HEALTH AND TRAVEL SECURITY RISKS IN
THE EDUCATION SECTOR:

FIELD TRIP MANAGEMENT

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INTRODUCTION & PURPOSE

Students at all levels have more and more chances to learn outside of the classroom. Outdoors and overseas activities and experiences are considered a pillar for the mobility of students and a game changer for the talent of the future workforce.

The increasing number of overseas trips offered by both private and public schools over the last several years as well as the growing demand for participation in experiential trips by expedition organizers show the appetite towards "outside-the-classroom learning" experience.

It also represents the need for all educational institutions to prepare their students to live and grow in the 'global village'.

Overseas travel experiences and outdoors activities have a significant and proven impact on the growth of the students, as well as on the reputation of the schools that organize them.

These activities are often in the form of overseas trips to remote locations where students and trip leaders may face travel-related risks and threats that impact their health, safety and well-being due to the varying standards of security and medical care.

THE MAIN PURPOSE OF THIS DOCUMENT IS TO MITIGATE AGAINST THE HEALTH AND TRAVEL SECURITY RISKS FOR EDUCATIONAL INSTITUTIONS, ACADEMIC PERSONNEL AND TRIP ORGANIZERS.

The recommendations contained in this whitepaper are focused on how to prevent medical and travel security risks before and during outdoor learning activities, mainly during overseas trips.

SCOPE OF THESE GUIDELINES

The health, safety and security guidelines developed in this paper complement existing risk assessment strategies practiced by the educational institution, 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.

This document is intended for anyone who is involved in the risk assessment process for outdoor activities in the education sector, including:

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

Risk assessment is subjective and is a tool for rationalizing 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.

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DEFINING FIELD TRIPS

This document serves to assist trip planners/organizers who are organizing trips/activities that possess the following characteristics:

- They can take place outdoors and abroad.

- They may occur in an urban or remote/rural environment, but there is always an element of uncertainty or unpredictability — for example weather and sea conditions.

- They usually involve risk.

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

KEY FIELD TRIPS INCLUDE:

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

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PLANNING
BEFORE A TRIP

RISK ASSESMENT FOR FIELD TRIPS

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

This document serves to complement existing risk assessment methodology being practiced by the stakeholder institutions. It should not be seen as a replacement or used in isolation. Risk management requires a collaborative approach among all stakeholders, including trip leaders, third party providers, event organizers, insurance, and 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, organizers can then develop appropriate mitigating measures, inclusive of medical and security support plans, to reduce the risk and safeguard students. Should any residual risk remain due to lack of appropriate and effective mitigating measures, the organizers will have to decide if the trip should move forward or not, and upon which conditions.

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.

DEFINITIONS

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 an upper respiratory tract infection, chest infection, acute conjunctivitis, urinary tract infection, acute cardiac condition and other acute medical conditions, 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, and renal diseases.

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/organizers 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/organizers need to consider discussing insurance riders with their insurance company or make other arrangements.

RISK STRATIFICATION FOR STUDENT FIELD ACTIVITY

We recommend a methodology that is easy to remember and will help to stay SAFE. It takes into consideration the key factors to evaluate and mitigate the risk in preparation for a field trip:

Student
Activity
Fit to Travel and/or participate
Environment

> Take note of points for each of the following fields, these will be added to determine student risk level.

STUDENT PROFILE

PROFILE	POINTS	SCORE
STUDENT AGE		
Under 12 years old	2	
Between 12 and 16 years old	1	
Over 16 years old	0	
STAFF TO STUDENT RATIO		
1 Staff for each 5	0	
1 Staff for each 10	1	
1 Staff for 15+	2	
RECEIVING VACCINATION		
Vaccination done	0	
Vaccination not done	2	
STUDENT GROUP SIZE		
Less than 50 students	0	
Between 50–100 students	1	
More than 100 students	2	
RECENT ILLNESS		
Illness <2 weeks ago | Surgery <3 months ago	4	
Illness <4 weeks ago | Surgery <6 months ago	2	
No illness in the past 4 weeks	0	
PRE-EXISTING MEDICAL CONDITION		
No pre-exisiting medical condition	0	
Stable chronic condition on medical control	4	
Pre-exisiting medical condition	8	

ACTIVITY

This activity chart has been developed to serve as a guide for each activity. The trip leader/ organizer should still identify and assess the potential risks specific to this activity. For example, social community work such as painting walls would be considered low risk. On the other hand, construction with the use of nails, hammers, saws, drills, or cement may be deemed medium risk. This is even more pertinent when the students have not done such work before.

ACTIVITY	POINTS	SCORE
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, field planting	0	
SOCIAL COMMUNITY WORK INVOLVING CONSTRUCTION AND USE OF TOOLS e.g. hammering, sawing, drilling, and cementing ALL SPORTING OR WATER BASED ACTIVITIES e.g. kayaking, snorkelling, scuba diving, wakeboarding, mountain biking, abseiling safari, and wild animal encounter	4	
ALL ACTIVITIES THAT INCLUDE 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)	8	

FIT TO TRAVEL VS FIT TO PARTICIPATE

In this category, the trip leader/organizer 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 Center for Disease Control [CDC] travel recommendation), need to be carefully reviewed.

When in doubt, students should obtain 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 or she may not be fit to participate in constructing a playground while on the trip.

ENVIRONMENT

With regard to the environment, the trip leader/organizer needs to consider both medical and non-medical factors.

Medical factors are based on the standard of medical care, distance from an emergency room (ER), and distance from a general practitioner (GP). Exposure to disaster (infectious disease outbreak, e.g. pandemic) should also be considered.

STANDARD OF MEDICAL CARE	POINTS	SCORE
CENTER OF MEDICAL EXCELLENCE International level of care offered at medical facilities (tertiary referral centres and specialist are available), regional center of referral for complex medical conditions and blood supplies are safe and medication availability is excellent.	0	
GOOD MEDICAL Medical facilities offer good primary care and less-complex specialist outpatient care. • Simpler surgeries, such as appendectomy, can be performed. • Blood supplies are generally safe and medication availability is adequate. Examples include: Penang, Chiang Mai and Shanghai, Mexico City, Santiago de Chile.	3	
BASIC MEDICAL CARE Medical Facilities offer basic primary care. Most invasive procedure surgeries are not recommended. Blood suppliers my not be screened to international standards and may be considered unsafe. common medication is not widely available and medication standards cannot be guaranteed.	6	

DISTANCE TO MEDICAL FACILITY: ER DEPARTMENT		
NEAREST ER FACILITY WITHIN 1 HOUR BY ROAD	0	
NEAREST ER FACILITY WITHIN 1TO 4 HOURS BY ROAD	3	
NEAREST ER FACILITY > 4 HOURS BY ROAD	6	

DISTANCE TO MEDICAL FACILITY: GP		
NEAREST ICU FACILITY WITHIN 1 HOUR BY ROAD	0	
NEAREST ICU FACILITY WITHIN 1 TO 4 HOURS BY ROAD	3	
NEAREST ICU FACILITY FARTHER THAN 4 HOURS BY ROAD	6	

INFECTIOUS DISEASE EPIDEMIC/PANDEMIC		
NO EPIDEMIC/PANDEMIC IN THE PAST 12 MONTHS	0	
EPIDEMIC/PANDEMIC IN LAST 6 MONTHS	3	
ONGOING EPIDEMIC / PANDEMIC	6	

JCAHO: JOINT COMMISSION ACCREDITATION OF HEALTHCARE ORGANIZATION

JCI: JOINT COMMISSION INTERNATIONAL

In the US, cities are accredited by JCAHO. In LATAM, cities are accredited by JCI.
Although standards are not as high as in the US, they still need to be taken into consideration.
In Canada, the national standard is very high across the country

SCORES AND CORRESPONDING RISK RATING

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

POINTS	POINTS	STANDARD OF MEDICAL CARE	REMARKS
14 or less	Low	Appointed/designated adult should at minimum 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	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).	
30 or More	High	Consider the use of additional medical staffing support such as employing a nurse, paramedic or doctor depending on the nature and remoteness of the program.	

**HIGH RISK SCORING CATEGORY

The deployment of a paramedic or nurse should be considered to support an activity in a situation which involves a student with a pre-existing medical condition or when the activity is a medium risk rating and above (the medical risk cannot be mitigated in the field).

CASE EXAMPLES – APPLYING THE SAFE METHODOLOGY

EXAMPLE 1
3 TEACHERS, 25 STUDENTS (AGE 13-14)

DESTINATION: SHANGHAI / ZHEJIANG

ACTIVITY: ACADEMIC TRIP

MEDICAL HISTORY: ONE STUDENT HAD A RECENT FLU TWO WEEKS AGO;

ONE STUDENT HAS PAST HISTORY OF KAWASAKI DISEASE; VACCINATIONS ALL UP TO DATE

ENVIRONMENT: NO EPIDEMIC/PANDEMIC

STUDENT	ACTIVITY	ENVIRONMENT
AGE (1)	0	MEDICAL STANDARD (3)
GROUP SIZE (0)		DISTANCE MEDICAL FACILITY (0)
STAFF TO STUDENT RATIO (1)		EPIDEMIC/PANDEMIC (0)
RECENT ILLNESS (2)		
VACCINATIONS (0)		
PRE-EXISTING MEDICAL CONDITION (8)		

TOTAL SCORE: 15
(FIRST AIDER)

EXAMPLE 2

PRIVATE SCHOOL WITH 8 TEACHERS, 180 STUDENTS (AGE 10-11)

DESTINATION: ROCKY MOUNTAIN NATIONAL PARK, COLORADO, USA

ACTIVITY: FIELD GEOGRAPHY TRIP (HIKING INCLUDED)

MEDICAL HISTORY: VACCINATIONS UP TO DATE; NO RECENT ILLNESS; NO MEDICAL HISTORY

ENVIRONMENT: NO EPIDEMIC/PANDEMIC

STUDENT	ACTIVITY	ENVIRONMENT
AGE (2)	4	MEDICAL STANDARD (6)
GROUP SIZE (2)		DISTANCE MEDICAL FACILITY (6)
STAFF TO STUDENT RATIO (2)		EPIDEMIC/PANDEMIC (0)
RECENT ILLNESS (0)		
VACCINATIONS (0)		
PRE-EXISTING MEDICAL CONDITION (0)		

**TOTAL SCORE: 22
NURSE/PARAMEDIC**

EXAMPLE 3

INTERNATIONAL SCHOOL WITH 7 TEACHERS, 3 LOCAL GUIDES, 50 STUDENTS (AGE 15-16)

DESTINATION: LADAKH AND KHARDUNG LA (ALTITUDE RISK)

ACTIVITY: TREKKING AND MOUNTAIN CLIMBING

MEDICAL HISTORY: VACCINATIONS UP TO DATE; TWO STUDENTS HAD SEASONAL FLU TWO WEEKS BEFORE THE TRIP; PMHX MAINLY FOOD ALLERGIES AND SOME ECZEMA ON MEDICATIONS

ENVIRONMENT: NO EPIDEMIC/PANDEMIC

STUDENT	ACTIVITY (8)	ENVIRONMENT
AGE (1)	8	MEDICAL STANDARD (6)
GROUP SIZE (1)		DISTANCE MEDICAL FACILITY (6)
STAFF TO STUDENT RATIO (1)		EPIDEMIC/PANDEMIC (0)
RECENT ILLNESS (4)		
VACCINATIONS (0)		
PRE-EXISTING MEDICAL CONDITION (4)		

**TOTAL SCORE: 31
(DOCTOR OR STRONG PARAMEDIC/ NURSE
WITH ACCESS TO TELEMEDICINE SUPPORT)**

SAFE TRAVEL FOR STUDENTS

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 if minor). 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 (or parents or next of kin if minor) 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.

  In the event of psychotropic medicines, the school should determine whether the necessary drugs are legal in the destination country.

- **MOBILITY:** The school should identify students with any or when the activity is a medium risk rating and above. 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.

- **BEHAVIORAL HEALTH:** Ideally, issues should be raised by the student's teacher, the establishment's psychologist, or the student's parents or legal next of kin. The school has a duty of care to provide psychological support resources at the destination once they are made aware of the mental health issues. Trip leaders and/or teachers need to be educated in identifying and managing all the signs/ symptoms of behavioral health issues exacerbation.

ACTIVITY

The teacher working with the event organizer 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 to doctors.

FITNESS TO TRAVEL VS PARTICIPATION

- The school needs 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.

ENVIRONMENT

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

PRIMARY PREPARATORY ACTIONS

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

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

CONSIDERATIONS WHEN PREPARING FOR 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 organizer and its employees.

- Accommodations (hotels, home-stays, dormitories).

- Means of transportation.

- Location of activities planned.

2. LOCAL HOSTING BY TRIP ORGANIZERS

Ensure that the trip organizer has arranged to pick the group up and host them throughout the travel. This will ensure local support and language assistance. The trip organizer should have adequate preparations for the entire itinerary and alternate plans should there be any disruptions. Please consider the following when engaging with them:

- Certification and licenses.

- Familiarity with, and adherence to, the school's code of conduct, child protection, or similar school policies dictating appropriate behavior with the students, the trip organizer and their employees. These policies should also cover use of social media interactions.

- Training of staff (e.g. tour guides and language proficiencies).

- 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 help to mitigate risks and allow for safe, secure and fast passage to the hotel by an experienced and vetted driver. It should be arranged either by the travel agent or the hotel. If a hotel car and driver are being used, please obtain the identification details of the driver beforehand and have the traveler confirm the details on arrival before boarding the vehicle. Request for the relevant contact details to confirm and remain updated of the travel arrangements. Also ensure that the vehicle has working seat belts.

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 more convenience amenities (reliable communications, business centers, safe food, water, ice, etc.). Where possible, school administration should conduct the following:

- Choose a hotel close to the activity location.

- Ensure that hotel room numbers stay confidential.

- Use the safe in the room for valuables.

- Do not accept ground or first floor rooms or rooms with access from a side balcony.

- Be vigilant when registering, especially if the lobby is crowded. Keep all luggage in view

- Insist that the hotel room has a key-chain, deadlock and spy-hole

- Avoid rooms with interlocking doors

- Take a room no higher than the sixth floor and as far as possible from the main entrance

- Make sure you know the location of fire exit routes and know what to do if an alarm is activated

- Ensure that all students are located on the same floor

- Meet strangers in the lobby, not in your room

- Before retiring for the evening, secure valuables and confidential documents, preferably in a 'grab bag' which you can take in case of emergency

- Keep the door locked and use the chain/ spy-hole when receiving a visitor

- The mini bar and the fridge in each room should be empty

- When leaving the room, display the 'do not disturb' sign. Leave the lights on.

- Retrieve your passport before checking out

Accommodation arranged for by the travel agent needs to meet 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 scheduled throughout the trip. Pre-arranged transport will ensure that travel between locations within the city is done by an experienced and vetted driver who understands the traffic conditions and knows how to seek support if necessary. Consider the following when speaking with the travel agent about the transportation means.

- Ensure the vehicle is of an appropriate standard and includes seat belts.

- Ensure driver is appropriate (knows the vehicle, knows the route, not under the influence, not distracted by a mobile phone, etc.).

- Ensure emergency equipment is appropriate (spare tire, first aid kit, etc.).

- Ensure incident procedures are appropriate (what to do in the event of a flat tire/getting lost /accident, etc.).

- Ensure robust communications means, such as fully charged mobile phones, are available.

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:

- Ensure robust communications means, such as fully charged mobile phones, are available. 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 water tight container or bag (including passport, visa, driver's license, identity/ social security card, itinerary, 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 (may not be allowed in carry on bags or through security in some countries), a whistle and lightweight, high-energy food.

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HOW TO STAY SAFE DURING A TRIP

STANDING TRAVEL SECURITY ADVICE

MITIGATION MEASURES TO STAY SAFE DURING A TRIP

- Ensure robust communications means, such as fully charged mobile phones, are available.

- Avoid displaying money, wearing jewelry or carrying valuables such as laptop computers or cameras.

- Keep bags away from passing traffic when walking in the street.

- 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 familiarize 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 if they confront you. A dummy wallet – with a small amount of local currency, an expired credit card and some useless receipts – will 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 hard copy or on laptops, removable drives etc.

- Memorize 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.

- 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.

ADDITIONAL ADVICE FOR FEMALE TRAVELERS

- Call security specialists of your assistance provider for advice 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 traveler is a source of curiosity: you may be stared at if traveling alone. As a precaution, avoid eye contact with strangers, especially on the street and on public transport. If traveling 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.

- 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.

ADDITIONAL ADVICE FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) TRAVELERS*

Legal status and social attitudes in many countries can result in the harassment of lesbian, gay, bisexual and transgender groups. When planning a trip, trip 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. Immediately, returning to the accommodation or in the company of a trusted supervisor.

At a practical level, trip 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 organizing changing areas

ILGA – Sexual orientation laws in the world, http://ilga.org/maps-sexual-orientation-laws

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

KEEP A LOW PROFILE: **LGBT** travelers generally face harassment or legal censure only if they draw attention to their sexuality. If LGBT students receive unusual attention or are victims of abuse, they should leave the area.

- **FOLLOW THE LAW:** Travelers should always comply with local laws, including in countries where LGBT activity is illegal.

- **BE VIGILANT:** LGBT travelers 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.

EMERGENCY MEDICAL RESPONSE

Prior to every school trip, every trip leader should do a 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 organizer to ensure that all safety measures are observed throughout the trip.

1. FOR MEDICAL RESPONSE THE ERP SHOULD COVER:

- Contact information for local medical facilities with emergency rooms.

- Contact information for a local ambulance provider.

- Contact information for a local ambulance provider.

- Emergency access to the school headquarters duty manager

- Internal or overseas medical evacuation plan with necessary legal requirements, such as a 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 in coordination with the school duty manager.

2. APPROPRIATE MEDICAL PERSONNEL AND MEDICAL EQUIPMENT:

- Medical Personnel equipped with the right qualifications to support the school trip

- Depending on risk assesment; First aider, nurse/paramedic, or doctor, depending on the risk assessment.

- 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, ambulance and hospital fees. In addition, medication may not be supplied by the doctor and may have to be purchased 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 provider that has a relationship with the medical facility and is able to place a guarantee of payment or arrange to pay on behalf of the school.

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. Land-line 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 belongings
- Don't make sudden moves – tell the attackers what you are doing
- Don't resist, fight or challenge the attackers

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 external walls could collapse or glass could shatter.

- 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 – 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 flooding 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.

- 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 telephones, 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. Travelers should aim to be self-sufficient and should ensure that they have back-up communications systems in place should land-line/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 canceled to allow military or aid flights to land. Reconfirm flight bookings and liaise closely with your airline.

5
BEST PRACTICES

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 traveling constituencies of the educational institution, awareness can be cascaded down through the administrative and professional structural lines of authority and include faculty and students.

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.

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 Behaviors
- Travel Authorizations and Restrictions
- Accommodations
- Transportation
- Rest Breaks
- Notifications
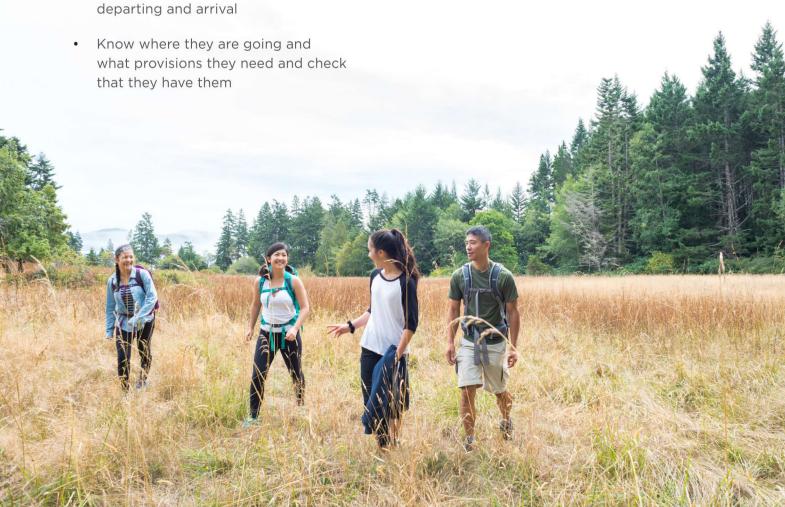
KNOWING WHERE YOUR TRAVELERS ARE

Monitoring traveling students, faculty and staff location involves knowing where they are at all times and informing them of changing risk while traveling. 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 travelers on travel risk and 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 behaviors and then implement it

- Link travel reimbursement to compliance with travel policies and procedures.

IMPLEMENT AN EMERGENCY RESPONSE NOTIFICATION SYSTEM FOR FACULTY, STAFF & STUDENTS

While campus lock-down 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 prevalent 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.

6
ANNEX

REFERENCES AND USEFUL LINKS

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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 three levels of medical personnel (Tables 1 and 2):

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 lists. 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 lists.

Exception for red list: nurse/paramedic with support and access to a doctor via tele-consultation 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-consultation 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

TABLE 1 • MEDICAL PERSONNEL

PERSONNEL	SKILLS	COMPETENCY
FIRST AIDER	First Aid Course	Certificate Competence
	CPR Heat 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 initial medical emergency treatment, stabilization and ability to evacuate/await evacuation. • Provide initial medical Emergency Treatment and Stabilization 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	

TABLE 2 • EQUIPMENT & MEDICINE 1/3

CATEGORY	MEDICAL ITEM	QUANTITY	REMARKS
WOUND CARE	Gauze (Sterile)	X5	
	Melonin Gauze (Sterile)	X5	
	Gauze (Non-Sterile)	X1 pack	
	Surgical Tape	1 roll	
	Wound Plasters	1 box	
	Crepe Bandage	X2	
	Burn dressing	X1	
	Triangle Bandage	X8	
	First Aid Dressing	X2	
	Eye patch	X1	
	Dressing Set	X1	Disposable
	Chlorhexidine Sachets	X4	
	Disposal Gloves (Nitrile)	X10 pairs	
	Forceps	X1	
	Scissors	X1	Paramedic scissors
	Tourniquet	X1	Arterial
	Steri-Strips	X3 packs	
	Wound Suture Set	X1	2X 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 – X1	
	Laryngoscope	X 1	
	Endotracheal Tubes		Children and Adult Sizes
IMMOBILIZATION	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	
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

TABLE 2 • EQUIPMENT & MEDICINE 2/3

CATEGORY	MEDICAL ITEM	QUANTITY	REMARKS
MEDICAL OTHERS	Charcoal	Oral	
	Emergency Blanket	X1	
	Safety Pins	X5	
	Puritabs	X5 Tabs	
	Sanitary Pads	X1 Pkt	
	Sharp Disposal Box	X1	
	S Hooks	X2	
	Ground Sheet	X1	For Casualty
	Casualty Record Book	X1	
	Pen	X1	
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
GASTROINTESTINAL DIARRHOEA	Chracoal	Oral	
	Immodium	Oral	
	ORS	Oral	
	Lomotil	Oral	
	Normal Saline	IV	
	Ciprofloxacin	Oral	
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		

TABLE 2 • EQUIPMENT & MEDICINE 3/3

CATEGORY	MEDICAL ITEM	QUANTITY	REMARKS
URTI	Chlorpheniramine	Oral	
	Loratadine	Oral	
	Zyrtec	Oral	
	Clarinase	Oral	
	Lozenges	Oral	
	Dextomethophane	Oral	
	Oxymetazoline	Nasal	
	Augmentin	Oral	
	Klacid	Oral	
RESPIRATORY	Ventolin Tab		
	Ventolin Inhaler		
	Asthma		
ALLERGY	Chlorpheniramine		
	Zyrtec		
	Epipen		
ALLERGY PROTOCOL	Adrenaline	X 2	1 mg vial
	Hydrocortisone	X 2	100 mg vial
	Ventolin Inhaler	X 1	
	Promethazine	X 2	50 mg vial
SKIN RELATED	Calamine Lotion	X1	
	Moisturiser Cream	X1	
	Hydrocortisone Cream 1%	X1	Topical
	Antibiotic Cream	X1	Topical
EAR/EYE RELATED	Normal Saline Eye drops	X1	
	Framycetin	X1	Topical for both ear and eye
MOTION SICKNESS	Dimenhydrinate	X1	Oral,Preventative
	Stemetil	X2	IM(to inform AC)
HIGH ALTITUDE ILLNESS	Oxygen Canister	X1	Usually carried by guide
	Dexamethasone	X1	Oral
	Oxygen Tank	X1	Oral. Only to be given after consultation with AC
ACLS	Amiodaronce	X1	
	Adrenaline	X10	

ABOUT

INTERNATIONAL SOS

International SOS enables organizations to manage the health and safety risks facing their international travelers, expatriates, and global workforce. As the world's leading provider of medical assistance, security services, international health care and outsourced customer care, we serve over 7,300 clients (educational institutions, NGOs, governments and corporate companies) including more than 500 educational institutions, 83% of the Global Fortune 100 and 64% of the Fortune Global 500 companies. Our strength stems from the expertise of our people, our worldwide reach and a commitment to deliver customer-focused solutions.

INTERNATIONAL SOS AND CONTROL RISKS

In the age of ever-changing risk, protecting an increasingly mobile workforce is a key challenge for any oragnisation. Since 2008, International SOS and Control Risks provide their clients with the insight, preparation and training to resove the issues and crises that hit any global organisation. The alliance between International SOS and Control Risks meets the growing need for an integrated medical and tracel security risk management solution. Our integrated resources and expertise support the health, security, safety and well-being of their workforce, helping employers meet their Duty of Care responsibilities - the backbone of business resilience and sustainability. 200 dedicated travel security experts through five regional security centres produce global travel security information and analysis 24/7. We also provide travel risk awareness training, preventive travel assessment, support with the development of travel security risk policies, evacuation plans and the latest technology to enable clients to locate and communicate with their mobile workers.

INTERNATIONAL SOS FOUNDATION

Launched in March 2012, the International SOS Foundation has the goal of improving the safety, security, and health and welfare of people travelling, working, studying or doing research abroad or on remote assignments through the study, understanding and mitigation of potential risks.

The escalation of globalization has enabled more individuals to work across borders and in unfamiliar environments; exposure to risks which can impact personal health, security and safety increase along with travel. The Foundation is registered charity and was started with grant from International SOS. It is fully independent, not-for-profit organization.

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Dr. Teo overseas the assistance services provided by International SOS Assistance Centres. He also heads expert teams of Coordinating Doctors and Nurses in these Assistance Centres, ensuring a high level of service across the region. Dr. Teo joined International SOS Singapore in 2007. Prior to that, he was the Chief Army Medical Officer of the Singapore Armed Forces (SAF), holding the military rank of a Colonel.

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