International SOS
Foundation

Managing Medical & Travel Security Risks in the Education Sector: A Framework

CONTENTS

1. INTRODUCTION & PURPOSE

The progressive landscape of Asia has re-shaped the role of the education sector as a pillar for the mobility of students, sustainable human resource, and a game changer for the talent of the future workforce. Globally, quality of education is higher. More than half of the world's international schools are based in Asia and the position of Asian universities in world university rankings is scoring higher due to the increase and rapid improvement of scientific publications from Asian universities.

Increasingly in Asia, outdoor learning activities have also become part of a widely implemented learning method aimed at developing knowledge, increasing motivation levels and enhancing life skills of students outside conventional academic establishments.

These activities are often in the form of overseas trips to remote locations where students and staff may face travel-related risks which impact their health, safety and wellbeing due to the varying standards of security and medical care.

Therefore, the main purpose of this document is to serve as a medical and travel security guideline to mitigate against these risks for educational institutions, academic personnel and trip organisers.

The recommendations herewith will be focused on how to prevent medical and travel security risks before and during outdoor learning activities, mainly during overseas trips.

Ultimately, the key purpose is to promote best practices on health and travel security so as to provide every student with the opportunity to travel overseas and participate in outdoor learning activities beyond borders.

2. WHO IS THIS DOCUMENT FOR

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This document is for anyone who is involved in the risk assessment process and anyone who has some knowledge/experience of risk assessment for outdoor activities in the education sector and include:

- Academic Institutions
- Professors
- Medical Personnel
- Security Managers
- Trip Leaders
- Parents
- Volunteers
- Students
- Event Organisers

3. DEFINING OUTDOOR LEARNING ACTIVITIES

This document serves to assist trip planners/organisers who are planning trips/activities that possess the following characteristics.

3.1 CHARACTERISTICS OF OUTDOOR LEARNING ACTIVITIES

1. They take place literally 'outdoors'.

2. They may occur in an urban or remote/rural environment, but there is always an element of uncertainty or unpredictability e.g. weather, sea conditions.

3. They usually involve risk.

4. Outcomes of such activities are usually unpredictable or open - but within planned or set parameters.

3.1.2 Some common outdoor learning activities:

- Adventure activities
- Community work
- Educational visits
- Excursions
- Expeditions
- Field studies
- Off-site visits
- Residential/Home stays
- Site visits

4. PLANNING BEFORE A TRIP

4.1 RISK ASSESSMENT FOR OUTDOOR ACTIVITIES

From a risk assessment perspective, identifying generic and specific risks is the first step towards planning a comprehensive risk mitigation programme.

This document serves to complement existing risk assessment methodology being practised by the stakeholder organisations. It should not be seen as a replacement or used in isolation. Risk management requires a collaborative approach among all stakeholders, e.g. trip leaders, third party providers, event organisers and/or assistance providers.

It is good practice to conduct risk assessments for every trip, even if the trip is planned for the same location as previous trips, as the environment and student profile may have changed.

Risks identified should be mapped based on their likelihood, impact and priority scale. These travel-related threats are then matched against the students' medical profile to determine the level of risks associated with the trip.

Upon identifying medical and travel security risks, organisers can then develop appropriate mitigating measures to reduce the risk and safeguard students. Should any residual risk remain due to lack of appropriate and effective mitigating measures, the organisers will have to decide if the trip should still continue.

4.2 MEDICAL CAPABILITIES

To mitigate risks identified during the pre-trip risk assessment, integrated medical capabilities consisting of key medical personnel, medication and equipment should be considered.

The Medical Kit is designed for 3 levels of medical personnel (identified by colours in Tables 1 and 2):

• First Aider
• Nurse/Paramedic
• Doctor

Medical Personnel	Skills
First Aider	First Aider should be trained and be able to use the medication and equipment listed in the Green List (Table 2).
Advanced First Aider Or Wilderness First Aider	First Aider (Advanced) should be trained to function in the field and extreme field conditions. He/she should be able to use the medication and equipment listed in the Green List (Table 2).
Or Equivalent	Some of the medication and equipment in the Yellow List may be utilised by the First Aider (Advanced) who has been trained and certified (he/she may seek advice from Medical Doctor)

The organiser may consider switching from Nurse/Paramedic to Advanced First Aider in a situation where Risk has been identified as Medium Risk and where the appropriate risk mitigation measures have been put in place. |
| Nurse/ Paramedic | Nurse/Paramedic should be trained and be able to use the medication and equipment listed in the Yellow and Green List.

As mentioned earlier under the First Aider (Advanced), the Organisation may switch the support from Nurse/Paramedic to First Aider (Advanced). |
| Doctor | Doctor should be trained, be able to use and carry the medication (including prescribing them) and equipment in the Red, Green and Yellow List. |

Exception for Red List: Nurse/Paramedic with support and access to a Doctor via Telemedicine may prescribe medication in the Red List e.g. Antibiotics, Asthmatic Treatment, Anaphylaxis treatment. The prescriptions should be ordered by the doctor and carried out by the Nurse/Paramedic.

NOTE - The medical personnel needs to ensure that proper medical records are kept which include information as follows:

- Name and Age of Patient
- Date and Time of Medical Consultation
- Diagnosis by First Aider, Nurse/Paramedic or Doctor
- Where applicable, Tele-Medical Advice was given, by whom (name of doctor), from which company
- Treatment given
- With use of Oral Medication; the Medical Personnel must always ask for Medication Allergy
- Next Review

4.2.1 Medical Personnel (Table 1)

PERSONNEL	SKILLS	COMPETENCY
First Aider	First Aid Course	Certificate Competence
	CPR Heart Saver Course	Certificate Competence
	Common Travel Illness Management	Certificate Attendance
	Common Children Travel Illness	Certificate Attendance
	Tasks: • Provide First Aid for injury • Provide OTC medication • Provide First Aid Stabilisation in Emergency Scenario and evacuate/waiting for evacuation • First Aider should work with Telemedicine Doctor at Telemedicine Centre when required	
First Aider (Advanced)	First Aid Course Advanced	Certificate Competence
	Equivalent: Wilderness First Aid Course	Certificate Competence
	Common Travel Illness Management	Certificate Attendance
	Common Children Travel Illness	Certificate Attendance
	Tasks: • Provide First Aid for injury • Provide OTC medication • Provide Advanced First Aid Stabilisation in Emergency Scenario and evacuate / waiting for evacuation • Trained in Wilderness Medicine First Aid or ITLS or Equivalent knowledge in first aid provision in Extreme Field Environment • First Aider (Advanced) should be able work with Telemedicine Doctor at Telemedicine Centre when required	
Paramedic or Nurse	Diploma in Paramedic / Nursing	Certificate
	ACLS	Certificate
	ITLS	Certificate
	Common Travel Illness Management	Certificate Attendance
	Common Children Travel Illness	Certificate Attendance
	Tasks: • Provide Advanced First Aid • Provide OTC medication and limited Prescription Medication (under Telemedicine Doctor Supervision or Executing Medical Protocols) • Provide initial medical Emergency Treatment and Stabilisation and able to evacuate/await evacuation • Supported by Telemedicine Centre Doctor	
Doctor	Medical Degree	Certificate
	ACLS	Certificate
	ITLS	Certificate
	Common Travel Illness Management	Certificate Attendance
	Common Children Travel Illness	Certificate Attendance
	Tasks: • Primary Healthcare Consultation • Prescription Medication • Provide initial Emergency Medical Treatment and Stabilisation and able to evacuate / await evacuation • Work with Telemedicine Centre Doctor	

4.2.2 Equipment & Medicines (Table 2)

CATEGORY	MEDICAL ITEM	QUANTITY	REMARKS
Wound Care	Gauze (Sterile)	X 5	
	Melonin Gauze (Sterile)	X 5	
	Gauze (Non-Sterile)	X1 pack	
	Surgical Tape	1 roll	
	Wound Plasters	1 box	
	Crepe Bandage	x 2	
	Burn Dressing	X 1	
	Triangle Bandage	X 8	
	First Aid Dressing	X 2	
	Eye Patch	X 1	
	Dressing Set	X 1	Disposable
	Chlorhexidine Sachets	X 4	
	Disposable gloves (Nitrile)	X 10 pairs	
	Forceps	X 1	
	Scissors	X 1	Paramedic Scissors
	Tourniquet	X 1	Arterial
	Steri-Strips	X 3 packs	
	Wound Suture Set	X 1	2 x Prolene 3 "O"
Airway	Airway Guerdel	X 1 each	Size 2 and 4
	Pocket Mask	X 1	
	Ventolin Spacer	X 1	Mouth piece
	Laryngeal Mask Apparatus	X 1	Size 2 and 4
	Bag Valve Mask	X 1	
	IV Cannula Size 16	X 1	
	Laryngoscope	X 1	Blade no 2 and 4
	Endotracheal Tubes	Children & Adult Sizes	
Immobilisation	Splints	X 1	Sam Finger Splint
	Splints	X 1	Sam Long Splint
	Canvas Stretcher	X 1	
	Cervical Collar	X 1	Adjustable
	Scoop Stretcher	X 1	

CATEGORY	MEDICAL ITEM	QUANTITY	REMARKS
Intravenous	IV Cannula	Size 20, 22	1 each
	Syringes	1 ml, 5 ml, 10 ml	2 each
	IV Administrative Set	X 2	
	Needles	Size 21, 22	
	Alcohol Swabs	X 1 box	
	Tourniquet for IV	X 1	
	Plaster for IV Securing	X 1 roll	
	Tegaderm	X 2	
	IV Normal Saline 5 %	X 1	500 ml
	IV 5 % Dextrose	X 1	500 ml
Medical Others	Emergency Blanket	X 1	
	Safety Pins	X 5	
	Puritabs	X 5 tabs	
	Sanitary Pads	X 1 pkt	
	Sharp Disposal Box	X 1	
	S Hooks	X 2	
	Ground Sheet	X 1	For Casualty
	Casualty Record Book	X 1	
	Pen	X 1	
Equipment	Pen Torch Light	X 1	
	Blood Pressure Set	X 1	Aneroid BP
	Stethoscope	X 1	
	Head Lamp Set	X 1	
	Glucometer	X 1	
	Blood Glucose Strip	X 1 box	
	Urine Dipstick	X 1 box	
	AED	X 1	
	Portable Suction Unit	X 1	Portable Suction Unit
Gastrointestinal (Diarrhoea)	Charcoal	Oral	
	Immodium	Oral	
	ORS	Oral	
	Buscopan	Oral	
	Lomotil	Oral	
	Normal Saline	IV	
	Ciprofloxacin	Oral	

CATEGORY	MEDICAL ITEM	QUANTITY	REMARKS
Gastrointestinal (Gastric / Wind)	Antacid	Oral	
	Simethicone product	Oral	e.g. Maalox, Mylanta
	Famotidine/Ranitidine	Oral	
	Omeprazole	Oral	
	Domperidone	Oral	
Gastrointestinal (Acute Abdomen)	Celfriaxone	IV	
Analgesic	Paracetamol	Oral	
	Ibuprofen	Oral	
	1% Lignocaine	Sub-cutaneous	
	Tramadol	Intramuscular	
URTI	Chlorpheniramine	Oral	
	Loratadine	Oral	
	Zyrtec	Oral	
	Clarinase	Oral	
	Lozenges	Oral	
	Dextomethophane	Oral	
	Oxymetazoline	Nasal	
	Augmentin	Oral	
	Klacid	Oral	
Respiratory (Asthma)	Ventolin Tab		
	Ventolin Inhaler		
Allergy	Chlorpheniramine		
	Zyrtec		
	Epipen	X1	
Allergy Protocol	Adrenaline	X 2	1 mg vial
	Hydrocortisone	X 2	100 mg vial
	Ventolin Inhaler	X 1	
	Promethazine	X 2	50 mg vial

CATEGORY	MEDICAL ITEM	QUANTITY	REMARKS
Skin related	Calamine Lotion	X1	
	Moisturiser Cream	X1	
	Hydrocortisone Cream 1%	X 1	Topical
	Antibiotic Cream	X 1	Topical
Ear/Eye related	Normal Saline Eye drops	X1	
	Framycetin	X 1	Topical, for both ear and eye
Motion Sickness	Dimenhydrinate	X 1	Oral, preventative
	Stemetil	X 2	IM (to inform AC)
High Altitude Illness	Oxygen Canister		Usually carried by guide
	Dexamethasone Acetazolamide	X 10 (4mg) X 10 (125mg)	Oral Oral. Only to be given after consultation with AC
	Oxygen Tank	X1	
ACLS	Amiodarone	X 1	
	Adrenaline	X 10	

4.3 PRE-EXISTING MEDICAL CONDITIONS

Before a trip, it is good practice to identify the travel-related risks and how they can potentially affect certain students based on their medical profile, as assessed by a physician. A physician can detect pre-existing medical conditions which can be exacerbated by the trip, which can then be mitigated by arranging for the required vaccinations, medication, and emergency protocols.

4.3.1 Definition

Pre-Existing Medical Condition refers to a medical condition that occurred or exists prior to a student's overseas trip. Both acute and chronic medical conditions belong to this category.

Acute Medical Condition refers to Upper Respiratory Tract Infection, Chest Infection, Acute Conjunctivitis, Urinary Tract Infection, Acute Cardiac Condition and other acute medical condition as well as acute injuries e.g. sprains, joint injury, fracture. The key is that the condition occurred before the date of travel or departure from the home country where the insurance was purchased.

Chronic Medical Condition refers to a medical condition that the student may have suffered for a long period before the travel. Some examples would be Bronchial Asthma, Seizures, Thalassemia, Renal Diseases etc.

4.3.2 Impact of Pre-Existing Medical Conditions

The term Pre-Existing Medical Condition is used by insurers to define what is covered within an insurance policy. Therefore, trip leaders/organisers need to be aware that some insurance companies do not include this kind of condition within their policies.

Students that have recurring pre-existing health issues while on overseas trips may not be insured. As such, the trip leaders/organisers need to consider discussing insurance riders with their Insurance Company or make other arrangements.

4.4   RISK STRATIFICATION FOR STUDENT FIELD ACTIVITY

This is an easy-to-remember methodology, containing key factors to stay SAFE (Student, Activity, Fit to Travel/Participate, Environment) during a field trip.

4.4.1 Student

1. Student Age

< 12 years old	2 points
12 to 16 years old	1 point
> 16 years old	0 point

2. Student Group Size

< 50	0 point
50 to 100	1 point
> 100	2 point

3. Student to Staff Ratio

1 to 5 students	0 point
1 to 10 students	1 point
1 to 15 or more students	2 points

4. Student Recent Illness

Illness in last 2 weeks or surgery in last 3 months	4 points
Illness in last 4 weeks or surgery in last 6 months	2 point
No illness in the last 4 weeks	0 point

5. Student receiving Vaccination/Chemoprophylaxis

Vaccination and Chemoprophylaxis done	0 point
Vaccination and Chemoprophylaxis not done	2 points

6. Student Pre-existing Medical Condition

Student with no previous history, has a stable chronic medical condition, is not on any medication control, with no functional deficit and does not require any recent medical intervention are considered low risk	0 point
Student with a stable chronic medical condition but is on medication control, with no functional deficit and does not require any recent medical intervention are considered medium risk	4 points
Student with any known medical condition that 1) Has a functional deficit 2) Is on any injectable/intravenous/ subcutaneous therapy 3) Has previous severe attack resulting in hospitalisation 4) Is still having on-going attacks/flares 5) Previous surgery for cardiac/respiratory/ hepatic/kidney conditions 6) Carries any physician warnings for physical activity are considered to be high risk	8 points

6.1 Common Pre-Existing Medical Conditions

The table below gives a guide on the common pre-existing medical conditions for students. Please contact your dedicated medical professional for a more in-depth discussion or for conditions that may not be included below.

Medical Condition	Low Risk	Medium Risk	High Risk
Asthma	Asthma with no attacks in last one year and medication discontinued by doctor	Asthma with no attacks in the last 6 months but still on medication	Asthma with on-going attacks and/or previous hospitalisation for asthma
Food or Drug Allergy	Allergic reaction self-treated with over the counter medications or topical creams	Allergic reaction requiring medical review and on current medications and/or active follow up	Previous anaphylactic reaction and/or hospitalisation for allergy
Seizures	Childhood febrile seizures (or other known triggers) with no attacks in the last two years and not on medication or active follow up	Seizure free for the last one year but still on medication and active follow up	Known epilepsy and/or previous stay in ICU for seizures and/or seizures in the last one year

Diabetes	Pre-diabetes not on any medication	Diabetic on oral medication but no history of diabetic complications or hospitalisation for hyperglycemia/ hypoglycemia	Diabetic on parenteral medication and/ or with a history of diabetic complications or hospitalisation for hyperglycemia / hypoglycemia
G6PD	Known G6PD deficiency but asymptomatic		Known G6PD deficiency with previous symptoms and/or hospitalisation
Eczema / Atopy Allergic Rhinitis	Self-treated with over the counter medication or topical creams with no flare in the last one year	Condition with flare in the last one year requiring medical review and/or on current medications and/or active follow up	Previous hospitalisation for condition
Cardiac Conditions		Any stable asymptomatic cardiac condition including minor valve problems or septal defects (mitral valve prolapse, small atrial septal defect)	Any history of Kawasaki Disease or Brugada Syndrome or Congenital Heart Syndromes Any cardiac condition that required previous surgery Any cardiac condition that affects effort tolerance

4.4.2 Activity

This Activity Chart is meant as a guide for each activity, the Trip Leader/Organiser should still identify and assess the potential risks specific to the Activity. For example, social community work such as painting of walls would be considered low risk. On the other hand, construction and use of nails & hammer, use of saw, drills or cement may be deemed medium risk. This is even more pertinent when the students have not done such work before.

Activity	Risk	Points
All academic, cultural related activity - Visit to Academic Location, Museums, Orphanage Teaching of dancing, singing, languages Social Community Work e.g. painting of walls, teaching local children at homes on handicrafts Padi Field Planting	Low	0

Social Community Work involving construction and use of tools e.g. sawing & drills, hammer & nails All sporting or water based activities e.g. Kayaking, Snorkelling, Scuba Diving, Wakeboarding Mountain Biking, Abseiling Safari or Wild Animal Encounter	Medium	4
All activities including Altitude risk and extreme conditions • White water rafting • Mountain climbing • Waterfall abseiling • Bungee Jump • Sky diving • Canyoning • Go-Kart • Advanced Scuba Diving (wreck, cave, > 30m depth)	High	8

4.4.2.1 Fit to Travel Vs Fit To Participate

In this category, the Trip Leader/Organiser must review each student's medical fitness to travel and participate in the planned trip activities. Hence, up-to-date medical records of recent illness, pre-existing chronic illness and vaccinations/chemoprophylaxis (according to CDC Travel Recommendation), need to be carefully reviewed.

When in doubt, students should get an appointment with their own personal doctor to obtain a Fit to Travel / Fit to Participate Certificate. It is important to remember that Fit to Travel does not mean that the student is Fit to Participate. For example, a student who has a recent history of arm fracture (operated and in sling), may be fit to travel with the group to visit an orphanage in Indonesia. However he may not be fit to participate in construction of a playground in Indonesia.

4.4.3 Environment

With regard to the Environment, the Trip Leader/Organiser would need to consider both medical and non-medical factors.

Medical factors are based on the Standard of Medical Care, Distance away from Emergency Room (ER), and Distance away from General Practitioner (GP). Exposure to Disaster (Infectious Disease outbreak e.g. Pandemic) should also be considered.

1. Environment (Standard of Medical Care)

Centre of Medical Excellence • International level of care offered at medical facilities • Tertiary referral centres and specialists are available • Regional centre of referral for complex medical conditions • Blood supplies are safe and medication availability is excellent Examples of Centres of Medical Excellence include Singapore, Bangkok and Hong Kong in Asia Pacific.	0 point
Good Medical Care • Medical facilities offer good primary care and less-complex specialist outpatient care • Simpler surgery such as appendectomy can be performed • Blood supplies are generally safe and medication availability is adequate Examples of areas include Penang, Chiang Mai and Shanghai in Asia Pacific.	3 points
Basic Medical Care • Medical facilities offer basic primary care • Most invasive procedures or surgery is not recommended • Blood supplies may not be screened to international standards and may be considered unsafe • Common medication is not widely available and medication standards cannot be guaranteed Examples of areas with basic care include Yangon, Vientiane, and Phnom Penh in Asia Pacific.	6 points

2. Environment (Distance Medical Facility: ER Department)

Nearest ER Facility within 1 hour by road	0 point
Nearest ER Facility 1 to 4 hours by road	3 points
Nearest ER Facility > 4 hours by road	6 points

3. Environment (Distance of Medical Facility: GP)

Nearest GP Facility within 1 hour by road	0 point
Nearest GP Facility 1 to 4 hours by road	3 points
Nearest GP Facility > 4 hours by road	6 points

4. Environment (Infectious Disease Epidemic/Pandemic) / Disaster

No Epidemic/Pandemic in the past 12 months	0 point
Recent Epidemic/Pandemic in last 6 months	3 points
Ongoing Epidemic / Pandemic	6 points

4.4.4 Calculations of Risk Scores

The following table provides guidance on the total scores and its corresponding risk rating:

Total Risk Score	Risk Rating	Medical Risk Mitigation	Remarks
14 or less	Low	Appointed/designated adult should minimally have a basic first aid certification. The First Aid Kit should try to incorporate medication and equipment as listed in the list (green).	Based on the Risk Assessment and availability of Risk Mitigation measures, the use of medical support may be required. The level of Medical personnel required may move from First Aider to Advanced First Aider to Nurse/Paramedic to Doctor depending on the identified risks.
15 to 29	Medium	Supervising adult should have Advanced First Aid Training qualification; otherwise the equivalent will be a Nurse/Paramedic (including Trip awareness, and emergency training). Appointed vendors must prove that trainers are certified Advanced First Aider.	
30 or more	High	Consider the use of additional medical staffing support such as employing Nurse, Paramedic or Doctor depending on the nature and remoteness of the program.	

4.4.5 High Risk Scoring Category

The deployment of a Paramedic/Nurse should be considered to support an activity in a situation which involves a student with a Pre-existing Medical Condition and where the activity is medium and above (the medical risk cannot be mitigated in the field)

Case Example 1:

3 teachers with 25 students (13-14 years old)
Destination: Shanghai / Zhejiang
Activity: Academic Trip
Medical History: 1 student had a recent flu 2 weeks ago, 1 student has past history of Kawasaki Disease, Vaccinations all up to date
Environment: No epidemic/pandemic

Age (1) Group Size (0) Staff: Student Ratio (1) Recent illness (2) Vaccinations (0) PMHx (6)	Activity (0)	Med Standard (3) Nearest Med Facility (0) Epidemic Pandemic (0)

Total Score: 13 (First Aider)

Case Example 2:

8 teachers with 180 students (10-11years old)
Destination: Taman Negara
Activity: Field Geography trip (Hiking included)
Medical History: Vaccinations up to date, No recent illness, No medical history
Environment: No epidemic/pandemic

Age (2) Group Size (2) Staff: Student Ratio (2) Recent illness (0) Vaccinations (0) PMHx (0)	Activity (4)	Med Standard (6) Nearest Med Facility (6) Epidemic Pandemic (0)

Total Score: 22 (Nurse/Paramedic)

Case Example 3:

International School with 50 students (age 15-16) and 7 teachers (and 3 local guides) going to Ladakh and Khardung La (Altitude risk) for trekking and mountain climbing.
Medical History: Vaccinations up to date, 2 students had seasonal flu 2 weeks before the trip, PMHx mainly food allergies and some eczema on medications
Environment: No epidemic/pandemic

Age (1) Group Size (1) Staff: Student Ratio (1) Recent illness (4) Vaccinations (0) PMHx (4)	Activity (8)	Med Standard (6) Nearest Med Facility (6) Epidemic Pandemic (0)

Total Score: 31 (Doctor or Strong Paramedic / Nurse with Access to Telemedicine Support)

4.5 SAFE TRAVEL FOR STUDENTS

1. Student Health

- Medical History: The school should check for any past medical history or recent acute illness or injuries. This could be done via a medical questionnaire form (self-declaration by the student or parent or next of kin).

  The school should make provision for a Fit to Travel/Fit to Participate assessment by a doctor should there be any doubt.

- Medication: The school should identify students who require regular medication for any chronic condition. The student needs to declare the name and dosage of the medication. It would also be the responsibility of the student to carry sufficient medication (plus 10%) for the trip.

- Mobility: The school should identify students with any mobility issue such as medical condition from musculoskeletal sprains, ligament injury to fracture. The student, parent or next of kin will have to declare these medical conditions. This would allow the school to make a decision (with or without a doctor recommendation) on whether the student should proceed with the trip.

- Mental: Mental issues should be raised by student's class teacher or the establishment's psychologist.

2. Activity

The teacher working with the Event Organiser should review the Activity planned on site. The Activity for the School Student would be classified under the following groupings:

- Student Exchange
- Visit to Academic Interests e.g. Schools, Libraries, Museum
- Social Community Work e.g. painting, building playgrounds
- Adventure Trips

Risk Assessment would be done to determine the Health Risk of the Trip, based on the general health and age group of the students, so that recommendations can be made on mitigation measures which include vaccination, chemoprophylaxis and use of Medical Personnel; from First Aiders, Nurses/Paramedics or Doctors.

3. Fitness to Travel/Participation

- The school would need to assess Fitness to Travel versus Fitness to Participate.
- Fitness to Travel does not equate to Fitness to Participate in the Activity.
- Where necessary, the school would have to ask the student to seek a medical doctor's assessment for Fitness to Travel and Fitness for Participation in the planned activities.

4. Environment

- Geography
- Weather
- Water and Sanitation
- Infrastructure
- Disease Threats
- Security Threats
- Disaster Threats

4.6 PREPARATORY TRAVEL SECURITY ACTIONS

4.6.1 Primary preparatory Actions

1. Receipt of itinerary-specific advice on the prevailing threats, risks and vulnerabilities for assessment and confirmation of proposed travel (with approval).

2. A preparatory brief on the local culture and traditions is recommended to inform students on the sensitivities so as to avoid misunderstanding with the locals.

4.6.2 Considerations when Preparing for a Travel

1. Trip Reconnaissance

It is crucial for the school administration to conduct on-the-ground research that covers all aspects of the school trip:

- In-person audit of the Trip Organiser and its employees
- Accommodation to be used: hotels, home-stays, dormitories, or other accommodation used for experiential learning
- Forms of transportation to be used
- Location of activities planned for the students

2. Local Hosting by Trip Organisers

Do ensure that the Trip Organiser has arranged to pick you up and host you throughout your travel. This will ensure local support and language assistance. The Trip Organiser should have adequate preparations for the entire itinerary and alternate plans should there be any disruptions. Please do consider the following when engaging with them.

- Certification and licences
- Familiarity with, and adherence to the school's code of conduct, child protection, or similar school policies dictating appropriate behaviour with the students, the Trip Organiser and their employees. These policies should also cover use of social media interactions.
- Concerns about technology and social media. E.g. relationship and social interactions between instructors and students. This can be covered under the code of conduct, child protection, or similar school policies.

- Training of staff (e.g. tour guides and language proficiencies)
- Insurance coverage
- Difficulty of activities (e.g. outdoor activities)
  Incident management plans (road detours, inclement weather plans etc.) including the ability to conduct evacuations

3. Meet-and-Greet and airport transfer to hotel

This will assist to mitigate risks and allow for safe, secure and fast passage to the hotel by an experienced and verified driver. This should be arranged either by the travel agent or via the hotel. If a hotel car and driver are being used, please ensure that you have obtained the identification details of the drivers beforehand and the traveller must confirm it on arrival and before boarding the vehicle. In the planning stage, please do request for the relevant contact details to confirm and remain updated of the travel arrangements.

4. Secure Accommodation

When not staying at home-stays, dormitories, or other accommodation used for experiential learning, it is recommended to stay in international business class hotels (4-5 star) or accommodation establishments of a similar level. This is because such hotels generally have better standards of construction, robust security procedures and better trained staff. In addition, this standard of hotels generally has the modern conveniences required by business travellers (reliable communications, business centres, etc.). Where possible, school administration should conduct an on the ground reconnaissance of the hotel.

- Choose a hotel close to your working location. See advice from local hosts or colleagues.
- Be vigilant when registering, especially if the lobby is crowded. Keep all luggage in view and check in using your school address.
- Ensure that your hotel room numbers remain confidential. Do not display the room's key tag in public areas, and stress that the room number should not be given to any inquirers.
- Insist that the hotel room has a key-chain, deadlock and spy-hole, and that the door and window locks work properly.
- Use the safe in your room for valuables.
- Avoid rooms with interlocking doors. If unavoidable, make sure they are locked – and consider using a door wedge as an extra precaution.
- Do not accept a ground- or first-floor room; or rooms with access from a side balcony or a fire escape.
- Take a room no higher than the sixth floor and as far as possible from the main entrance and principal public areas.
- Make sure you know the location of fire exit routes and know what to do if an alarm is activated.
- Keep the door to your room locked and use the chain/spy hole when receiving a visitor. Do not open the door, especially late at night, until you have confirmed the visitor's identity. Be wary, even of callers who claim to be hotel employees (phone to check with reception).
- Ensure that all students are located on the same floor. Rooms used by male students should be segregated from rooms used by female students.
- The minibar and the fridge in each hotel room should be empty.

- Meet strangers in the lobby, not in your room.
- When leaving your room, display the 'do not disturb' sign. Leave the light on (so that you can easily check that the room is secure on returning). Ask reception for a spare room key if you need one to keep the electricity on – though in most cases any credit card-sized item can be used.
- Before retiring, secure valuables and confidential documents, preferably in a 'grab bag' which you can take with you in case of emergency.
- Retrieve your passport before checking out.

Accommodation with the following features will usually have a better standard of security:

- Well-controlled access to the main entrance, with obstacles intended to slow traffic and restrict large vehicle movements.
- The overt presence of uniformed guards.
- CCTV in the lobby and grounds.
- No provision for parking beneath the hotel and well-controlled access to service areas.

In the case of home-stays, dormitories, or other accommodation used for experiential learning, accommodation needs to be arranged for by the travel agent that meets a standard of security and other requirements that the school administration is comfortable with. Detailed assessment on the viability of the accommodation choice should be based on the ground reconnaissance conducted by the school; this can also be outsourced to third party travel security risk services providers. At a minimum, the school administration should ensure that the facility is only used by the school and is not opened to other guests.

5. Transportation

Ensure that pre-arranged transport is arranged throughout the trip. Prearranged transport will ensure that travel between locations within the city is done by an experienced and verified driver who understands the traffic conditions and knows how to seek for support if necessary. Please do consider the following when speaking with the travel agent about the transportation means.

- Ensuring the vehicle is of the appropriate standard, including the availability of seat belts.
- Driver is appropriate (knows the vehicle, knows the route, not overtired, not distracted by a mobile phone, etc.)
- Ensure emergency equipment is appropriate (spare tyre, first aid kit, etc.)
- Ensure incident procedures are appropriate (what to do in the event of a flat tyre/getting lost /accident, etc.)
- Robust communications means such as fully charged mobile phones etc.

6. Grab Bag Provisions

On arrival, prepare a grab bag to take with you should a move at short notice be required. The bag should be light enough to carry easily and contain the following:

- Effective Communications means possessing a personal/business mobile phone with local SIM card and perhaps a satellite phone for remote locations.

- Torch/flashlight with spare batteries;
- First aid kit, including essential prescription medicines;
- Bottled water and dry snack foods;
- Spare car keys, a road map and directions to reach your alternative accommodation;
- A small amount of cash (small denomination bills);
- Photocopies of essential documents in a watertight container or bag (including passport, visa, driver's licence, identity/social security card, list of important phone numbers; insurance policies, proof of residence etc.);
- The emergency contact number of the Visit Leader, an appointed person in the school administration in the home country, and the embassy of nationality as well as the embassy of your country of residence
- Other useful items for longer-duration trips include a battery-operated or wind-up radio, a pocket knife or multi-tool, a whistle and lightweight, high-energy food.

5. HOW TO STAY SAFE DURING A TRIP

5.1 MITIGATION MEASURES TO STAY SAFE DURING A TRIP

5.1.1 Standing Travel Security Advice

- Maintain a low profile. Dress as inconspicuously as possible and avoid ostentatious displays of wealth. Avoid displaying money, wearing jewellery or carrying valuables such as laptop computers or cameras. When walking in the street, keep your bags and briefcases away from passing traffic.
- Always carry some form of communication equipment, such as a cellular phone programmed with numbers that would be useful in an emergency (e.g. Police, Visit Leader - an appointed person in the school administration in the home country, the embassy of nationality as well as the embassy of your country of residence, your assistance company etc.). Additionally, carry a hard copy of these contact numbers.
- Understand the basic geography of your destination, and ensure you familiarise yourself with key routes: avoid high-crime or low-income areas if possible. If you find yourself disorientated, be discreet when consulting a map – or ask for directions from someone in a public, client-facing role, such as a shop assistant or police officer.
- Avoid disputes, demonstrations, political rallies and commotions on the street. Do not stay to watch or photograph them.
- Carry cash in more than one pocket, and keep a small amount in a top pocket to hand over to a criminal who confronts you. A dummy wallet – with a small amount of local currency, an expired credit card and some useless receipts – can be useful to satisfy a mugger.
- Where possible, obtain small denominations of currency and keep the bulk of cash and cards in a money belt, which should only be accessed in private places.
- Ignore verbal 'bait' from passers-by – do not get into an argument – and avoid eye contact with strangers. If you suspect that you are being followed, enter any busy public place and call for help.
- Maintain a high level of information security. Do not give out personal information. Do not discuss your plans with strangers. Do not carry unnecessary amounts of information, either in hardcopy or on laptops, removable drives etc.
- Memorise important local phrases (yes, no, how much, stop here etc.).
- Be alert to your surroundings: if possible, understand the pattern of life, and be alert for – and ready to respond to changes.
- Limit your alcohol intake: it is likely to reduce your level of awareness and judgment.
- Do not accept food or drinks from strangers. Always keep your food and drink in sight in entertainment venues.
- Monitor the local news to stay informed about watches, warnings and associated restrictions.
- On longer-duration trips, ensure you are familiar with your community's disaster warning system and know the location of, and how to reach, any designated emergency shelters.

5.1.2 Additional Advice for Female Travellers

- Call for advice from our security specialists if you have any concerns about the risks you might face in a given destination.

- Observe and respect local clothing customs. Dress modestly to avoid drawing attention.
- In some countries, a lone female traveller is a source of curiosity: you may be stared at if travelling alone. As a precaution, avoid eye contact with strangers, especially on the street and on public transport. If travelling alone, restrict evening entertainment to business-class hotels or membership clubs.
- A wedding ring – even a fake one – can reduce levels of unwanted male attention.
- Decline politely but firmly any invitations which make you feel uncomfortable, even if faced by amicable pressure to accept.
- Ignore suggestive comments.
- Some hotels offer women-only floors; ask about them when you book your room. Ensure your hotel only allows guest access to accommodation floors. You might want to consider using a door wedge and/or portable alarm for extra security.
- Check the available transport options at your destination, and if there are any additional precautions advised for women – such as not using a taxi alone, or where to sit on a bus.

5.1.3 Additional Advice for LGBT Travellers

Legal status and social attitudes in many countries can result in the harassment of lesbian, gay, bisexual and transgender (LGBT) groups.
When planning a trip, Visit Leaders should consider:

- Problems entering a country if the person does not appear to be of the gender indicated on their identification, such as their passport
- The legality or social attitudes towards being (LGBT) at the intended destination

At a practical level, Visit Leaders should consider arrangements around:

- Access to disabled/neutral gender toilets
- Showers of the identified gender used by agreement at alternative times
- A separate bedroom
- Shared bedroom with friends where there is trust and understanding
- Sensitivity around organising changing areas

The following steps can be taken by LGBT students to minimise the likelihood of encountering social, legal or physical consequences arising from their sexual orientation or gender identity:

- Keep a low profile: LGBT travellers generally face harassment or legal censure only if they draw attention to their sexuality. If LGBT employees receive unusual attention or are victims of abuse, they should leave the area immediately, returning to the accommodation or in the company of a trusted supervisor.
- Follow the law: Travellers should always comply with local laws, including in countries where LGBT activity is illegal.
- Be vigilant: LGBT travellers should exercise higher levels of vigilance in areas with a higher likelihood of physical assault. They should remain alert to their surroundings and check for signs of hostility.

Americas
Homosexuality is legal in most countries of the region, though violent verbal or physical attacks on LGBT individuals occur in some Central and South American nations, and it is best to avoid public displays of affection as a security precaution.

Homosexuality is illegal in some Caribbean nations, including Jamaica and Trinidad and Tobago; verbal and physical attacks on LGBT individuals occur regularly.

Africa
Homosexuality is illegal in the following countries: Mauritania, Nigeria, Somalia and Sudan; punishment can include the death penalty. Harassment of LGBT individuals is common.
Homosexuality is also illegal, and imprisonment and some harassment of LGBT individuals may be experienced, in the following countries: Algeria, Angola, Botswana, Burundi, Cameroon, Comoros, Egypt, Eritrea, Ethiopia, the Gambia, Ghana, Guinea, Kenya, Liberia, Libya, Malawi, Morocco, Namibia, Senegal, Seychelles, Sierra Leone, South Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe.

Asia
Homosexuality is illegal in Afghanistan, Bangladesh, Bhutan, Brunei, India, Kiribati, Malaysia, the Maldives, Myanmar, Nauru, Pakistan, Papua New Guinea, Samoa, Singapore, Solomon Islands, Sri Lanka, Tonga, and parts of Indonesia.

In Afghanistan, homosexuality is punishable by death. In Brunei, Pakistan, Malaysia, and the Maldives an LGBT individual could face Sharia law punishments such as whipping, imprisonment, or death by stoning; more commonly, punishment involves fines and jail.

In Bangladesh, Bhutan, India, Kiribati, Myanmar, Nauru, Papua New Guinea, Samoa, Singapore, Solomon Islands, Sri Lanka and Tonga homosexuality is punishable by fines and extended imprisonment.

Laws against homosexuality are only sporadically enforced in Bangladesh, Bhutan, India, Kiribati, Myanmar, Nauru, Papua New Guinea, Samoa, Singapore, Sri Lanka, and Tonga. However LGBT individuals are vulnerable to police harassment.

Homosexuality is legal in most parts of Indonesia. Laws against homosexuality in Aceh and South Sumatra provinces apply to Muslims, but not to non-Muslims.

Europe
Homosexuality is legal in most countries of the area. Homosexuality is legal in Russia but there are laws against its expression, including fines for people promoting homosexuality to minors. In the Balkans, there were several instances of attacks during events organised by the LGBT community (e.g. annual gay pride marches). Violent verbal or physical attacks on LGBT individuals occur in the region and it is best to avoid public displays of affection as a security precaution.

Central Asia
Male homosexuality is illegal in Turkmenistan and Uzbekistan, where the sentence can be up to two and three years imprisonment respectively.

Middle East

Homosexuality is illegal in most countries. Homosexuality is punishable by death in Iran, Saudi Arabia and Sudan, and could be punished by prison sentences, deportation or other significant punitive measures in many other countries. Same-sex relationships are legal in Israel and Jordan, though harassment can occur in both countries.

5.2 EMERGENCY MEDICAL RESPONSE

Prior to every school trip, every Trip Leader should have done the Risk Assessment. This includes the planning and implementation of an Emergency Response Plan (ERP) that covers both Security and Medical crisis. This plan needs to be communicated by the establishment to the event organiser to ensure that all safety measures are observed throughout the trip.

1. For Medical Response the ERP should cover:

• Local Medical Facilities with Emergency Room (Contacts)
• Local Ambulance Provider and Contacts
• Contact to a 24/7 assistance centre for Medical and Security Advice
• Emergency Contact to the Travel Insurance Hot Line
• Contact Access to the School HQ Duty Manager
• Medical evacuation – internal or overseas
• Meet legal requirement for overseas evacuation such as visa

The ERP should also have a flow chart to guide the Trip Leader in establishing communications with the list given above.

Communications with Next of Kin should be managed in guidance with the School Policy and in coordination with the School Duty Manager

2. Appropriate Medical Personnel and Medical Equipment:

• Right Qualification Medical Personnel supporting the School Trip
  Depending on Risk Assessment; from First Aider to Nurse / Paramedic to a Doctor

• Right Medical Equipment and Medication

3. Funds for Medical Expenses:

• Trip Leaders should carry adequate cash (right currency of the destination) in addition to credit card. Many medical facilities may not accept credit card payment especially in remote places. The cash may be required to pay the ground transportation, ambulances and hospital fees. In addition, medication may not be supplied by the doctor and has to be purchased separately in a pharmacy.

• When the medical expenses or deposit required is large amount, it is important that the Trip Leader or School has access to an assistance company that has a relationship with the medical facility and is able to place a Guarantee of Payment or arranges to pay on behalf of the School.

5.3 SECURITY ACTIONS TO UNDERTAKE DURING A CRISIS

1. Responding to an incident

- Never head towards an incident or disturbance. Immediately depart the scene by a direct route in the opposite direction of any threat.
- Find a safe location, such as a major international hotel, a diplomatic mission, hospital or a secure business premise. Move only if necessary to gain a more secure location.
- Immediately attempt to communicate out. SMS texts have a longer latency and stand a better chance of reaching any recipient in an affected area. However, mobile (cellular) communications networks might be unworkable either as the volume of traffic increases or as emergency responders reserve the network for their own purposes. Landline services are an alternative.
- In the immediate aftermath, make reasonable attempts to account for other members of your party. If you are in a group, stay together.
- If necessary, medical assistance should be sought immediately. Any injured persons should be accompanied to hospital and you should find out where they will be taken. If you can, seek advice on any private medical facilities.
- Once at a place of safety, continue to communicate. Even when telephone lines are down, email and broadband links sometimes stay in operation. If communications have failed altogether, take whatever steps you can to get a message to the nearest diplomatic mission.
- Do not leave the secure location without notifying someone of your plans. Attempt to identify other foreigners similarly affected, stay together and pool resources. In general, avoid the temptation to relocate, certainly without ensuring that the route is clear and informing someone outside of your plans.

2. Explosions or likely terrorist attacks

- Find solid cover and get behind it
- Look for an escape route
- Move in short bursts, from cover to cover
- Find a safe location and communicate
- Watch out for secondary attacks

3. Violent protests

- Identify the source of the disturbance
- Look for an escape route
- Find a safe location and communicate
- Be wary of the security forces as much as protesters

4. Armed robbery

- Stay calm and follow orders – even if it means handing over your wallet or handbag
- Don't make sudden moves – tell the attacker(s) what you are doing
- Don't resist, fight or challenge the attacker(s)

5.3.1 EMERGENCY RESPONSE DURING NATURAL DISASTERS

1. During an Earthquake

- If indoors, drop under a sturdy table and protect your eyes with your arms. If there is no sturdy table, drop next to an interior wall and cover your head with your arms. Avoid external walls and areas close to windows and large mirrors, where glass could shatter and external walls collapse. Leave your place of shelter only when the shaking has stopped.
- If outdoors, drop to the ground, curl into a ball and cover your eyes with your arms. Where possible lie in a place away from buildings, large trees, overpasses, bridges and telephone/electrical lines. Do not attempt to re-enter buildings after an earthquake until it is declared safe to do so.
- If you are in a car, slow down and stop in a clear area that is not overhung by buildings, trees or telephone/power lines. Avoid stopping on bridges or in tunnels. Remain inside the vehicle until the shaking has stopped.
- If you find yourself trapped underneath debris, tap on a pipe or a wall or use a whistle to help rescuers locate you.
- Following an earthquake, aftershocks are possible, which can be strong enough to further damage already weakened structures. Tsunamis may also occur in coastal areas – see below for advice. If near the coast, move to higher ground after the shaking has stopped.

2. During Flooding

- Flash flooding can occur with little or no notice. In the event of a flash flood, do not wait for instructions to move.
- Avoid floodwater, which may be contaminated by leaked chemicals or raw sewage. Water mains normally considered safe may now be contaminated. There is also a risk of water being electrically charged from damaged power lines.
- Avoid moving through flooded areas if possible. If you come upon a flooded road, turn around and go another way. Exercise caution if movement is necessary, even where water appears shallow. Walk only where water is not moving, using a stick to feel the ground in front of you.
- Vehicles can be swept away by moving water. If you find yourself inside a vehicle with floodwater rising around it, exit the vehicle and move to higher ground.

3. During a Hurricane

- The safest place to be is an underground shelter, basement or safe room. If no underground shelter or safe room is available, a small, windowless interior room or hallway on the lowest level of a sturdy building is the safest alternative.
- If you are not advised to evacuate, stay indoors, away from windows.
- If caught outside, immediately get into a vehicle, buckle your seat belt and drive to the closest sturdy shelter. If flying debris is present, pull over and park. Stay in the car with the seat belt on. Put your head down below the windows, covering with your hands and a blanket if possible. If possible to get lower than the level of the roadway, exit the vehicle and lie in that area, covering your head with your hands.
- The worst part of the storm will happen once the eye passes over and the winds blow from the opposite direction. Trees, shrubs, buildings, and other objects damaged by the first winds can be broken or destroyed by the second winds.

4. During a Tsunami

- The warning time for a tsunami is very short. React immediately. Move to the upper floors of a building, preferably one made of reinforced concrete rather than brick.

5.3.2 SECURITY MONITORING IN THE AFTERMATH OF AN INCIDENT

- Monitor the radio for developments and guidance from the authorities.
- Inspect your building for damage. Wear long trousers, a long-sleeved top and, if possible, sturdy shoes when examining walls, doors, staircases and windows. Immediately put out any fires and monitor the building for smoke for several hours.
- Gas leaks are possible due to damaged infrastructure; do not use candles, matches or lighters. Turn off the building's gas supply. Do not operate light switches if you suspect there has been a gas leak. If you smell gas or hear a blowing or hissing noise, open a window and get everyone out of the building quickly; call the gas company or local fire service.
- Watch out for and avoid fallen power lines or broken gas lines and report them to the utility company immediately.
- Check for injuries. If you are trained, provide first aid to persons in need until emergency responders arrive.
- Clean up spilled medications, bleaches, gasoline or other flammable liquids that could become a fire hazard.
- Stay out of damaged buildings.
- Use the telephone only for emergency calls. Ensure that any mobile telephones are kept charged where there is power. Where there are multiple telephone, use only one at a time, keeping the others charged at all times where possible.
- During a black out, turn off any electrical equipment that was in use when the power went out. If you use a generator, connect equipment you want to power directly to the outlets on the generator. Never connect a generator to a building's electrical supply.
- Roads may be blocked or subject to closure by the authorities with little or no notice. Ensure that your vehicle is appropriate for the terrain and always carry adequate communications systems, full spares, supplies, first-aid equipment and enough fuel to complete your return journey.
- Be alert to dangers posed by structural damage to buildings and bridges.
- Carefully consider the need to journey to affected areas. Personnel should liaise closely with local sources prior to making a decision to travel and balance the need against the impact of any natural hazard event.
- Travel in affected areas should only be undertaken with careful risk assessment and forward planning, which should cater for a likely shortage of power, basic supplies (including food, water and fuel), accommodation and transportation as well as communication difficulties. Travellers should aim to be self-sufficient and should ensure that they have back-up communications systems in place should landline/mobile/internet networks fail. Access to medical services may be limited or non-existent. Full medical kits should be taken with personnel who are trained in their use.
- Security force sensitivities may be heightened; treat members of the security forces with patience and respect. The authorities may cordon off areas or block access routes during any rescue or recovery operations. This should be factored into route planning.
- The security environment following a natural hazard event will become more complex with a

possible increased risk of looting, robbery and burglary. Movement through severely affected areas should be done within a suitable security framework.

- Airports may be closed due to damage and civilian flights may be cancelled to allow military or aid flights to land. Reconfirm flight bookings and liaise closely with your airline.

6. BEST PRACTICES

6.1 Increase Awareness and Know-How of Duty of Care at the Administration Level

It is important for the education sector to focus on raising awareness of Duty of Care throughout the value chain. Getting the attention of the presidents of educational institutions and developing the "know-how" is a first step. Once a strategic and tactical plan is developed with regard to Duty of Care for travelling constituencies of the educational institution, awareness can be cascaded down through the administrative and professional structural lines of authority and include faculty and students.

6.2 Bring a Team Together and Assess the Educational Institution's Vulnerabilities

Getting the internal stakeholders together is crucial in developing plan-do-act steps of the Integrated Duty of Care Risk Management Model. Duty of Care stakeholders of educational institutions include heads of university administration, public relations, human resources, campus safety and security, international programs, campus travel, the deans of the various schools, program directors and risk managers.

6.3 Establish and Ensure Compliance with Duty of Care Policies and Procedures regarding:

- Individual and group student travel
- Faculty, staff and administration travel;
- Travel reimbursement;
- Prohibited risky behaviours;
- Travel authorisations and restrictions;
- Accommodations;
- Transportation;
- Rest breaks;
- Notifications.

6.4 Tracking While Travelling

Tracking travelling students and academic staff involves knowing where they are at all times and informing them of changing risk while travelling. Due to the potentially risky nature of the travel locations, educational institutions should take special travel precautions as standard operating procedures:
- Adopt a flexible travel management system;
- Require approval for all student and faculty travel;
- Require booking through an approved travel provider;
- Have travel approval procedures that include risk assessment;
- Assess current medical and security risk of the route;
- Brief student and faculty travellers on travel risk, check in and out protocols;
- Provide appropriate hand-off to transportation and accommodation vendors;

- Required check in on both ends—departing and arrival;
- Know where they are going and what provisions they need and check that they have them;
- Provide a road map of expected behaviours and then implement it;
- Link travel reimbursement to compliance with travel policies and procedures.

6.5 Implement an Emergency Response Notification System for Faculty, Staff & Students

While campus lockdown procedures are becoming more common, few educational institutions have a notification policy in place in case of emergency (also called "I'm Okay" policy). With the medical, safety and security risks that are especially in some high-risk locations, employers of educational institutions should be able to immediately assess whether their students, faculty and staff are okay and/or need special assistance and evacuation (i.e., both a pull and push system). Educational institutions have many tech savvy students who are usually good at frequent and diverse means of communication (especially social media), which lends itself well to implementing and testing such a notification system using multiple communication platforms.

7. OTHER CONSIDERATIONS

7.1 MEDICAL FACILITY WITHIN EDUCATIONAL INSTITUTIONS

Function of the Medical Facility
The medical facility located within the Education Institutions may cover one or more of the following functions:

- Provision of First Aid
- Provision of Emergency Medical Assistance (define BCLS or ACLS)
- Provision of First Responder Assistance (Nurses or Paramedics)
- Provision of Primary Health Care (Doctors)
- Health Education and Prevention
- Evacuation from Education Institutions to designated Hospitals
- Health Hygiene Inspection of Education Institutions
- First Level Counselling for students
- Supporting Student Mass Events e.g. Sporting Event
- Supporting Outdoor Events including Student Overseas Trip

Depending on the functions required, the staffing (number and qualification) and medical equipment would also differ.

Based on the Functions, the Medical Facility within the Education Institution may be designated as 3 levels.

Level 1 School Clinic

a. Medical Care: First Aid
b. Medical Personnel: • First Aiders (Trained, Volunteer or Full Time)
                       • Qualified and Current
c. Room: • Arm Chair for sitting casualty to rest
                       • Bed for lying casualty to rest
                       • Well Ventilated and Temperature Corrected for Comfort
                         (summer and winter)
                       • Privacy with screen
d. Equipment: • First Aid Equipment for Dressing
                       • Medication: First Aid Medication as per Guideline
                       • Supervision: Annual Inspection by a Qualified Nurse/Paramedic

Level 2 School Clinic

a. Medical Care: Basic Life Support / Basic Trauma Life Support
b. Medical Personnel: • Nurse / Paramedic
                       • Qualified and Current
                       • ACLS, ITLS
c. Room: • Arm Chair for Sitting casualty to rest
                       • Bed for lying casualty to rest

                • Well Ventilated and Temperature corrected for Comfort

                • (summer and winter)

                • Privacy with screen

d. Equipment: Medical Equipment as per guideline

e. Medication: Medication as per Guideline

f. Supervision: Annual Audit by External Body

g. Patient Medical Record System and Policy should be made available

h. Medicine Storage, Usage and Disposal System in place

i. Medical Waste Disposal System

j. Medical Emergency Response Plan in place

k. Health Education Program

Level 3 School Clinic

a. Medical Care :   Primary Health Care

b. Medical Personnel: General Practitioner Doctor

                    Team of Nurses, Paramedics

                    ACLS, ATLS

c. Room: Medical Equipment as per clinic guideline (MOH SIN)

d. Medication and Dispensary Management System

e. Clinic Medical Records System

f. Medical Waste Disposal System

g. Medical Emergency Response Plan

h. Health Education and Promotion Plan

7.2 SCOPE & USAGE OF THE GUIDELINES

The medical and security guidelines developed here complement existing risk assessment strategies being practised by the user's institution / organisation, and are not exhaustive.

This document should serve as material for consideration and discussion among stakeholders concerned. Risk assessment should be a collaborative venture so that expectations can be mutually understood and agreed.

Risk assessment is subjective and is a tool for rationalising decisions and actions to be taken - it should not be considered entirely in absolute terms i.e a risk management strategy for one activity/event is not necessarily the appropriate one for another activity/event.

8. APPENDIX

8.1 Duty of Care – Scholastic Sector, International SOS Foundation, 2014.

9. ACKNOWLEDGEMENTS

International SOS

Foundation

www.internationalsosfoundation.org