is abroad? *Please provide name, title, after-hours phone number, and e-mail address. This contact should be made aware that they have been listed as the primary university point of contact before submitting the form.*

9) Will the group participate in training session(s) to prepare for logistical and cultural issues as well as understanding the program rules, expectations, and relevant health and safety information?

Yes No

10) Will the Group Leader verify that all participants register this trip in the [university travel registry](#)?

Yes No

SECTION 5: HEALTH & SAFETY PLANNING

The travel landscape has shifted significantly in the last 3 years. With those changes, it is important to carefully consider certain programmatic logistics for university international group travel. These elements are based on health and safety concerns and are applicable across a variety of medical and security emergencies. If you have any questions about this section, please contact itoc@wustl.edu. Please use resources from the [U.S. Department of State](#), the [U.S. CDC](#), and [International SOS](#).

- 1) What common traveler health issues are associated with your destination(s)? (COVID-19, other infectious diseases, water contamination, etc.)

- 2) What is the nearest healthcare facility at each location? *Is it a GeoBlue facility? Is there a preferred healthcare facility that the local partner recommends to share with GeoBlue?*

- 3) Are there special considerations for individuals traveling with prescription medications?

- 4) What is the 911 equivalent emergency number for your destination? What are the numbers for the nearest U.S. Embassy or Consulate?

- 5) How will you remain up-to-date on changing travel conditions and entry requirements? Keep in mind that entry requirements can differ based on citizenship and/or country of departure.

- 6) How will you share this information regarding travel conditions, health & safety concerns, and health & safety resources with all travelers?

- 7) What is your communication plan or check-in schedule with your on-campus university contact while you are abroad?

- 8) Are there enough Group Leaders in case a student falls ill or experiences an emergency? What if one of the Group Leaders falls ill while abroad?

- 9) Do Group Leaders have flexibility in their schedules to stay back if a student were unable to return at the planned end date due to illness or emergency? Can the other Group Leader manage the return trip if one of the Group Leaders falls ill and must stay behind?

If you are traveling to a location that is not under a university travel suspension condition, skip ahead to sign and date the bottom of this form. Do not complete Section 6.

SECTION 6: SUPPLEMENTAL INFORMATION

This section is only required if your destination(s) is under a university travel suspension condition. Check [here](#) for a current list of locations under a travel suspension condition.

- 1) Please explain the risks and/or conditions present in the destination(s). Risks can be found through the [Department of State](#), the [Centers for Disease Control](#), and [International SOS](#).

- 2) What steps will the program take to mitigate these risks?

- 3) Please explain why the program's objectives cannot be achieved in another, less risky location.

4) Is there any additional information that the ITOC Executive Body should consider when evaluating this safety plan?

SECTION 7: SIGNATURES

Group Leader's signature: _____

Date: _____

ITOC Representative's signature*: _____

Date: _____

**If you do not know your ITOC Representative, please e-mail itoc@wustl.edu for more information. Signatures must be obtained prior to submission to the ITOC Executive committee*