IOE HELPING EMPLOYERS

MANAGE RISKS TO EMPLOYEES FROM INTERNATIONAL TRAVEL FOR BUSINESS PURPOSES



This documents gives guidance on how to protect staff from the risks arising from work-related international travel. It looks at the major foreseeable health and safety risks associated with international travel when staff are on short term assignments. The focus is on accidental, rather than deliberate, harm to employees.

It does not cover the situations where employees and their families are transferred abroad for permanent postings and does not cover situations for those in healthcare professions or those sent out to deal with emergencies, either humanitarian or natural disasters. It is also not intended to identify all the work-related risks that could be encountered when employees visit other worksites abroad as these should be subject to their own risk assessment and risk management control measures that all employees, including visiting employees should follow

The advice is not mandatory but is intended to show the extent of employer obligations to assess and control risks from reasonably foreseeable events inherent to your business operations. The primary purpose is to prevent harm to your employees from work –related international travel. If there is a potential for harm to your employees and business then it is a risk that should be managed, minimised or prevented by an employer

Some jurisdictions do not extend their interpretation of occupational safety and health law this far, but others do, including the reporting of work related accidents, incidents and illhealth. Obviously the boundaries, of what is a reasonably foreseeable risk to employees engaged in work related international travel, can shift as experience grows and as situations change.

The risks to people generally, and specifically your travelling employees, vary from country to country and the situations can change rapidly. Pre-planning, seeking knowledge of the likely conditions to be encountered in each country and providing information and resources on how to deal with them, are the most important actions that can be taken.

Defining the boundaries and risks from business and personal travel

Very often when staff travel on international business travel they combine it with some elements of personal travel. If the company is prepared to accommodate the risks associated with both, then the company should ensure that it knows what this could entail and can arrange the appropriate insurance cover. For example it may be that the personal pursuits could include sporting activities considered dangerous, such as scuba diving or heli-skiing, where specialist insurance cover is required.

If the company is only prepared to cover the risks associated with business travel then the boundaries should be made clear and the employee advised of the need to make arrangements for planning and insuring the personal elements of the trip.

The company insurance arrangements should be tailored to anticipate all the foreseeable risks to and needs of employees when they are travelling abroad on company business.

Clear information should be provided about emergency contact numbers in the event of an incident or contracting a disease so that decisions can be taken on whether local services can be used or whether repatriation is necessary.

The company should have systems to

- Assess the risks of likely illnesses or injuries during travel and stay abroad
- Provide information to the employee on how to stay healthy and safe during the trip
- Provide immunisation programmes for the countries to be visited, in accordance with international guidelines
- Provide insurance relevant to the risks
- Provide basic first aid kits, possibly including dental accessories, and information on use, in the event of minor emergencies
- Provide information on what to do in the event of sickness or injury during the trip
- Provide information on what to do in the event of an emergency or disaster
- Provide information to and monitoring of the employee on return from the trip

Sources of information

Information on the likely challenges to health that can be encountered in various countries can be found at

www.who.int, The World Health Organisation provides International Travel and Health information about vaccination requirements, travel risks and precautions, accidents, and infectious diseases for most countries worldwide. An excellent source of information and advice can be found in the 2010 edition of *International Travel and Health* http://www.who.int/ith/en/

http://wwwnc.cdc.gov/travel/ the website of the Center for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333, USA. They publish the Yellow Book every two years, which is a reference for those who advise international travellers about health risks. The Yellow Book is written primarily for health professionals, but others find it very useful. It can be obtained in hard copy or accessed on line via http://wwwnc.cdc.gov/travel/content/yellowbook/2010-about.aspx

Whilst the perceived wisdom is that staff normally based in developed countries can be exposed to exotic and challenging infections, pathogens and illnesses when travelling in the developing world, it has to be appreciated that all changes of venue will involve challenges to the immune system from pathogens to which people have not built up immunity.

International Health Regulations

The International Health Regulations (IHR) which entered into force on 15 June 2007, are an international legal instrument that is binding on 194 countries across the globe, including all the Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

In the globalized world, diseases can spread far and wide via international travel and trade. A health crisis in one country can impact livelihoods and economies in many parts of the world. Such crises can result from emerging infections like Severe Acute Respiratory Syndrome (SARS), or a new human influenza pandemic. The IHR can also apply to other public health emergencies such as chemical or nuclear incidents. The IHR aim to limit interference with international traffic and trade while ensuring public health through the prevention of disease spread.

The IHR require countries to report certain disease outbreaks and public health events to WHO and establish a number of procedures that WHO must follow in its work to uphold global public health security.

The IHR also require countries to strengthen their existing capacities for public health surveillance and response. WHO is working closely with countries and partners to provide technical guidance and support to mobilize the resources needed to implement the new rules in an effective and timely manner. Early recognition and communication of incidents and diseases is essential to identify and deploy the resources needed to contain damage and prevent spread of harm.

Causes of diseases

It is important to understand how illhealth arises and how infections can be passed on in order to be able to take precautions to minimise the risk of disease when travelling abroad.

Diseases can be spread from pathogens (defined as a microorganism that causes diseases) which can live in plants, animals, water, soil and air. The main types of pathogens currently known are viral, bacterial, fungal, other and prionic (identified as recently as the 1990s.

- Pathogenic viruses cause diseases such as : smallpox, influenza, mumps, measles, chickenpox, ebola, and rubella
- Although the vast majority of bacteria are harmless or even beneficial, a few pathogenic bacteria can cause infectious diseases such as tuberculosis, tetanus, typhoid fever, diphtheria, syphilis and leprosy (Hansen's disease). Bacteria can often be killed by antibiotics.
- Fungi can cause diseases in humans and animals but are the most common cause of diseases in crops and other plants.
- Other parasites, such as protists and helminths, cause disease. One of the best known diseases caused by protists in the genus *Plasmodium* is malaria
- Prions are infectious pathogens that do not contain nucleic acids. Prions are abnormal proteins whose presence causes some diseases such as scrapie, bovine spongiform encephalopathy (mad cow disease) and Creutzfeldt–Jakob disease

Other classes of pathogens may well be identified in the future but we await the science

The way that pathogens cause illhealth in individuals or create epidemics in populations depends on the presence, concentration and virulence of the pathogen, its ability to survive and thrive in the vector, the mode of transmission, the effect it has on humans, the mode of human to human transmission, the immune status of the individual, the availability of agents that can destroy the pathogen activity or mitigate its effects in humans.

The effects of exposure to a pathogen on an individual depend on

- how the pathogen is transmitted, eg by contact, often pathogens can be transmitted by more than one route
- the general immune or health status of the person
- whether the person was immunised against the specific pathogen
- the severity of the disease caused by the pathogen and the symptoms associated with the disease
- whether there is a vaccine available or post-exposure prophylaxis
- how quickly effective treatment post exposure treatment is given

The effects on individuals of exposure to pathogens can have different consequences, and mild effects can quickly become more serious if not treated promptly, so prevention is better than cure.

The main routes of infection for humans are for pathogens to enter the body via

- Food
- Water
- Air
- Bodily fluids
- Diseases transmitted from or via soil, plants and animals, - the infections can be spread by direct contact or via the vectors above.

International travellers should avoid contact with plants, animals and soil and avoid using contaminated food, water, air and bodily fluids.

Avoiding food borne diseases

Information can be found in many languages at http://www.who.int/foodsafety/publications/consumer/travellers/en/index.html—A Guide on safe Food for Travellers—How to avoid illnesses caused by unsafe food and drink and what to do if you get diarrhoea. Employees should be advised to seek medical advice before travelling and take preparations in their luggage to deal with diarrhoea, these should include oral rehydration salts. Examples of diseases acquired through food and water consumption are traveller's diarrhoea, hepatitis A, typhoid fever and cholera.

They should be informed of the 5 main principles to prevent food borne diseases

Choose safe water and food
Ice cream, drinking water, ice cubes and raw milk can easily be contaminated with dangerous microorganisms or chemicals if they are made from contaminated ingredients. If in doubt avoid them. Peel all fruits and vegetables if eaten raw. Avoid those with damaged skin because toxic chemicals can be formed in damaged and mouldy foods. Green-leafed vegetables (e.g. green salads) can contain dangerous microorganisms which are difficult to remove. If in doubt about the hygienic conditions of such vegetables, avoid them. Beverages which are either bottled or otherwise packaged are usually safe to drink.

Keep clean
Wash your hands often and always before handling and consuming food. Dangerous microorganisms are widely found in soil, water, animals and people and can be carried on hands and transferred to food. While visiting food markets, be aware of this when touching raw food and in particular raw meat, and wash hands after handling these foods. These markets often include live animals which can transmit a number of diseases. Therefore avoid handling or close contact with these animals.

Avoiding food borne diseases(contd)

Raw and cooked food should be separated

When frequenting street food vendors or buffets in hotels and restaurants, make sure that cooked food is not in contact with raw food that could contaminate it. Avoid any uncooked food, apart from fruits and vegetables that can be peeled or shelled. Dishes containing raw or undercooked eggs, such as home-made mayonnaise, some sauces and some desserts (e.g. mousse) may be dangerous. Raw food can contain dangerous microorganisms which could contaminate cooked food through direct contact. This may reintroduce disease-causing bacteria into safe, cooked food.

Food should be cooked thoroughly

In general, make sure your food has been thoroughly cooked and remains steaming hot. In particular, avoid raw seafood, poultry meat that is still red or where the juices are pink, and minced meat/burgers that are still rare because they contain harmful bacteria throughout. Dangerous microorganisms are killed by proper cooking which is one of the most effective ways to make food safe. However, it is critical that all parts of the food be thoroughly cooked, i.e. reaching 70° C in all parts.

Food should be kept at safe temperatures

Cooked food held at room temperature for several hours constitutes another major risk for foodborne illness. Avoid these foods at buffets, markets, restaurants and street vendors if they are not kept hot or refrigerated/on ice. Microorganisms can multiply very quickly if food is stored at room temperature. By holding food refrigerated or on ice (at temperatures below 5°C) or piping hot (above 60°C) the growth of microorganisms is slowed down or stopped.

Avoiding water borne diseases

Drinking water or water used in food preparation should be treated or from a safe source
See the section on avoiding food borne diseases as most food is washed in or processed with water. Such water should be treated or from a safe source.

If available, bottled water is the safer choice for drinking water but always check the seal to ensure it has not been tampered with. When the safety of drinking water is doubtful, bring it to a vigorous boil. This will kill all dangerous microorganisms present. If boiling is not possible, micropore filtering and use of disinfectant agents such as iodine tablets should be considered.

Bathe or swim only in areas where the water is unpolluted and/or treated
Water can harbour protozoa, parasites, bacteria and viruses all of which can be passed to humans to cause a wide range of illness having effects on many organs of the human body. Some of these illnesses can be treated with antibiotics but others can rapidly become fatal if they affect the vital organs. Some of these infections require expert diagnosis and treatment and can often be missed or misdiagnosed by non specialists. You should not swim in fresh water sources and communal swimming pools or baths should only be used if they are effectively disinfected as the chlorine or other treatment takes some time to be effective.

Some species, such as the Tumbu or putsi fly in Africa, lay their eggs in soil or damp or clothes hung outside to dry. The eggs cling onto the cloth and hatch as a result of the warmth from the human body when the clothes are worn. The maggots develop in pustular, boil-like skin lesions for about 7-10 days, after which the fully developed larva emerges, drops to the ground and pupates, eventually emerging as the adult fly. Ironing clothes thoroughly kills the eggs. If a lesion is noted, covering it with petroleum jelly kills the maggots by starving them of oxygen. Some simple treatments can be effective, but a correct diagnosis has to be made of the cause of any lesion.

Avoiding airborne diseases

Airborne diseases are caused by pathogenic microbial agents transmitted through the air, usually through coughing, sneezing, laughing or through close personal contact. These pathogens ride on either dust particles or small respiratory droplets and can stay suspended in air and/or are capable of travelling distances on air currents.

Have timely immunisation or vaccination regimes relevant to the countries to be visited and in accordance with current advice.

Many common infections are spread by airborne transmission, including: Anthrax, Chickenpox, Influenza, Smallpox and Tuberculosis. Many can be prevented, or their effects mitigated by vaccination. The usual vaccination regimes that are considered for international travel are polio, typhoid, diphtheria, tetanus, tuberculosis, yellow fever, hepatitis A and B, rabies, measles, meningitis and Japanese encephalitis.

Professional advice should be sought on the appropriate regime for employee travel considering their health status, needs and the risk from the countries to be visited.

Airborne diseases can also effect non-humans. Some diseases can spread from animal to human and the causal agent can mutate whilst doing so. This makes preventive vaccination difficult as vaccine manufacturers are trying to hit a constantly moving target. The recent Avian flu outbreak is a case in point. Avian influenza viruses do not normally infect humans. However, there have been instances of certain highly pathogenic strains causing severe respiratory disease in humans. In most cases, the people infected had been in close contact with infected poultry or with objects contaminated by their faeces. Nevertheless, there is concern that the virus could mutate to become more easily transmissible between humans, raising the possibility of an influenza pandemic.

Avoiding airborne diseases (contd)

Vaccinations are not available to prevent or mitigate the effect of all diseases. What can start off as a mild infection can, if not diagnosed early, treated quickly and effectively, develop into something with more serious consequences, so basic hygiene precautions and other preventative action should always be taken. Prevention, always being better than cure.

Observe high standards of personal hygiene

The best way to avoid airborne infections is to keep a distance from other people or be in a different room from a person who is ill, with a closed door in between. If you need to be in the same room, wearing a mask may help for a brief exposure, but standard surgical masks offer little or no protection against viruses. Preventing the spread of airborne diseases requires a concerted effort by all members of the community to.

- **Avoid close contact with people who appear unwell and who have fever and cough.**
- **Wash your hands with soap and water frequently and thoroughly.**
- **Always cover your mouth and nose when coughing or sneezing, preferably use disposable tissues that are safely destroyed or ensure that handkerchiefs are sterilised after use.**
- **Practice good health habits including adequate sleep, eating nutritious food, and keeping physically active.**

Avoiding diseases from bodily fluids

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Bloodborne diseases

Bloodborne diseases are transmitted by direct contact with infected blood or other body fluids. The risk of infection can be reduced by avoiding direct contact with blood and body fluids, by avoiding the use of potentially contaminated needles and syringes for injection or any other medical or cosmetic procedure that penetrates the skin (including acupuncture, piercing and tattooing), and by avoiding transfusion of unsafe blood . Examples of bloodborne diseases are hepatitis B and C, HIV/AIDS and malaria.

Sexually transmitted diseases

Sexually transmitted diseases are passed from person to person through unsafe sexual practices. The risk of infection can be reduced by avoiding casual and unprotected sexual intercourse and by use of condoms. Examples of sexually transmitted diseases are hepatitis B, HIV/AIDS and syphilis.

Some countries have adopted entry and visa restrictions for people living with HIV/AIDS. Travellers who are infected with HIV should consult their personal physician for a detailed assessment and advice before travel. WHO has taken the position that there is no public health justification for entry restrictions that discriminate solely on the basis of a person's HIV status.

Avoiding diseases borne from or via soil, plants and animals.

This is a wide ranging topic and the WHO guidance provides comprehensive advice on the harmful agents, their mode of action, likely effects in humans, risks to travellers and possible treatment or prophylaxis. See http://www.who.int/ith/ITH2010chapter5.pdf.

Some examples are below and serve to indicate the serious consequences from exposure to plants, animals, and insects, so generally avoid unnecessary contact with soil, plants, animals and insects. Seek urgent medical advice if symptoms occur during or soon after return from travelling abroad. It is better to be cautious than sorry.

Diseases transmitted via soil
Soil-transmitted diseases include those caused by dormant forms (spores) of infectious agents, which can cause infection by contact with broken skin (minor cuts, scratches, etc). The risk of infection can be reduced by protecting the skin from direct contact with soil in places where soil-transmitted infections are likely to be present. Examples of bacterial diseases transmitted via soil are anthrax and tetanus. Certain intestinal parasitic infections, such as ascariasis and trichuriasis, are transmitted via soil, and infection may result from consumption of soil contaminated vegetables. Fungal infections may be acquired by inhalation of contaminated soil

Zoonoses (diseases transmitted by animals)
Zoonoses include many infections that can be transmitted to humans through animal bites or contact with animals, contaminated body fluids or faeces, or by consumption of foods of animal origin, particularly meat and milk products. The risk of infection can be reduced by avoiding close contact with any animals—including wild, captive and domestic animals—in places where infection is likely to be present. Particular care should be taken to prevent children from approaching or touching animals. Examples of zoonoses are rabies, tularaemia, brucellosis, leptospirosis and certain viral haemorrhagic fevers.

Anthrax is primarily a disease of animals. Cutaneous infection, the most frequent clinical form of anthrax, occurs through contact with products from infected animals (mainly cattle, goats, sheep), such as leather or woollen goods, or through contact with soil containing anthrax spores.

Avoiding diseases borne from or via soil, plants and animals.

Vector-borne diseases

A number of particularly serious infections are transmitted by **insects** such as mosquitoes and other vectors such as **ticks**. The risk of infection can be reduced by taking precautions to avoid insect bites and contact with other vectors in places where infection is likely to be present. Examples of vector-borne diseases are malaria, yellow fever, dengue, Japanese encephalitis, chikungunya and tick-borne encephalitis.

Weils disease or leptospirosis is caused by the **spirochaetes (Gram-negative bacteria, which have long, spiral-shaped cells)** of the genus *Leptospira* which transmits infection through contact between the skin (particularly skin abrasions) or mucous membranes and water, wet soil or vegetation contaminated by the urine of infected animals, notably rats. Occasionally infection may result from direct contact with urine or tissues of infected animals or from consumption of food contaminated by the urine of infected rats. Leptospiral infections can give a range of symptoms e.g. sudden onset of fever, headache, chills, eye infection and skin rash. The disease may progress to meningitis, haemolytic anaemia, jaundice, haemorrhaging and other complications, including liver and kidney failure.

Lyme disease is caused by the spirochaetes of the genus *Borrelia burgdorferi*. Infection occurs through the bite of infected ticks. Again initial symptoms may be general and can develop to affect the central nervous system and other complications may occur weeks or months after the onset of illness. Arthritis may develop up to 2 years after exposure.

Avoiding diseases borne from or via soil, plants and animals.

Vector-borne diseases

River blindness (Onchocerciasis*)* is caused by the transmission of *Onchocerca volvulus* (a **nematode**—microscopic worm) through the bite of infected blackflies. It is a chronic parasitic disease occurring mainly in sub- Saharan western Africa in which adult worms are found in fibrous nodules under the skin. They discharge microfilaria, which migrate through the skin causing dermatitis, and reach the eye causing damage that results in blindness.

Dengue fever is caused by the **dengue virus**, mostly transmitted by the *Aedes aegypti* **mosquito, which bites during daylight hours**. There is no direct person-to-person transmission. Monkeys act as a reservoir host in west Africa and South-East Asia. There are three main clinical forms:

- Dengue fever is an acute illness with sudden onset of fever, followed by development of generalized symptoms and sometimes a skin rash. It is known as "breakbone fever" because of severe muscle, joint and bone pains. The fever may come in separate waves. Most patients recover after a few days.
- Dengue haemorrhagic fever has an acute onset of fever followed by other symptoms resulting from internal haemorrhaging.
- Dengue shock syndrome can develop in a small proportion of cases. Severe hypotension develops, requiring urgent medical treatment to correct rapid loss of blood plasma volume that can result in multiple organ failure. Without appropriate hospital care, 40–50% of cases can be fatal; with timely medical care by experienced physicians and nurses the mortality rate can be decreased to 1% or less.

These examples serve to indicate that many different agents can initially cause similar symptoms. This makes correct diagnosis of the causitive agent difficult. Unless effective treatment is given urgently, more serious consequences could develop.

Avoiding diseases borne from or via soil, plants and animals.

Malaria

Malaria is the most common and life-threatening disease in many tropical and subtropical areas. It is currently endemic in over 100 countries. See http://www.who.int/ith/ITH2010chapter7.pdf. Malaria in humans is caused by four different species of the protozoan parasite *Plasmodium*. The most severe form is caused by *P. falciparum*; and symptoms include fever, chills, headache, muscular aching and weakness, vomiting, cough, diarrhoea and abdominal pain and can lead to organ failure, coma and death. The initial symptoms, which may be mild, may not be easy to recognize as being due to malaria. It is important that the possibility of falciparum malaria is considered in all cases of unexplained fever starting at any time between 7 days after the first possible exposure to malaria and 3 months (or, rarely, later) after the last possible exposure. Any individual who experiences a fever in this interval should immediately seek diagnosis and effective treatment, and inform medical personnel of the possible exposure to malaria infection. Falciparum malaria may be fatal if treatment is delayed beyond 24 h after the onset of clinical symptoms.

The forms of human malaria caused by other *Plasmodium* species cause significant illhealth but are rarely life-threatening.

During the transmission season in malaria-endemic areas, all non-immune travellers exposed to mosquito bites, especially between dusk and dawn, are at risk of malaria. This includes previously semi-immune travellers who have lost or partially lost their immunity during stays of 6 months or more in non-endemic areas.

Avoiding diseases borne from or via soil, plants and animals.

Malaria

Travellers should note the four principles – the ABCD – of malaria protection:

- Be **A**ware of the risk, the incubation period, the possibility of delayed onset, and the main symptoms.
- Avoid being **B**itten by mosquitoes, especially between dusk and dawn.
- Take antimalarial drugs (**C**hemoprophylaxis) when appropriate, to prevent infection from developing into clinical disease.
- Immediately seek **D**iagnosis and treatment if a fever develops 1 week or more after entering an area where there is a malaria risk and up to 3 months (or, rarely, later) after departure from a risk area.

NO ANTIMALARIAL PROPHYLACTIC REGIME GIVES COMPLETE PROTECTION, but good adherence to the recommended drug regime does reduce the risk of fatal disease. All antimalarial drugs have specific contraindications and possible side-effects. The risk for travellers of contracting malaria is highly variable from country to country and even between areas in a country. Many of the agent have become resistant to the drugs that have been used. Specialist advice should be obtained on the appropriate use of antimalarial drugs considering the risks of contracting the disease balanced with the effects of use (particularly longer term use) of the drugs.

Transport related accidental risks

Air travel

The risks from transport related accidents should not be ignored. Whilst air travel is statistically the safest form of transport most multinational companies do not allow their entire board or governing body to travel on the same aircraft. The consequences of a single air crash, however unlikely, could put the company's survival in jeopardy.

Long haul flights crossing several time zones can put considerable stress on the body. Travel should be arranged so that there is adequate time to recover and refresh before important meetings. Good health protocols during flights should be observed, such as having sufficient hydrating drinks, avoiding alcohol and taking gentle exercises. Adjusting to different time zones is best left to the individual to learn from experience what suits them.

There is some growing concern about the spread of infectious diseases whilst travelling by air. However, the risks for employees on business-related travel are the same as the risks for other travellers and can be managed via good personal hygiene and vaccination protocols.

Travel by road

Statistically, road traffic accidents for cars and particularly motor bikes account for the greatest risk of death or serious injury. The safety of vehicles, conditions of roads, extreme weather conditions affecting infrastructure and driving standards of other drivers varies hugely world wide and some or all of these can be particularly poor in some developing countries. Lack of familiarity with the conditions will add further risks to the travelling employee. In such circumstances it is advisable to consider carefully the relative advantages of using publicly available transport, hiring vehicles or employing local drivers. Drivers in any case should observe best practice ensuring they check the vehicle, follow highway rules avoid distractions and never drive when under the influence of drugs or alcohol.

Theft, assault, terrorism and kidnap

It is not the intention of this guidance to provide information on how to deal with risks from criminals or those who wish to inflict deliberate harm. Dealing with such risks is a specialist area where advice should be sought from security services. It is intended as a reminder that such risks as theft, assault, terrorism and kidnap should be considered for employees who travel internationally

Theft and personal assault may always be present in any country but people travelling abroad should be particularly alert and security conscious as they are more obvious targets because they may be disorientated and conspicuous. They should be particularly vigilant about keeping money, valuables and personal documents safe.

Senior personnel who may be in the public eye have often been identified as targets for kidnap at home and will follow certain established protocols to minimise the risk of kidnap or to deal with it if it happens. However employees at all levels may be at risk from kidnap in certain countries where the rule of law is not that effective and staff of multinationals may be seen as a potential for ransom. All employees travelling to countries where this may be the case should be trained to minimise the risk of kidnap.

Civil unrest, war and terrorism can flare up at short notice in some areas and advice should be sought from consulates and government departments as to the latest information and recommendations for travel and precautions to such areas. See websites such as The U. K. Foreign & Commonwealth Office's (FCO), www.fco.gov.uk, which provides Travel Advice by Country, including safety information.

Continuing input to risk assessment. control measures and employee support

On return from work-related international travel, employers should have arrangements to debrief employees to get up to date information about the situation in countries that were visited. It can inform future risk assessments and enable employers to evaluate whether the present advice, information and resources that are provided to employees, who travel on company business, are adequate.

If there has been an event then assistance should be offered to the employee to ensure that they have not been physically or psychologically undermined by it.

However, particularly, attention should be paid to the possibility of late onset of diseases contracted abroad. Some of the diseases , such as brucellosis, HIV/AIDS, leishmaniasis and TB, have prolonged and variable incubation periods. Clinical manifestations of these diseases may appear long after the return from travel, so that the link with the travel destination where the infection was acquired may not be readily apparent. Employees should be informed to be vigilant about any symptoms and to inform their doctors of their travels so that they can be alerted to the possibility that symptoms may be due to diseases not regularly encountered at home.

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This information is provided as guidance only to assist employers consider the risks and measures that could be taken where there are reasonably foreseeable risks to employees travelling abroad on company business. It is not comprehensive and definitive and could never cover all the risks, control measures and different legislation in all the countries of the world. It is intended that employers could use it as a basis and adapt it for their own situations and circumstances. I would welcome any comments that would improve the publication and help me to help you.
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