

TRIP PLAN

International, no field work

SUPERVISOR NAME: []

DATE OF TRIP PLAN COMPLETION: []

TRIP NAME: []

DATES OF TRIP/FIELD WORK: [] to []
Departure Date Return Date

This TRIP PLAN is required for all international travel (with exception of travel to USA) by University Employees for the purposes of study, research or professional development where field work is NOT involved. This TRIP PLAN can be completed for individual travellers or groups of travellers as appropriate. Individual students who travel internationally should refer to Policy SC12 and are required to complete the Student International Travel requirements through GoGlobal.

This Trip Plan is in place to meet the requirements of the BC Workers' Compensation Act (RSBC 1996). These documents must be completed PRIOR to departure and updated whenever there is a change in the activities, location or environment.

Please access [CANVAS – SNBX 500](#) for a full description of instructions and resources to support UBC trip and field work planning.

Upon completion of this TRIP PLAN, please save for your records and record your trip *using the ['Document your Trip Plan' tool](#)*.

1. Trip Details

| | | | |
|--------------------------------|--|--------|--------|
| Trip Name: | | | |
| Travel Supervisor: | | | |
| Department: | | | |
| Contact Info: | | Cell: | Home: |
| | | Email: | Other: |
| Travel Destination: | | | |
| Closest City*: | | | |
| Nearest International Airport: | | | |
| Departure Date: | | | |
| Return Date: | | | |
| Trip/Project Description: | | | |

*population > 100,000

2. Participants

| Name | Role | Email | Emergency Form Completed |
|------|------|-------|--------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

3. Risk Assessment of Travel Destination(s)

- Access the Government of [Canada Travel Advice and Advisories](#) webpage to review for the current Risk Level and Advisories that apply to the Travel Destination(s).
- Log into the members section of International SOS (ISOS) to review any Active Alerts, Travel Advice and Security Advice for your Travel Destination(s). It is also recommended that you sign up for the ISOS email subscriptions to be notified of any changes relating to your travel destination(s).

| | Destination | Risk Level | Advisories | ISOS | | | Health Advice / Vaccination Requirements |
|----|-------------|------------|------------|--------------------------|--------------------------|--------------------------|--|
| | | | | Active Alerts | Travel Advice | Security Advice | |
| 1. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

NOTE: 1) Each Canadian traveller should register with the federal [Registration of Canadians Abroad](#).
2) Travellers should obtain an **ISOS membership card**. These cards should be retained by the traveller at all times.

4. Accommodations & Meals

| Dates | Type of Lodging* | Address / Location Description | Closest City** | Contact Information | Meals*** |
|-------|------------------|--------------------------------|----------------|---------------------|----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

*- CG (Campground); WT (Wilderness Tenting); TR (Trailers); CA (Cabin); HM (Hotel/Motel); O (Other)

** - Population >100,000

*** - SP (Self Prepared); C (Catered); R (Restaurant)

5. Transportation

Section does not apply

Include each means of transportation to be used during trip:

| Type of Transport | Period of Use | Details (rental car/vehicle, air carrier) | Operator(s) – if a member of the travel group |
|-------------------|---------------|---|---|
| | | | |
| | | | |
| | | | |

6. Check-In

Section does not apply

To be completed where travel duration will exceeds 24 hours.

Regular check-in should occur at intervals between 24 and 72 hours with someone who is not travelling. If check-in does not occur, the contact person shall attempt to contact the travel supervisor. If a check-in is not completed, the emergency response plan escalation protocol (outlined below), shall be implemented following the identified grace period. The contact person identified in this section should be provided with a copy of the Trip Plan prior to departure.

| Contact person | Contact Information (tel. #) | Alternate Contact Information | Frequency of Check-In |
|----------------|------------------------------|-------------------------------|-----------------------|
| | | | |

NOTE: Where travellers will be split up during the trip, it is recommended that a check-in between trip participants occurs at regular intervals between 1 hour and 24 hours.

7. Emergency Response

The Emergency Response Plan is intended to provide an escalation protocol in cases where travellers miss their check-in, or in case of an emergency while travelling.

a) Emergency Response Plan

All travellers should be informed of the steps to take in case of an emergency. These steps should be informed by the risks associated with the travel locations (Part 3) and facilities being visited and may differ throughout the trip. At minimum, travellers should be advised how to summon help and where they should go in case of an emergency. Also, it is imperative that all travellers be aware of the 'UBC – home contact' (listed below) who is aware of the trip itinerary and available to support travellers in case of an emergency.

Note that International SOS is also available to support UBC travellers in case of emergency or when the UBC Home Contact is not available.

b) Contact Information

| Travel Supervisor Contact Information | UBC Home Contact* Information |
|---------------------------------------|-------------------------------|
| Cell Phone | Name |
| Satellite Phone | Daytime Contact # |
| Local / Other Contact | Afterhours Contact # |

*- a non-travelling UBC employee who will retain a copy of the trip itinerary/trip plan and will be available to coordinate communication in case of an emergency.

c) Escalation Protocol

The check-in contact (from Section 5) is expected to follow the escalation protocol in the event that the check-in does not occur and the grace period passes.

Grace period is: _____ hour(s)

| Step | When to call | Who to call |
|------|----------------------------------|---|
| 1 | Following expiry of grace period | Alternate travellers |
| 2 | If no answer in step 1 | Accommodation contact, if possible (table in Section 4) |
| 3 | If no answer in step 2 | UBC Home Contact (table in Section 6b) |
| 4 | If no answer in step 3 | UBC Security |

8. Immunizations

Section does not apply

To be completed if vaccinations are required for the destination and/or work being performed.

Any required training and/or vaccinations should be listed in the table below, with dates of completion.

| Participant's Name | Vaccinations Received |
|--------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |
| | |

9. Approvals

To be completed by the Trip Supervisor.

I acknowledge that I have reviewed the information contained in this document for completeness and accuracy and I will ensure that travellers are aware of any known or foreseeable hazards and emergency response expectations while travelling.

| Trip Supervisor | Signature | Date (DD/MM/YYYY) |
|-----------------|-----------|-------------------------------|
| | | Click or tap to enter a date. |

To be completed by the Department Head or Designate.

I acknowledge that I have reviewed this Trip Plan and approve the travel.

| Program Head Name | Signature | Date (DD/MM/YYYY) |
|-------------------|-----------|-------------------------------|
| | | Click or tap to enter a date. |

To be completed by each traveller.

By signing below, the following travellers have been informed and/or provided with a copy of this Trip Plan.

| Participant's Name | Signature | Date (DD/MM/YYYY) |
|--------------------|-----------|-------------------------------|
| | | Click or tap to enter a date. |
| | | Click or tap to enter a date. |
| | | Click or tap to enter a date. |
| | | Click or tap to enter a date. |
| | | Click or tap to enter a date. |
| | | Click or tap to enter a date. |

Upon completion of all approvals, please upload your Trip Plan using the ['Document your Trip Plan' tool](#).