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| **Safe Work Practice Sheet****Overseas Trips** | **Ref:** *SWPS 033* | **Approved by:** *ISMC* |
| **Assessed by**: *CC/EH**July 2019* | **Issued by:** *C.Carlin/ E. Healy* |

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| **Hazards**Overseas Trips can present a range of hazards including but not limited to;* Unplanned or unorganised travel i.e. no itinerary
* Over sea’s travel
* Documentation – Insurance, Passports, Visa’s etc.
* Personal Safety – accidents, crime etc.
* Lone working
* Local Environment – Climate, political instability, pollution, hygiene & sanitation
* Health – food / water hygiene, virus, diseases, contaminated water supply etc.
* Means of travel – air; bus; car etc.
* Emergency procedures
* Working in hazardous terrain

**Person Exposed to Risk**🗹 Students 🗹 Employees 🞏 Public 🞏 Contractors 🞏 Visitors |
| **Work Description** Staff and students undertaking Overseas Trips |
| **Controls*** The person in charge of the trip (Trip Co-ordinator) or individual person travelling must complete the check list and risk assessment form (attached) in advance of any overseas trip. The risk assessment must take into account the hazards associated with the location or venue in which the overseas trip will take place e.g. climate, environment, animals and plants, activities (past / present), political instabilities, local customs and laws, health issues, food & water hygiene, virus etc.
* The Trip Co-ordinator or individual person travelling must ensure that the location or venue is researched in advance of the trip to ascertain any potential hazards.
* The Trip Co-ordinator or individual person travelling must ensure that the appropriate travel documentation is in place prior to travel e.g. Insurance, passports, visa’s etc. (if applicable).
* A travel itinerary is to be arranged in advance of any travel. The itinerary including, emergency procedures and key personnel including contact details must be communicated and distributed to all trip participants in advance of travel. In addition to this, copies of the proposed itinerary, routes, timetables etc. must be left with a nominated member of staff, who is available on campus and can, if necessary, implement the emergency plan. The emergency procedures document should also include the details (including telephone numbers) of the relevant emergency services (e.g. Garda, Police, Mountain Rescue, Coast Guard) in that area.
* Personal data including contact details, next of kin contact details and any knowledge of any pre-existing medical conditions must be obtained from each trip participant in advance of travel.
* Adequate supervision to be maintained at all times. The level of supervision must reflect the trip location and risk assessment for that trip.
* A suitable means of travel to be used. A reputable and competent travel company with a safe and suitable means of transport to be provided e.g. airlines, bus, taxis etc.
* Persons travelling should be encouraged to use seat belts and any other safety devices provided and behave in such a manner as not to distract the vehicle/travel operator.
* The trip participants must abide by the safety rules and policies of the host venue/company/location at all times.
* Lone working in hazardous areas or in locations must be avoided. In certain circumstances lone working / travelling will be permitted following a risk assessment once adequate control measures have been identified and implemented e.g. when the risk is low; an adequate means of communication can be secured.
 |
| **Checks & Inspections*** Risk Assessment to ascertain risks and control measures to be completed in advance of any overseas trips.
* Relevant travel documentation in place , where applicable e.g. Visas, passports, Insurances etc
* Checklist & Risk Assessment Form attached to be completed.
 |
| **Information, Instruction & Training**Travel itinerary (where applicable) |
| ***Personal protective equipment required (last resort)***Not applicable |
| **Initial Risk Rating (without any control measures)**

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| **Probability :**  | **2** |  **x** | **Severity** | **2/3** |  **=** | **Risk Factor** | **4/6 Medium - High** |

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|   | **KEY** |   |
| **PROBABILITY** | **SEVERITY** |  **RISK FACTOR** |
| Probable 3 | Critical 3 |  1-3 Low Risk |
| Possible 2 | Serious 2 |  4 Medium Risk |
| Unlikely 1 | Minor 1 |  6-9 High Risk |
| Risk Factor = Probability x Severity |

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| **Risk Reduction Rating (after controls introduced)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Probability :  |  **1** |  x | Severity | **2** |  = | Risk Factor | **2 LOW Risk** |

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| **Risk Assessment Review**As and when process changes or yearly |

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**TRIP /TRAVEL**

**CHECKLIST & RISK ASSESSMENT FORM**

1. ***This form is to be completed by the Trip Coordinator (where a group are travelling)or the Individual Person travelling.***
2. ***The Trip Coordinator or the individual person travelling must ensure the information obtained in this form is deleted on return from the trip.***
3. ***Please complete all sections of the Checklist & Risk Assessment Form in advance of each trip (e.g. fieldtrip, survey, excursion to visit sites, trip abroad, conference, or expedition).***
4. ***Submit a copy of this completed form to the Head of School / Department / Functional Area for approval and sign off.***
5. ***Confirm that the trip is covered by our Insurance. Submit a copy of this form for approval to our Insurance brokers via Finance in advance of the trip.***
6. ***Trip participants must complete the Medical Assessment Form (Appendix A).***
7. ***Copy of completed documents to filed in an agreed location within each School or FA for access in the event of an emergency situation.***

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|  | ***SECTION 1*** | ***DkIT INFORMATION*** |
| **1** | **School / Function** |  |
| **2** | **Trip Coordinator / Individual person travelling** |  |
| **3** | **Contact Details** |  |
|  | ***SECTION 2*** | ***TRIP INFORMATION*** |
| **4** | **Purpose of Trip (including programme name where applicable)** |  |
| **5** | **Date(s) of Trip** |  |
| **6** | **Duration of Trip (days)** |  |
| **7** | **Location(s) and Address(es) of Trip** |  |

|  |  |  |
| --- | --- | --- |
| **8** | **Participants**  | **Names:** |
|  | **Tick √** |  |
| Undergraduate students |  |
| Postgraduate students |  |
| Staff members |  |
| Other (specify) |  |
| **9** | **Description of trip activities including;*** Itinerary
* Date and time of travel & return
* Mode(‘s) of transportation – Flight details including number and time of flight
* Transfer details – bus / train details
* Name & contact details of all accommodation venues
* Host location and venue details
* Trip activities
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| ***SECTION 3*** | ***RISK ASSESSMENT*** |
| **DKIT - QUANTITATIVE RISK ASSESSMENT FORM**  | **DATE:-**  |
| **AREA:-**  | **Location:-**    | **Assessment Carried out by:-**  |
| **Activity/Task** | **Hazards** | **Probability 1 -3** | **Severity 1 - 3** | **Risk Factor L / M /H** | **Controls in Place** | **Additional Controls Required** |
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| ***RISK ASSESSMENT GUIDELINES*** |
| First of all the severity of the identified hazards shall be assessed, using the following criteria:-**PROBABILITY X SEVERITY = RISK FACTOR**  |
| **PROBABILITY:**Probable (3) = Certain or near deathPossible (2) = Reasonably likely to occurUnlikely (1) = Very seldom / never |
| **SEVERITY:**Critical (3) = Fatality / major injury or illness causing long term disabilitySerious (2) = Injury or illness causing short term disabilityMinor (1) = Other minor injury |
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| **KEY** |   |   |
| **PROBABILITY** | **SEVERITY** |  **RISK FACTOR** |  |   |
| Probable 3 | Critical 3 |  1-3 Low Risk |  |  |
| Possible 2 | Serious 2 |  4 Medium Risk |   |   |
| Unlikely 1 | Minor 1 |  6-9 High Risk |   |   |

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|  | ***SECTION 4*** | ***PRE-PLANNING CHECKLIST*** |
|  | **Checklist** | **Yes** | **No** | **Comments** |
| **11** | 1. Have you checked the DFA (Department of Foreign Affairs) / FCO (Foreign & Commonwealth Office UK) website for relevant travel advice on the country you are visiting?
2. Are there any travel restrictions to the country you are visiting?
3. Do the DFA or other have any major concerns with travel to this country?
 |  |  |  |
| **12** | 1. Have you have notified insurance (Finance)
	* Do you have a copy of DkIT’s travel insurance and medical emergency numbers?
	* Do you understand what the insurance covers?
2. Have you completed the risk assessment at least 7 days in advance of the trip?
3. Have you issued any guidelines to staff/students.
4. Have you given your contact number and any other relevant contact numbers to staff/students.
5. **Have you taken any details of relevant medical conditions? APPENDIX A of this form must be completed when you are a Trip coordinator travelling with a group**
 |  |  |  |
| **13** | 1. Have you sought advice from your GP /Occupational Health/Health Centre on:

Any necessary/advised vaccinations you may require? **Personal health needs(complete if applicable)*** climatic extremes?
* allergies?
* mobility issues?
* medications?(rules may vary about medication and quantities for each country, even if you are just passing through)
* special dietary requirements?
* long haul flights?
* contact with venomous, poisonous or aggressive animal or any plant that may pose health risk?
* Air pollution?
1. Have you contacted the airline and completed an Incapacitated Passengers Handling Advice (INCAD) form and/or had a Medical Information Form (MEDIF) completed by your Doctor (if applicable)
 |  |  |  |
|  | **Checklist** | **Yes** | **No** | **Comments** |
| **14** | Has information been obtained on what you can / cannot take on flights and import into the country of destination?  |  |  |  |
| **15** | If applicable;1. If driving abroad, have you checked your driving licence is valid in the country to be visited?
2. Are you aware of driving patterns in that country?
 |  |  |  |
| **16** | 1. Do you know whom to contact to receive medical, legal, consular, local, and assistance while abroad? (Location and Number of Embassy)
2. Do you know who to contact in an emergency?
 |  |  |  |
| **17** | Has an up-to-date itinerary of your trip been lodged with your Head of School / Functional Area?  |  |  |  |

**SIGN OFF**

***Approved by the Head of School/Function:***

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

School/Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**APPENDIX A**

**HEALTH QUESTIONNAIRE FOR DkIT TRIPS/TRAVEL**

NOTE: The information below is being collected to ensure your safety, health and welfare on DkIT associated trips and to ensure that appropriate assistance can be provided to reasonably accommodate personal safety on trips.

All information provided will be treated as strictly confidential and will not be shared with anyone other than the trip coordinator. The information will be deleted once the trip has been completed.

We also encourage anyone with a relevant medical condition to communicate details on the day to the trained first-aider/ DkIT Trip Coordinator accompanying you. If you have any concerns we can put you in contact with our Student Health Unit to speak with a nurse or doctor in confidence.

**PLEASE USE BLOCK CAPITAL LETTERS**

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

**Mobile contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next of Kin Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next of Kin Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note that we require only information that may assist you in the event of an emergency situation. There is no requirement to complete below unless there is something important and relevant that should be brought to the organiser’s attention.**

***Do you have, or have you ever had in the past, any of the following?***

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL CONDITION** | **YES** | **NO** | **If YES, Please Give Details** |
| Do you have any significant allergies (e.g. pollen/dusts/insects/food/medication/other) that could trigger a severe reaction? |  |  |  |
| Do you have any medical condition or take any medication that might cause you to become unexpectedly drowsy/ unsteady on your feet or cause a sudden loss of consciousness? |  |  |  |
| Do you have any history of a significant hearing impairment that might make it difficult to hear a warning alarm (e.g. fire/ evacuation alarm) or to follow instructions? |  |  |  |
| **MEDICAL CONDITION** | **YES** | **NO** | **If YES, Please Give Details** |
| Do you have any significant visual impairment (not corrected by glasses)? |  |  |  |
| Do you have any mobility difficulties or require use of any mobility aids to safely engage in a trip? |  |  |  |
| Do you need any assistance to safely undertake a trip? |  |  |  |
| **Participant Signature** |  |
| **Date** |  |