Study Abroad Faculty Emergency Plan

**Program Name:**

**Director:**

**Program Dates:**

Faculty directors are responsible for filling out all sections of the form.

If you have questions, consult your point person for guidance.

Include program itinerary and student addresses when submitting this form.

Share all information with additional program staff and students, as appropriate.

**Section 1: Basic program contact information**

*Please list all phone numbers as dialed from the U.S., including the country code. (Websites such as****www.howtocallabroad.com*** *provide detailed international calling instructions.) Please check all numbers for accuracy.*

**International Dialing instructions** (country code & how to dial from US)**: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director Contact Information Abroad**

**Director cell phone number on-site (including country code):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information prior to program start (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this number international or domestic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information during student transit (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this number international or domestic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information after program end (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this number international or domestic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director address on-site:**

Accommodation address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-site phone (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address(if different)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact information as applicable (e.g. alternate emails, skype name)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Other Program-Affiliated Personnel & Emergency Contacts**

**Program-affiliated personnel (please list all program assistants, on-site personnel, non-student staff traveling with this program, etc. If additional entries are needed, please copy/paste fields as needed):**

*Please attach flight itineraries and copies of passports for all travelling individuals. Travelers should all register with the Smart Traveler Enrollment Program (STEP) at* [*www.travel.state.gov*](http://www.travel.state.gov) *(Non-US citizens should check with their home countries on equivalent processes).*

**Program Assistant(s)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact information as applicable (e.g. alternate emails, skype name)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other on-site contact(s)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact information as applicable (e.g. alternate emails, skype name)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Emergency Contacts**

Add contact information for persons listed and other person(s) who would have responsibility or be of assistance during an emergency, if not listed above. Contact information should be in-country.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact information as applicable (e.g. alternate emails, skype name)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation with program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact information as applicable (e.g. alternate emails, skype name)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Emergency Action Plans**

*Please consider the situations below and describe how each incident would be handled.*

1. Director learns s/he is unable to travel with the group before the start of the program. Is there another person who would replace the director (please identify)?
2. If not, what contingency is in place to deal with this?
3. Director is incapacitated during program operation.
   1. Who will manage the program?
   2. Who will stay with the director?
4. Both Director and Assistant Director/Program Assistant are incapacitated (if applicable). Who will manage the program?
5. A student(s) is/are incapacitated. Who will stay with the student(s) in the event they are hospitalized or otherwise unable to travel with the rest of the group?

**Section 4: Other resources**  
*Please list* ***all*** *phone numbers, including country code. You will find some of these numbers on the State Department website* ***www.travel.state.gov.***

*Country specific information can be found at* [***www.travel.state.gov/cis\_pa\_tw/cis\_1765.html***](http://www.travel.state.gov/cis_pa_tw/cis_1765.html)***.***

*OGO can help identify health care providers via International SOS/Gallagher Insurance.*

**Local United States Consular Services:**

**Local Hospitals and Doctor Clinics:**

**COVID-19 Test Site (list type of tests available):**

**Local Police Departments:**

**Travel Agent (if applicable):**

**Local Fire Departments:**

**Equivalent to 9-1-1:**

**Identify two meeting places in the event of an emergency (per overnight site):**

**Section 5: Program Cancellation**

**What’s the earliest point at which you could grant credit in the unlikely event of program cancellation?**

**Please identify the resources you would need to grant credit if program were cancelled prematurely** (i.e. would you need to return to Athens and use on campus accommodation and classroom space, could you complete academic work at a distance with technology, etc?)

**Section 6: Pre-departure Education**

OGO covers general health and safety tips during Bobcats Abroad. We rely on program directors to ensure students have information on site-specific risks - **Please identify the following risks and indicate how participants have been informed** (utilizing the following resources: [www.cdc.gov/travel](http://www.cdc.gov/travel); [www.travel.state.gov](http://www.travel.state.gov); [www.internationalsos.com](http://www.internationalsos.com) using the ID 11BTTA887908)

**Medical or health risks in the country or region, including CDC recommended vaccinations or immunizations (e.g. vector-borne diseases, epidemics):**

**Crime risks in the country or region (e.g. pick-pocketing, petty theft, kidnapping):**

**Environmental risks in the country or region (e.g. nuclear hazards, pollution, water contaminants):**

**Technical risks in the country or region (e.g. road safety, power failures):**

**Sociopolitical risks in the country or region (e.g. upcoming election, civil or political unrest, protests):**

**Activities that place a higher physical demand than typically encountered in the campus setting:**

**Water activities or extreme sports (e.g. bungee jumping, zip lining):**

**Other?**

*If you have not yet informed students of a particular health and safety situation, it is not too late to do so. You may send an e-mail including information from the State Department, International SOS, the Centers for Disease Control, on-site partners, or other resources. You can also review information on-site. Please reach out to OGO with questions or concerns.*

**Section 7: Program Itinerary and Addresses**

Please provide a **complete** day-by-day itinerary for program activities during the program dates (separate attachment is okay):

**Section 8: Student addresses and phone numbers**

All students are required to have a cell phone abroad unless an exception has been granted by OGO. Please provide a list of student phone numbers where they can be reached on-site, as well as addresses of all lodging sties if those are not indicated in the itinerary above.

**Section 9: Communication Plan**

Please outline the following. Ensure that this plan and information is communicated to all program staff and participants prior to travel.

* Who is primary contact for students while onsite?
* When/how often this will the primary contact reach out to students?
* When can students reach the primary contact?
* How do they prefer to be reached?
* Whom should students contact if primary contact is not available?
* How will you share general information with students during the program?
* How will you share urgent information with students during the program? (Note: Indicate at least 2)
* Define expected student availability or response.
  + *Test this plan at least once upon arrival. For programs longer than 4 weeks, plan for additional tests of communication plan.*