

# Risk Assessment Checklist for International Travel for Research and Professional Development

## Overview

Purpose of Checklist: This checklist has been developed to assist faculty and staff to develop a travel risk management plan. It provides key resources to prepare individuals for their travel abroad. The Office of Risk Management is available to assist in developing your travel risk management plan. If required by the Dean or Vice-President, please submit the completed form to the Office of Risk Management at [risk@carleton.ca](mailto:risk@carleton.ca) a minimum of 14 days prior to your departure date. Please contact the Office of Risk Management at [risk@carleton.ca](mailto:risk@carleton.ca) if you require additional support.

## Special Authorization Instructions:

Every Faculty, Researcher and Employee seeking approval for international travel for research or professional development purposes must:

1. Obtain approval of the Dean for their faculty.
2. Approval for consideration must meet the following conditions:
  - a. Individual consultation with the Office of Risk Management. Contact ORM at [risk@carleton.ca](mailto:risk@carleton.ca) (minimum 30 days prior to travel)
  - b. Acknowledgement and acceptable documentation demonstrating:
    - i. safety planning and risk mitigation strategies (**See Section E5**);
    - ii. appropriate level of mandatory medical and travel insurance coverage obtained;
    - iii. mandatory enrollment in Carleton resources (enrolment in Carleton Travel Registry & International SOS)
   
<https://carleton.ca/riskinsurance/international-sos/>
  
<https://carleton.ca/ci/travel-abroad-for-research/preparing-for-travel/>

## **A. TRAVELLER INFORMATION**

Name:	CU Employee Number:
Department:	
Carleton Email:	
Citizenship (include all that apply):	
Permanent Address:	
City:	Province:                      Country:
Postal Code:	
Phone Number:	

## B. DEAN's Approval

Dean's Name:
Date of Approval:
Faculty:
Please attach confirmation of approval email from the Dean.

## C. DETAILS - Travel

### 1. Travel Details

Destination of Travel:	
Date of Departure ____/____/____ Day Month Year	Date of Return ____/____/____ Day Month Year
Associated Organization or Partner Institution (which organization/institution is your international activity organized through or affiliated with)	
City:	
Country:	

### 2. Purpose of Travel

- Field Research                       Research at Sponsoring Institution       Attending Conference or Organization
- Presenting at Conference       Teaching Course or Workshop       Training
- Other

### 3. What are the implications to your research or professional development if you don't complete this international activity now?

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### 4. Describe your previous experience and knowledge of your intended destination?

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### 5. Identify the range of activities involved in this international travel.

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6. Rate your proficiency in the foreign language for your intended destination

- Beginner                       Intermediate                       Proficient                       N/A

7. Please document your complete itinerary and all travel related activities. (note extending travel for leisure is strongly discouraged)

Date	Location	Mode of Transportation	Accommodation

8. Will you be travelling alone?

- Yes                       No

If **No** kindly, *please clarify affiliation in box below*

#### **D. SUPPORT AND GUIDANCE IN THE INTENDED DESTINATION/REGION**

1. Describe the host institution's/organization's current risk management policies, including their response to the COVID-19 situation and what they will do to ensure your safety:

2. List the website of the local government authority, host organization/institution, or other sources where information on the current response to COVID-19 and the requirements for residents are available:

3. Should the situation change at your destination which will affect your health and safety to the extent that you have the leave the area, what plan do you have in place so that you can evacuate the area? What emergency plans are in place?

4. Please provide any emergency phone number made available to you by the host organization or institution and any protocols established by them if you develop COVID-19 symptoms: (Please provide links to the protocols set out by the local authorities at your destination.):

## E. SAFETY AND PERSONAL RISK MITIGATION PLANNING

Developing your risk mitigation plan, by identifying possible risks that may cause incidents is a critical component in the assessment to allow for international travel. Some COVID-19 related risks have been identified for you, also identify other non-COVID-19 risks in the relevant sections below.

- **Risk:** Identification of potential hazard
- **Risk Assessment:** How will the hazard impact your international experience?
- **Risk Mitigation Plan:** What is your plan to prevent risks from occurring or should the hazard occur what actions will you take?

### Resources that will assist you in completing the risk assessment and planning:

- **[International SOS:](#)** Provides country guides and COVID-19 travel restrictions information. Access these resources through the ISOS member portal using Carleton’s membership number.
- **[Government of Canada Travel website:](#)** Review information, advisories and advice for your destination country. Include any additional hazards and corresponding risk analysis and management plans that you identify after utilizing these resources (travel.gc.ca)

RISK	RISK ASSESSMENT	RISK MITIGATION PLAN
COVID-19 Infection (In the event you fall ill with the COVID-19 virus abroad, be prepared that you will most likely be required to stay in-country to recover.)	(e.g.: Contracting COVID-19 could result in quarantine and recovery time in XYZ country. I may not be able to return to Carleton University in time to complete my current term.)	(e.g.: I will follow all directives from officials and keep a high level of hygiene, avoid large gatherings and closely monitor my own health. I will report any symptoms to health officials and seek appropriate medical care immediately. I will inform <a href="#">Carleton’s Environmental Health and Safety (EHS)</a> if I contract COVID-19.)
Involuntary quarantine required	(e.g.: In contact with confirmed cases of COVID-19)	(e.g.: I will prepare for a potential quarantine at my place of residence (either in Canada or while abroad) and ensure I have the necessities on hand (adequate current

		prescriptions and medicines, food and water, etc.)
Travel bans	(e.g.: If a travel ban restricts travel out of the country, I will be forced to stay in country until the ban is lifted.)	(e.g.: I will closely monitor government websites and ensure I am able to leave with little notice should a potential travel ban be probable. If I am unable to leave, I will ensure I have planned in advance to complete my program remotely and/or have immigration paperwork up to date.)
Insurance coverage becomes restricted	Insurance coverage to cover expenses related to COVID-19 is not available or has limited amounts it will reimburse	(e.g.: I will purchase additional coverage as required and appropriate to ensure I am fully covered.)
Host organization/institution closes	(e.g.: If my host institution were to close, I would not be able to complete my research.)	(e.g.: I will speak with my partner institution/organization to plan for a potential closure and how I will be able to continue my research or presentation remotely.)
Costs associated with cancelling your trip should the situation escalate and require you to do so.	(e.g.: For various reasons, I may need to abruptly cancel the remainder of my program. There may be costs incurred as a result.)	(e.g.: I will ensure to have funds available to cover costs should emergency travel be required. How will the potential costs be covered.)
<b>Security</b> List security hazards identified within your intended host country, region, and city.	(e.g.: crime, political instability, demonstrations, terrorism, etc.)	Develop plan on how you will limit the likelihood of an event occurring and if it does limit its impact. For assistance or inquiry, please contact the Office of Risk Management at <a href="mailto:risk@carleton.ca">risk@carleton.ca</a> .
<b>Legal</b> List hazards associated with the laws and legal system of the country in which you will be living.	(e.g.: laws relating to drugs/alcohol; sexuality; severity of punishment for crimes; nature of the legal system; obtaining legal assistance, etc.)	Develop plan on how you will limit the likelihood of an event occurring and if it does limit its impact. For assistance or inquiry, please contact the Office of Risk Management at <a href="mailto:risk@carleton.ca">risk@carleton.ca</a> .
<b>Disasters and Climate</b> List hazards associated with the environment.	(e.g.: issues relating to weather; extreme heat/cold; natural disasters such as earthquakes, etc.)	Develop plan on how you will limit the likelihood of an event occurring and if it does limit its impact. For assistance or inquiry, please contact the Office of Risk Management at <a href="mailto:risk@carleton.ca">risk@carleton.ca</a> .

<b>Personal</b> List hazards associated with personal disabilities/special needs/medical needs.	(e.g.: this may include illnesses which require medication such as allergies, asthma, diabetes, or mental health.)	Develop plan on how you will limit the likelihood of an event occurring and if it does limit its impact. For assistance or inquiry, please contact the Office of Risk Management at <a href="mailto:risk@carleton.ca">risk@carleton.ca</a> .
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## F. PERSONAL HEALTH & INSURANCE

Personal Health Disclosure		
Do you have any concerns about your personal health (ex: personal disabilities/special needs/medical needs) while abroad?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, can it be easily mitigated through medication or access to local medical services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Medical Insurance

- It is a mandatory requirement that all Faculty/Researchers/Employees seeking authorization to participate in international travel must possess out of country medical insurance. Faculty/Researchers/Employees are expected to become familiar and understand their insurance plan including coverage scope, duration, pre-existing health conditions, COVID-19 application and the overall administration. Contact Human Resources to review coverage under Employee Benefits plans.
- [https://carleton.ca/hr/wp-content/uploads/001-Travel\\_Document\\_Feb4-1.pdf](https://carleton.ca/hr/wp-content/uploads/001-Travel_Document_Feb4-1.pdf).

Coverage will be provided by Carleton's group benefit plan  Yes  No

**If NO, please send proof of your medical insurance to [risk@carleton.ca](mailto:risk@carleton.ca)**

### Travel Insurance

- Faculty/Researchers/Employees are expected to have appropriate travel insurance to mitigate the risks of potential travel disruptions. Faculty/Researchers/Employees are also responsible to understand the claims process established by their medical and travel insurance provider(s) and any operational charges in the process for COVID-19 related claims.

**Please send proof of you travel insurance to [risk@carleton.ca](mailto:risk@carleton.ca)**

## G. EMERGENCY COMMUNICATION

Research and list the contact numbers for the following Emergency Resources in case you encounter an emergency while abroad.

### Emergency Services

Host Organization/Institution Emergency Number (obtain from host website or local contact)		Local Emergency Contact Number (i.e. equivalent of 911)	
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### Canadian Embassy/Consulate

Obtain from [Global Affairs Canada](#)

City of the closest Canadian Embassy/Consulate		Local Emergency Contact Number for closest Canadian Embassy/Consulate	
Canadian Consulate 24-hour email (Ottawa)	sos@international.gc.ca	24-hour Emergency Contact Number (Ottawa)	00-800-2326-6831 (toll-free)
Registration of Canadians Abroad <a href="https://travel.gc.ca/travelling/registration">https://travel.gc.ca/travelling/registration</a>			

The form will be forwarded to the respective departments on campus for final approval.

<b>Traveler's Name:</b>	
Signature of Traveler:	Date:

### Risk Management supports this travel

Yes

No

<b>Risk Manager Name:</b>	
Signature of Risk Manager:	Date:
Comments:	