

Faculty Emergency Plan

Program Name:

Director:

Program Dates:



OHIO
UNIVERSITY

Office of Global Opportunities

Walter International Education Center
15 Park Place
1 Ohio University
Athens OH 45701-2979

Study abroad faculty directors are responsible for filling out all sections of the form.

Please consult your point person for guidance.

Please include program itinerary and student addresses when submitting this form.

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 phone number abroad (please include country code)

Residence:

Cell:

Director address abroad

Physical Address:

Mailing Address (if different):

Email address:

Phone Numbers for Director prior to program start

Residence:

Cell:

Is this domestic or international?

Phone Numbers for Director during student transit

Residence:

Cell:

Is this domestic or international?

Alternate Email:

Phone Numbers for Director after program end date

Residence:

Cell:

Is this domestic or international?

Alternate Email:

Other In-Country Contact

Name:

Cell:

Residence phone:

Physical Address: same as director

Mailing Address (if different):

Section 2: Emergency Action Plans.

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

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)?

If not, what contingency is in place to deal with this?

Director is incapacitated during program operation. Who will manage the program?

Who will stay with the director?

Please share specifics of how the program will be managed during the director's incapacitation (e.g. finances, course instruction, transportation).

Both Director and Assistant Director/Program Assistant are incapacitated (if applicable). Who will manage the program?

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 3: Additional Emergency Contacts.

Indicate contact information for persons indicated in section 2 and other person(s) who would have responsibility or be of assistance during an emergency.

Name:

Capacity:

Cellphone:

Residence phone:

Email:

Physical Address: same as director

Mailing Address (if different):

Name:

Capacity:

Cellphone:

Residence phone:

Email:

Physical Address:

Mailing Address (if different):

Name:

Capacity:

Cellphone:

Residence phone:

Email:

Physical Address:

Mailing Address (If different):

Name:

Capacity:

Cellphone:

Residence phone:

Email:

Physical Address:

Mailing Address (if different):

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**.

Please also consult our insurance provider's website at **www.hthstudents.com**.

Local United States Consular Services:

Local Hospitals and Doctor Clinics:

Local Police Departments:

Travel Agent:

Local Fire Departments:

Equivalent to 9-1-1:

Identify two meeting places in the event of an emergency (per 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: Managing Risk

How have your students been educated about the various potential risks (natural disasters, environmental hazards, technical & sociopolitical issues, crime and safety, health risks) present in the host country? Please also list current CDC recommendations for immunizations and vaccinations for the host country and indicate that your students have been informed of these.

Section 7: Program Itinerary and Addresses

Please provide a **complete** day-by-day itinerary for program activities during the program dates. Please also include a list of student addresses (and phone numbers, if available.)