

Managing the safety, health and security of mobile workers:

**an occupational safety and health
practitioner's guide**

Report submitted to the IOSH Research Committee

**Including a risk analysis by traveller gender,
age, sexuality and disability**

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International SOS
Foundation

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Managing the safety, health and security of mobile workers: an occupational safety and health practitioner's guide

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Foreword – Shelley Frost, IOSH

Foreword – Pascal Rey-Herme, International SOS Foundation

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Preface

Foreign and international travel for work or study as well as pleasure is increasing and continues to do so. Globalisation of market economies is leading to more business and work in overseas locations, as well as an increased reliance on supply chains around the world. With reduced travel costs, schools and universities look more and more for learning and personal development experiences abroad.

All of this is to be welcomed – but it does affect the traditional approach to the management of safety and health risks associated with such activities. The type and range of traveller is also changing. The traditional concept of white-collar managers travelling between developed economies is only a small proportion of such travel nowadays. Aircraft today are full of all categories of workers and students travelling to carry out their work or study around the world – often to less developed economies.

With increased volumes, the profile of those travelling is also changing. They are more likely to reflect the diversity that exists with our society with increasing numbers of women, older workers, students on internships or assignments, as well as individuals with disabilities.

All of this has an impact on the arrangements and control systems that might be required to control and manage risks effectively. Issues that might not feature significantly (or at all) in risk assessments for travel in the UK can become much more significant when they emerge abroad. For example, non-work-related health problems that might not feature in assessments for UK workers could be life-threatening in less developed economies. Local cultures and approaches to sexuality issues may themselves create additional risks.

Organisations have a moral and legal responsibility to assess and manage effectively these wider, and sometimes different, risks. A key source of intelligence and advice in doing so will often come from an occupational safety and health practitioner. This means the practitioner will need to have the knowledge and competence to assess and manage the safety, health and security risks the worker faces overseas in a different cultural, social and work environment. The principles of risk assessment, leading to effective controls being identified and implemented, remain the same. But the risk profile of overseas travel sometimes requires a slightly different toolkit and way of thinking.

This work will help prepare the occupational safety and health practitioner to become part of a multidisciplinary team that manages work-related travel safety, health and security within an organisation, from measures to keeping the traveller out of harm's way to providing assistance when they are in difficulty.

Although this work is written with the UK in mind, it has significant international relevance.

Kevin Myers CBE

President

International Association of Labour
Inspection

Foreword from IOSH

We have been delighted to work with the International SOS Foundation in producing this new publication, which builds on our guide *Safety without borders – keeping your staff healthy and safe abroad*.

If you are reading this publication, you are already likely to be aware that an employer has a duty of care towards their employees. While this is not an 'absolute' duty, the employer may have to demonstrate whether they acted 'reasonably' in any given situation. Within these parameters are the times when workers are travelling to or working in other countries.

Your organisation may have employees or volunteers who travel on business or may be stationed at facilities in high-risk areas. This guide will help you understand how to translate your duty of care into policies, processes and actions that will protect your workforce and thereby not only support your business aims but also improve your organisation's reputation and credibility.

In particular, the guide covers the need to:

- have a safety and health policy in place that includes travel safety, health and security and to make sure these policies are actively enforced
- carry out risk assessments in order to understand properly the relative health, safety and security risks that will apply to employees while they are abroad, tailored to the specific circumstances of the business trip or international assignment
- ensure that a system is in place to be able to pinpoint employees' location in order to ensure their safety
- prepare and educate employees about the locations where they will be working
- provide employees with access to a 24-hour helpline, which may be able to provide support for medical or security questions or facilitate the provision of emergency assistance at a time when an employee's usual points of contact would not be available
- provide appropriate travel healthcare support.

The guide contains a section which takes into consideration the practicalities of travelling and working abroad for women, older workers and workers with disabilities, as well as discussing sexual identity issues and students on placement. Our hope is that this, together with the invaluable advice that the rest of the publication contains, makes a unique contribution to the safety and health literature.

I recommend this guide for safety and health practitioners and line managers, who wish to seek assurance that their systems are effective.

Shelley Frost

Executive Director – Policy
Institution of Occupational Safety
and Health

IOSH

IOSH works to keep people safe and healthy in all areas of their work. As the Chartered body for occupational safety and health (OSH) professionals and an international NGO, our stakeholders span the world. They include employers of all sizes and sectors, workers, politicians, regulators, standards bodies and professional networks. IOSH publishes a range of free technical guidance, which is designed to support and inform members and motivate and influence health and safety stakeholders.

www.iosh.co.uk

Foreword from International SOS Foundation

The world is changing. Many people no longer work in their home country. Organisations around the globe are expanding and sending their people to work in emerging markets and high-risk locations. It has been suggested that the number of mobile employees will increase by 50 per cent by the year 2020. We have also recently witnessed world economies being shaken by terror attacks (Paris, Brussels, Turkey), natural disasters (fires, earthquakes and floods) and new epidemics (such as Zika and Ebola).

While companies focus their resources to maintain productivity, there are increasing parallel expectations for the provision of quality healthcare services as well as travel safety and security services to protect their people while travelling or on assignment.

As the tension between these two trends accelerates, the awareness and understanding of an organisation's responsibility of duty of care towards their travelling workforce has improved. Many companies understand that insurance is not enough and that medical and travel security assistance is now a 'must' to operate in a legally and morally compliant way.

However, blanket policies do not necessarily take into account the variety of travellers and their specific needs. Organisations are now looking more towards guidance for specific travelling populations and more refined practices. For example, an ageing workforce is a sub-population having increased risk of chronic non-communicable diseases (e.g. cardiovascular disease, cancer, diabetes) which can have a negative impact on productivity; and the lack of in-country healthcare infrastructures may result in these individuals having less than optimal care for their conditions. The investment required to send employees on international assignments can be substantial: the overall average investment in an international assignment is US\$ 311,000 per annum and a failed assignment could cost up to nearly US\$ 1 million.

There are today many variations in the type of traveller, trips and assignments, destinations and potential risks. In parallel, due to an improved corporate sensitivity, business travellers and assignees include more female, disabled or LGBT travellers. In a recent survey by Ipsos Mori, 80 per cent of women travellers have concerns about their personal safety while abroad.

Deficiencies in the prevention of health and security incidents can have significant consequences for the traveller and the company. Conversely, prevention and steps to mitigate potential consequences can have huge benefits and a positive impact on the individual's health, safety and well-being as well as a company's continued operation and productivity. In order to do this an organisation must have a refined travel risk management system.

An important player in an organisation's travel safety, health and security team is the occupational safety and health practitioner. They have the experience of conducting risk assessments and presenting measures to prevent or mitigate these risks. This book is designed to provide guidance to the health and safety practitioner on how they can effectively be part of this important effort.

The health, safety and wellbeing of international assignees and business travellers fall under the responsibility of the employer. There is a need to have clear organisational policies and strategies in place as well as competent

individuals to manage the travel safety, health and security for all travellers with a view to reducing risks and promoting the health, safety, security and well-being of an ever-increasing and varied mobile workforce.

Dr Pascal Rey-Herme
Group Medical Director
International SOS

The International SOS Foundation

The International SOS Foundation seeks to improve the welfare of people working abroad through the study, understanding and mitigation of potential risks. The Foundation was started in 2011 with a grant from International SOS, the world's leading medical and travel security services company. It is a fully independent, non-profit organisation working globally.

www.internationalsosfoundation.org

01 Introduction



International travel for business reasons is on the increase. In the last 20 years the demand for global mobility has grown with the development of new markets and offshore operations. Many organisations are finding it challenging to manage the travel safety, health and security of workers and others who travel on business or are stationed at facilities in high-risk areas. This is especially so if they have had little previous experience.

This publication is aimed at occupational safety and health (OSH) professionals and others who are involved in managing the safety, health and security of workers involved in travel and assignments. It provides background and guidance to enable them to understand the nature of travel, the steps to take to control travel-related risks and the need for a structure to manage emergencies, taking into account travellers' personal circumstances.

Normally, travel safety, health and security require a multi-disciplinary team to manage not only everyday travel but also specific situations and events. OSH professionals have the competencies to assess risk and put in place measures to eliminate or control these risks. They therefore have an important team role to play in assisting a person in difficulty or in helping to manage a significant event which could affect the health, safety and security of mobile workers travelling on work assignments in other countries.

A responsible employer will understand that they have a moral imperative to protect their employees from harm, no matter where they work. Appropriate travel healthcare and safety support should consist ideally of three components, namely assessing risk, providing appropriate advice on prevention measures, and providing reliable and responsive assistance. These should all form part of a continuum of constant awareness of the requirements for business travellers or assignees, along with actions to mitigate risks.

The worker also has a duty (based on ILO Recommendation 164) to take reasonable care of their own safety, health and security as well as that of others who may be affected; to comply with instructions and procedures related to safety, health and security; to report any situation that they consider hazardous to themselves or others; as well as to report any work-related incidents.



Legal considerations

Under UK common law, employers have a duty¹ to take reasonable care of their employees. This duty of care usually arises where there is:

- a close relationship between two parties, which would usually cover the worker-employer relationship;
- a foreseeable risk (that is, a risk that a reasonable person should be able to identify); and
- a causal link between the action or inaction of the employer and the harm the worker suffers.

An employer's duty of care means that they must take reasonable precautions to protect their employees from foreseeable risk of injury, disease or death. They must provide their workers with safe systems of work, take care in selecting proper and competent fellow workers and supervisors, and provide proper machinery and materials.

This duty of care continues to exist when their employees are sent to work in other jurisdictions, either on a short-term basis or as part of a longer-term arrangement, such as an international assignment or secondment. It may cover a worker's travel arrangements to or from work on a day-to-day basis while working abroad. It may also include a duty to ensure the employee's safety while in transit.

Case study

A legal decision concerning the responsibility of an employer during travel and assignment

A worker contracted a fatal malarial infection when travelling to West Africa to work on an oil rig. Prior to travelling, the employee was informed by his employer that he did not need to be concerned about the risk of malaria in West Africa, as he would be working on an oil rig,

offshore, where there was no risk of being bitten by a mosquito. So, he took no anti-malarial medication before or during his trip. When he was bitten by a mosquito during an overnight stay on an island *en route* to the oil rig, he contracted malaria, which proved to be fatal.

The High Court found that there was a clear failure on the part of the employer to take reasonable care to ensure the safety of the employee in the course of his employment, which included travel to and from the oil rig.

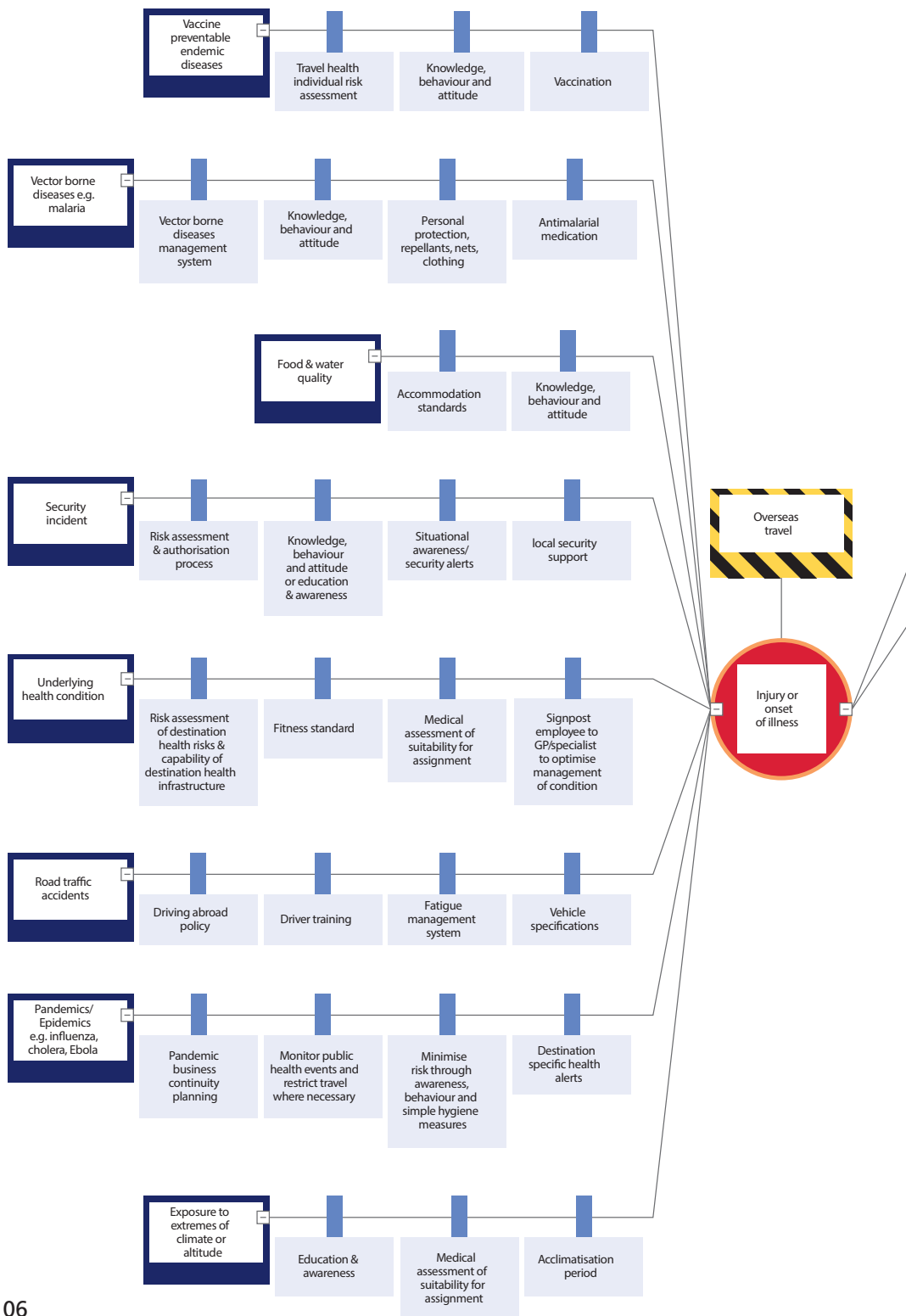


Measures to help the employer discharge their duty of care

The duty of care is not an ‘absolute’ duty but, if their behaviour is scrutinised, employers should be able to show that they acted ‘reasonably’ in any given situation.

To mitigate the risk of their conduct being found to be unreasonable, employers should:

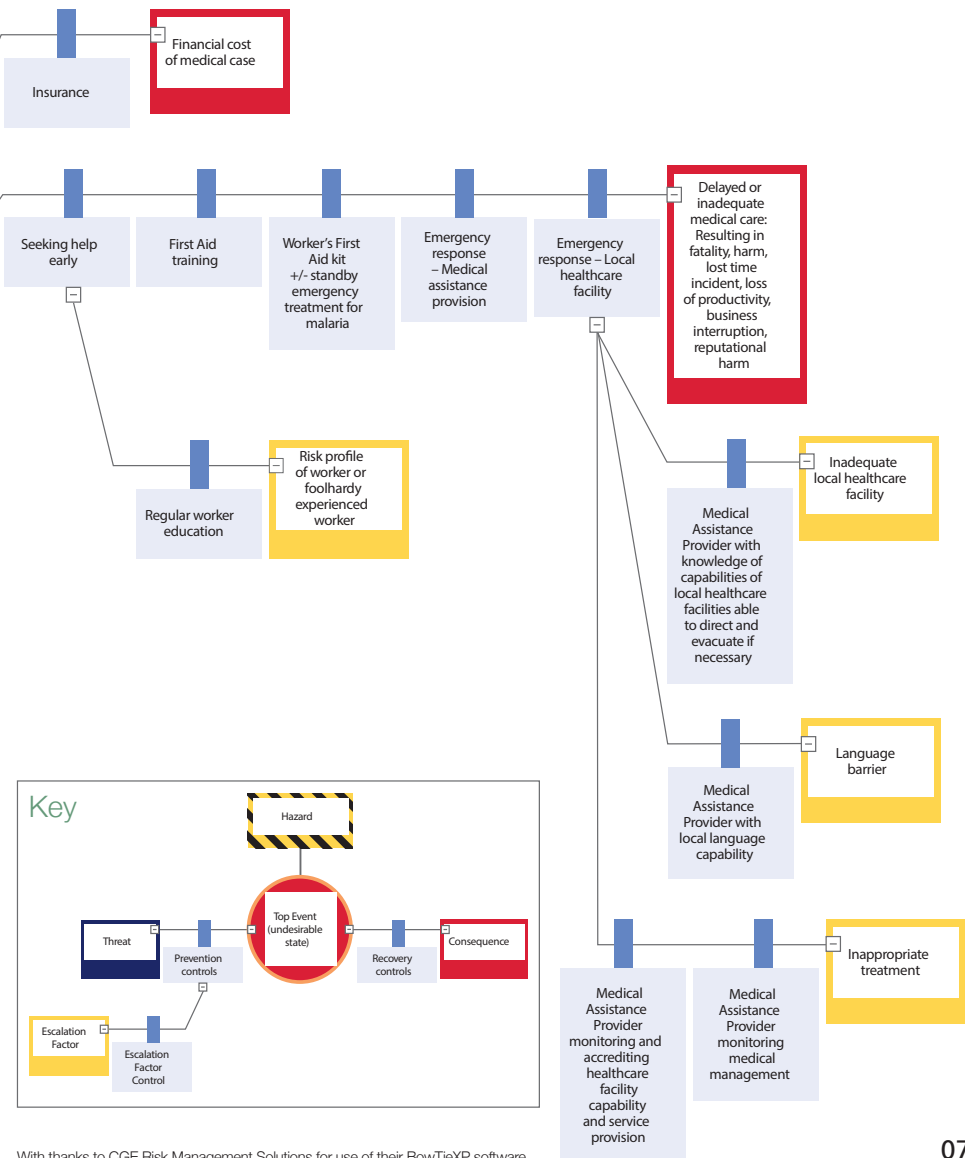
- have safety and health policies in place that cover travel safety, health and security. Employers must make sure these policies are actively enforced.
- carry out risk assessments in order to understand properly the relevant health, safety and security risks that will apply to workers while they are abroad. These need to be tailored to the specific circumstances of the business trip or international assignment.
- put a system in place to be able to pinpoint their workers’ location in order to ensure their safety. Full itineraries should be prepared and consideration should be given to tracking and monitoring.
- test systems, where these are in place, to ensure that they remain adequate. Tests should be adapted to fit local requirements.
- prepare and educate their workers about the locations they will be working in.
- arrange additional types of training if workers will be travelling to high-risk locations – such as security briefings and hostile environment awareness training.
- establish systems so that they stay informed of changing risks and can relay such information to their workers while they are working remotely.
- provide workers with access to a 24-hour helpline, which may be able to provide support for medical or security questions or facilitate the provision of emergency assistance at a time when a worker’s usual points of contact would not be available.
- refer to medical and security travel assistance providers and institutions such as the Foreign & Commonwealth Office, which offers up-to-date travel alerts.



The travel risk mitigation bow-tie

This diagram helps you to understand some of the complex health risks, security risks and control measures for your travelling workers. The diagram is shaped like a bow-tie, creating a clear differentiation between proactive and reactive risk mitigation.

Please note that this is a simplified version. To view and download the full bow-tie diagram, please go to internationalsosfoundation.org/learn-more.



With thanks to CGE Risk Management Solutions for use of their BowTieXP software.

Case study

Possible consequences of not dealing with foreseeable risk

A worker brought a claim against his employer when he suffered a slipped disc due to an inadequate minibus that was supplied by his employer to transport him to the third party premises where he was working while abroad.

The Court of Appeal found that the employer had caused the worker to travel in conditions that were so extreme that there was a foreseeable risk of any person of an ordinary level of physical robustness succumbing to an injury.

Durnford v Western Atlas International Inc. [2003] EWCA Civ 306

Safety, health and security investments bring a return

Quite apart from legal and moral obligations to workers, it is worth making the point that there are business benefits from taking measures to ensure the safety, health and security of workers while they are working abroad. A joint publication from the International SOS Foundation and Prevent² on prevention measures for business travellers found that every dollar invested in the medical check programme brought a return ranging from \$1.60 to \$2.53.

Risk-based pre-travel health assessments could be justified as a proportionate means in aiming to protect the health of workers while travelling or on assignment.

There are many variables which make performing a cost-benefit analysis of pre-travel health programmes difficult. There are also indirect costs such as loss of productivity and company reputational damage upon which numbers cannot be placed. It is clear that the financial cost of medical evacuation can be very high. The cost of a failed international assignment is estimated to be somewhere between US\$ 570,000 and US\$ 950,000.

As the workforce ages (carrying a higher burden of underlying disease) and the mobile workforce population involves more and more workers who undertake safety-critical work while overseas, the need for potential intervention and safeguards increases. The lack of such measures is likely to be more costly. Correspondingly, the return on good employee care is higher.



02 Identifying and managing risks



Individualised travel risk assessment must be undertaken. From a medical perspective, this should include assessment of vaccination status and requirements, as well as current and past health issues. The actual travel and assignment details are of course important, and there also needs to be an assessment of the traveller's behaviour around risk.

From a security perspective, the assessment should address: whether the individual has been to the country before or to destinations presenting similar risks; whether she or he is considered vulnerable because of their position; whether the person concerned is, for example, a non-governmental organisation (NGO) worker, student or business traveller; whether they are vulnerable because of their gender, ethnicity, religion or sexual orientation; their degree of autonomy (travelling alone or in a group); the support the worker can expect in the country; and the duration of the trip.

Creating awareness of the risks is no longer sufficient. Active preventative measures that are documented and auditable should be put in place. This will not only increase safeguards for workers, but also ultimately strengthen the company's financial and reputational protection.

Travel security considerations for business travellers and short-term international assignees are different to those with longer-term assignments. Stringent safety and security measures constraining an individual's movements are likely to be more acceptable to a business traveller than to an expatriate. For a business traveller, a risk assessment will cover mainly the management of the journey and its key components (arrival at airport, the need for a meet-and-greet, choice of onward transport, choice of accommodation, events that

might affect the worker's security in the short-term, and so on). For an expatriate, the risk assessment will need to integrate a more comprehensive evaluation of the risks, and will encompass the individual as well as his or her dependants (partner and children).

While the focus is often on the worker, accompanying dependants must also be taken into account. When young children are involved, there are additional risks associated with assignment abroad, ranging from increased susceptibility to infectious diseases and increased risk of road and water safety injuries to limitations in paediatric specialist care. Generally speaking, children are not as aware as adults of the increased risks in a new environment.

Some key areas that will need to be covered when assessing risk are:

- the viability of using public transport, use of taxis, driving oneself or hiring a driver
- non-work activities (such as specific risks linked to holidaying in the region of expatriation, or to some parts of the country which a family could face, or the possibility of a road trip outside the capital city)
- the need, for security purposes, to be contactable on holidays
- the security and health issues related to hiring local staff (driver, maid and so on)

- the cultural divide: by which the risks are potentially amplified by local customs and practices
- the legal divide: activities which may be acceptable in the country of origin may attract penalties in the destination country
- risks that can influence the context in the longer term (for example, instability linked to political issues, including election periods in some countries and religious events).

Information from the World Health Organization shows that injuries are among the leading causes of preventable death among travellers, with some estimates ranging from 18 to 24 per cent. This is in contrast to the two per cent attributed to deaths as a result of infectious diseases.³

People have differing perceptions of risk, so messages about risk and control measures should be tailored to ensure they are easily understood by different audiences. Cultural, social and personal bias should be taken into account, along with the individual's health beliefs and motivation for travel or assignment. All of these factors will influence risk perception and behaviour.

Risk assessment

It is extremely important that risks during travel and assignments both at the destination and en-route are assessed with prevention in mind. It is imperative that risk assessment is dynamic (ongoing) and is carried out by a competent person. Risk assessment looks at the likelihood of harm occurring and the severity of the consequences. Risk management is informed by:

- the legal requirements in the field of operation
- any legal requirements that apply to the company's product in countries it exports to
- the standards and practices the business is committed to
- the standards required from by the company's insurance company
- record-keeping for accountancy purposes
- the need for workers to understand quality control requirements.

The law sets minimum standards of risk management for business that must be met. Following the law reduces the risk of legal consequences.

Principles of risk assessment

- Accidents attributed to human error are often caused by job factors (such as poorly designed or maintained equipment), individual factors (for example, low levels of competence) and organisational factors (including poor management and work planning). Because mistakes happen, they should be anticipated and steps should be taken to minimise the consequences if they do happen.
- Accidents are often due to a chain of events. It's best to influence the beginning of the chain by eliminating the cause or causes of the problem.
- Hazards can be eliminated in advance by 'designing them out'.

Care should be taken to assess hazards when new things are being planned.

- Introducing control measures can favourably influence both the likelihood of harm and its severity.
- Different risks, and different levels of risk, require different approaches. Companies should always insure against high risks that can affect their operations.

In assessing risk, there are several essential steps: identifying the hazards; identifying who is at risk; determining the level of risk and control measures; documenting significant findings; and setting a timeframe for reviewing the assessment and following up.



Identifying hazards

Identifying hazards is the starting point of risk management. To identify hazards, managers and workers need to co-operate. As mentioned earlier, it is the duty of the employee to report to the employer situations which they believe could present a hazard. It is important to seek the views of people who have expertise in, and experience of, the company's work activities. Even though people are often 'experts' in their own work, their experience can sometimes get in the way when they're identifying hazards, as they can get used to hazards and become complacent about risks. Examining hazards and risks with others often helps to give a fresh insight into how things really are.

All the hazards that are identified should be written down to help plan, implement and monitor the control measures. The search for hazards should not be limited to the obvious ones. It's also important to expose hazards that may not be apparent in everyday work, such as those due to travel or emergency situations.

Identifying who is at risk

This refers primarily to the worker but could also include dependants or other local individuals.

Determining the level of risk and control measures

Risks can be divided into categories (risk types), based on their character and on the activities they can have an impact on. Many risks belong to more than one category. Using these categories makes it easier to identify hazards and manage the risks.

When evaluating the level of a risk, attention should be paid to, among others, the following factors:

- how often do situations occur where accidents or illness are possible?
- what are the consequences of the accident or illness likely to be?
- what could happen in the worst case? For example, if a worker slips or falls over, there could be several possible outcomes – a minor injury, a serious injury or death.
- how far would the consequences of the accident reach – how many people, tasks, machines, customers or product batches would be affected?
- the indirect effects of an accident or illness are often much greater than its immediate effects. If a computer breaks down, for example, repair costs may be relatively small, but the cost of the interruption to the business could be huge.

Different views might arise about what kinds of issues are critical to the business’s operations. Discussing risks and examining the company’s vulnerability from various perspectives – by involving different people – helps to achieve mutual understanding and support for future decisions and control measures.

There are many ways that risks can be controlled. The main aim should be to prevent loss or to minimise the negative consequences. This means preventing accidents or reducing their effects. The control measures needed depend on the level and type of risk.

Controlling risk should start with a cost-effective control of the greatest risks to

the company. But how much can the company reasonably afford to invest in different loss prevention measures and insurance? Here, risk costs have to be estimated as a whole, considering how much risk management costs and what kind of benefits it can achieve.

Control measures that eliminate or reduce risks are referred to as ‘accident or loss prevention’. Typical risk management methods are listed below.

Documenting the risk and determining a timeframe for reassessment

The last step in risk assessment is to ensure that all the steps are documented and that a date is determined for updating and review.

Methods	Examples
Avoid the risk	▪ Don’t travel to the destination
Reduce the risk	▪ Instruct workers on prevention or other risk mitigation factors ▪ Arrange for a meet-and-greet by a security firm for travellers in high-security risk destinations.
Transfer the risk	▪ Partner with a reputable medical and security assistance provider ▪ Buy insurance
Keep the risk	▪ Risks are a part of business – keep some risks and absorb any losses (this can also happen if the risks are not fully identified)

Putting together a travel risk management strategy

It's important to ensure that an integrated risk management strategy is in place. This could include a 'Plan-Do-Check-Act' cycle that involves:

- assessing the risks within countries and their cities, as well as the individual risks to workers
- assessing organisational risk by looking at overall exposure of the travelling population (i.e. what proportions of the mobile workforce are based in low-, medium- or high-risk locations)
- determining the likelihood of an incident or illness
- outlining and developing policies and procedures to mitigate risk
- communicating, educating and training those involved in any business travel or international assignment.

Ongoing data collection relating to in-country risk is needed so that current and future risks in the environment (both internal and external to the organisation) can be analysed. These findings should be communicated regularly throughout the organisation. It may be practical to work with an external organisation with expertise and resources to support the business in maintaining a current and relevant understanding of risk and to aid in communication.

A three-level crisis management framework is helpful, including:

- pre-crisis planning, screening, training, and housing
- in-crisis decision-making, process and logistics management associated with the crisis, formation of a crisis management team, and inter-agency coordination
- post-crisis support for the individual as well as organisational learning that feeds back into crisis preparation.⁴ Chapter 8 addresses this in greater detail.

Dynamic risk assessment

A dynamic risk assessment is supplementary to generic risk assessments, which have been completed for regularly-occurring and documented risks. Dynamic risk assessment enables the individual to be able to recognise risks and to be in a position to make a decision about a developing situation which has not been covered in a generic assessment and in which they feel may be unsafe.

Risk assessment for travel should be ongoing, as health, security and political situations change from day to day. Local situations are fluid, and many incidents can be happening around the world at the same time. Mechanisms should be put in place to identify changing situations, adjust the level of risk, inform the traveller(s) and take the necessary measures. It is difficult for employers to know everything happening everywhere at a point in time, yet they are obliged to stay on top of the risks. A key element to a dynamic risk assessment is to have experts (assistance providers, security experts, and so on) who understand how to respond in locations throughout the world.

Case study

Changing conditions need dynamic assessment

For example: a business traveller has to undertake a journey to a more remote part of a country where higher travel risks have been identified. (In a given country there might be several levels of risk, depending on the area being visited.) Incidents have been reported in this area, including malaria fatalities and threats to business travellers and expatriates. Security conditions, including local hostilities and even weather, may change at any time, changing the level of risk. There is, therefore, the need for an ongoing (dynamic) risk assessment and communication to mobile workers affected by changes to the risk profile.

Key points for the OSH professional

- Workers and destinations must be individually risk-assessed.
- Security risks can be avoided, reduced, transferred elsewhere or tolerated.
- Health risks are generally best avoided or reduced.
- Risks alter with time: current information is needed.

03 Preparation before travel or assignment



As in many aspects of running an organisation, the best results usually arise from thorough planning and preparation. In planning travel, to reduce exposure to risk and to limit the consequences that might occur, the employer and traveller or assignee should consider the following.

Security

There should be some familiarisation with the risks specific to the country and the city of travel or assignment (risks in the Central Business District vs risks in the suburbs and no-go zones). This should inform other issues, including the choice of transportation; driving patterns; the potential impact of local laws in the event of an accident (what to do in such a case); patterns of petty crime, including domestic break-ins; significant periods of heightened tensions related to political or cultural issues.

In medium- to high-risk countries, further security considerations need to be made:

- assignees should be made known to a support network of their organisation, if there is one in their country of residence.
- in countries prone to political instability, consideration must be given to whether a family can be assisted rapidly in case of an incident or a break-in; and to whether that part of the city might be cut off because of demonstrations or other events.

The organisation should also develop escalation plans, including key contacts and safe locations, and provide training to allow staff and their families to act autonomously if needed. Escalation plans should include an escalation matrix to allow organisations to assess objectively whether a deteriorating situation might necessitate withdrawal of dependants and non-essential staff before the situation gets too serious.

Similarly, assignees should be made familiar with the local “Rule of Law”. For example, what is the level of support to be expected from the local police or authorities in case of an incident? Does corruption present an issue? And so on.

It is also important to remember that expatriates are very likely to engage in internal or regional travel, which could expose them to different risks. This is true particularly in large countries, or those with significant variations in risk factors between different destinations, such as an expatriate in Russia based in Moscow travelling to the North Caucasus, or one in Brazil travelling from his home in São Paulo to Salvador. Additionally, an assignee in Singapore may be living a safe life in an orderly environment with low medical and security risk. A quick weekend trip to Myanmar changes the risk profile, but perhaps the perception of risk to the traveller does not change as much as it should to match the reality.

Medical

The majority of health risks associated with international travel or assignment can be anticipated, and establishing a process to identify these risks is the responsibility of the employer. A well-organised programme can bring about benefits beyond compliance. These include moral and cultural benefits such as better work motivation, involvement and loyalty – and can positively influence company performance. In addition to the compliance, moral and cultural aspects there is increasing evidence of the financial return on investment in these programmes.

For longer-term stays, arrangements should be made for registration with a local family doctor, especially in the presence of any underlying or chronic illness. Workers should be provided with a list of trusted healthcare practitioners and facilities in advance, and contact should be made with the company's contracted medical and security travel assistance provider so that there is access to an accredited provider.

The medical and security travel assistance provider should confirm the availability and reliability of emergency service response, along with the location of the nearest 24/7 emergency department. Contact details for the designated medical and security travel assistance provider and the insurance provider should be confirmed prior to travelling. In addition, it will be necessary to think about the likelihood of language support requirements and to seek support measures actively.

Being informed and educated is not always going to be sufficient, and in certain locations and assignments further protective measures will be needed. Any measures should be tailored to the individual, taking into account their health and vaccination status. In higher-risk locations, it will be necessary to consider full itinerary details, including all areas of travel within scheduled countries, the season of travel and factors such as endemic and evolving infectious diseases, vector-borne diseases, and occupational and environmental stressors. A period of several weeks prior to travel may be required to administer adequate vaccination schedules.

Based on the individualised travel health risk assessment, various preventative measures are likely to be recommended. These may include vaccinations, prophylactic medications, protective equipment, rapid tests or first aid and medical kit bags. It is essential that sufficient time is allowed before departure, as some vaccinations may need to be administered as a course over several weeks, and full immunological benefit may not be gained until completion.

If the traveller is on prescription medications, it is essential to ensure that medications are carried in their original packaging, and that a copy of the original prescription is always carried with the medications. Travellers should take relevant letters from their doctor explaining why the medication is needed. Medications should be packed in hand luggage to avoid any complications that might arise if luggage becomes lost. For short-term assignments, an adequate supply should be taken, divided between hand luggage and hold luggage to cover for possible loss.

There may be country-specific restrictions around certain medications. This is especially relevant for controlled drugs and opiate-containing pain relievers. Paediatric prescriptions should also be assessed as part of this review, with specific focus on medications prescribed for attention deficit hyperactivity disorders and other behavioural conditions, as many of the commonly-prescribed medications are not available and sometimes even banned in certain locations.

For long-term assignees on chronic prescription medications, a full assessment of medication availability in the country of assignment should be undertaken. This should include not only confirmation of whether a medication is available, but also an overview of the safety and reliability of locally-sourced medications and dispensary control. For short-term assignments, an adequate supply should be taken, divided between hand luggage and hold luggage to cover for possible loss.

Personal concerns about travel

Individuals who have concerns about travel, a destination or a chronic disease or mental health problems may feel reluctant to disclose their condition as they do not want to be 'labelled' and feel it may prevent them going overseas to do their job. There have been anecdotal reports of people expressing reluctance to travel at the airport – just before boarding a plane. To avoid these situations, which puts the individual at risk – it is important that time is made available for one-to-one briefing sessions with the worker in advance and to emphasise the importance of a personal emergency travel plan.

Information about the destination

Whenever possible, educational material relating to the destination should be made available prior to travel and clearly displayed, ensuring maximum visibility of the constant risk(s). This is especially important for longer-term assignees or those on repeat tours of duty, whose perception of risk may become diluted with time. It is important to note that risk is not static, so the traveller needs to get dynamic itinerary and location-specific advice before and during travel.

Because risk is not static, access to reliable information relating to evolving threats should be freely available, such as proactive alerts that are sent to the traveller. Ideally, these should be automated and linked to the worker's itinerary. Workers have an obligation to keep themselves fully informed about up-to-date safety, health and security information and procedures while travelling or on assignment.



Case study

Receiving alerts in the field

A business traveller working in the exact location of a pneumococcal outbreak received an automated alert from his medical and security travel assistance provider that was linked to his travel itinerary. Part of the guidance was a specific caution to individuals who were more predisposed to contracting pneumococcal infections, including people like this individual who had had their spleen removed. This, along with his recent exposure, significantly increased the risk of infection. Thanks to this alert he was able to contact the medical and security travel assistance provider, who made arrangements for an immediate medical review in order to commence treatment.

It is likely that this mobile worker would have had a pneumococcal vaccination as part of his routine vaccinations in preparation for the trip, a point which should certainly have been picked up in his pre-travel assessment.

Important information for individuals

A personal emergency travel plan⁵

The mobile worker should choose a trusted individual (partner, colleague or friend) to provide support in an emergency. If travelling with others, it's important that they know whom to contact in an emergency. If travelling alone, the name and phone number of the emergency contact should be stored in the worker's mobile phone under 'ICE'.

The traveller should share their itinerary with this individual and arrange to text, email or speak to them at certain times – for example, on arrival at a destination.

Preparation should include listing all addresses and telephone numbers that will be needed on the trip and scanning them so that they are in an electronic format. It's also a good idea for the traveller to take a photocopy of the identification page of their passport, any relevant visas and details of the number to contact if their credit card is stolen or will not work. They should take a copy of any prescription

if they are on prescription drugs. They should also remember health insurance and make a copy of any cards or the front sheet of the policy to be carried at all times.

Useful documentation to copy could include:

- Passport and visas
- Proof-of-life documents for countries affected by kidnapping and extortion (questions that only the traveller could answer if he/she is alive)
- Driving licence
- Vehicle documents (if using own vehicle)
- Tickets
- The itinerary
- Health insurance
- Credit cards
- Emergency phone numbers
- Copy of any repeat prescription
- Vaccination history
- Blood group
- Special medical instructions
- Address list, including GP and dentist



Key points for the OSH professional

- Preparation for travel requires a detailed knowledge of the destination(s).
- The worker will need to be informed of what is and is not available at their destination for them and their family and of the specific risks.
- Spouses and children may carry different health and security risks.
- An individual with a chronic medical condition will require a detailed risk assessment and education.



04 Understanding and assessing safety and security risks

Without being alarmist, it is essential to appreciate that travelling and working abroad carry elements of risk which are qualitatively and quantitatively different to those faced when working in the more familiar environment of the home country. Awareness of the risks enables appropriate measures to be put in place.

A global perspective on social and political risks

A comprehensive travel risk assessment must take into account the potential sources of security risks at the destination and the resulting consequences for personal safety. These include the impact of armed conflict, civil conflict and insurgencies; terrorism and political violence, particularly where foreign nationals and business operations are targeted directly; political or economic instability, particularly as it acts as a driver of popular unrest, and its effect on freedom of movement; the rates of violent or opportunist crime, particularly where it targets foreigners, and the 'hot spots' associated with it; the prevalence of kidnapping, extortion or unlawful detention, for financial gain or political influence; the potential impact of corruption, poor transparency, or weak standards of governance; and profile-specific concerns, whether cultural, social or legal, arising from cultural norms.

It is also important to understand the threat to information security, and the risks posed to individuals and their businesses from criminal or state-sponsored attacks on IT infrastructure or other electronic devices. This is usually very specific to the profile of the individual, but there are basic information security precautions common to all mobile workers.

In addition, the susceptibility of the destination to natural hazards should be borne in mind. These range from seasonal weather-related issues such as typhoons or hurricanes to sudden unpredictable events, including earthquakes and tsunamis.

Weather events are typically detectable in good time to enable a sound travel risk management programme to implement steps to reduce a company's or individual's exposure to the consequences. This could include deferring travel temporarily, or making additional provision for 'stand-fast' in a safe location in country. Similarly, while they are far less predictable, earthquakes tend to be more or less prevalent in specific regions – such as the Pacific 'Ring of Fire' or the Alpides in South and Central Asia. This means that a degree of advance preparation can be undertaken, for example by choosing accommodation that meets appropriate standards of construction. It also highlights the need for constant vigilance and the readiness to respond very quickly to such sudden events.

Above all, risk assessments, particularly those applying to longer-term assignees, need to be dynamic – to adapt to the changing nature of those risks, in both time and space, to ensure mitigation measures remain appropriate. This can take the form of changes in certain trends, such as an increase in violent

crime rates in a particular location, or the ebb and flow of an anti-government insurgency. It can also involve an understanding of the impact of regional or other external dynamics. It's almost certainly the case that countries neighbouring an active conflict zone will experience a degree of internal volatility affecting rule of law and ease of movement – for example, the impact of refugee flows from the Syrian civil war into Turkey, Lebanon and Jordan.

Therefore, a fundamental component of a good risk management programme is access to timely and actionable information about those risks and how they evolve. That information should ideally be tailored to mobile workers' needs, with clear, actionable recommendations on how preparation and readiness to respond should evolve. Key components of that are assessments outlining the potential causes of significant changes and the chances of these changes happening, linked to regular reporting which highlights increasing or decreasing threats. These should be linked to rapid notification of sudden developments which require immediate action to limit exposure to threat to life and limb.

These factors will often be inter-related. For example, increasing political instability can often influence wider law and order issues, as police and security forces are diverted from core tasks to support public order. Similarly, a region recovering from a natural disaster or a long-running



conflict is likely to have relatively a weak rule of law, and is thus vulnerable to organised crime. Higher crimes rates are often symptomatic of locations where institutional corruption is tolerated or even embraced.

Medical- or health-related crises will often influence security directly: for example, as popular sentiment about state or international responses to an epidemic translate into demonstrations or protests and public disorder. It is hard to predict where medical or public health issues will arise, but the outbreak in 2014 of Ebola in West Africa underlined the need for travel risk management programmes to take a comprehensive view: the ability to detect and respond to an outbreak of disease and its consequences are essential parts of robust mitigation.

Furthermore, a geographically extensive medical crisis, such as that posed by the Ebola outbreaks, can affect not just the security environment but also the simple practicalities of logistics and movement. The ability to access a country could be influenced by decisions out of the control of organisations, whether it be entry or exit requirements imposed by national governments, the suspension of essential services such as commercial airline flights, or the interruption of essential medical services. In particular, the movement of patients not affected by the epidemic could be constrained significantly by restrictions intended to prevent the spread of the disease itself.

Government agencies provide basic travel-related information services on some aspects relevant to travel risk management, including recommending temporary restrictions on travel to specific destinations, and statistics on some issues as they relate to the use of in-country consular services. These are potentially an important source of information for risk managers, but only in very few cases do they provide the level of service necessary for a comprehensive risk management programme, and should be used with care.

- They are typically not focused on the mobile worker and their needs, and have to take into account leisure travellers of all ages, whose risk profile and tolerance are likely to be much more varied than the international assignee.
- Government advisory notices are typically response-orientated, and do not provide a comprehensive evaluation of the multiple factors affecting in-bound travel or in-country staff.
- Typically they do not seek to provide comprehensive forecasts of potential changes, other than at a relatively high level relating to election cycles, conflict or terrorism.
- Government travel advice can be influenced by political considerations, and does not reflect objective assessments of the actual risks.
- Government advice often has a bias towards restriction of travel, in order to limit national liability in the event of a major crisis, rather than enabling appropriately prudent continuity of business activity.

Similarly, the international news media are increasingly adept at providing near-real time updates on security-related events, such as the increasing risk of conflict in a given region, or reports of an apparent terrorist attack. However, as with government travel advice services, open news media sources are a useful, but not sufficient, information provider for a comprehensive travel risk management programme. At best, they can provide excellent indicators of 'breaking news' in well-covered locations, with comprehensive updates of developments and informed commentary. At worst, commercial and

political agendas result in a partial and biased coverage, with significant gaps, poor levels of validation and assurance – and no accountability to end-users.

Road travel safety issues

Every day there are nearly 3,400 road deaths around the world – that's more than two per minute. Road safety is one of the most pressing, but often under-recognised, global public health concerns. Over the past 30 years there has been an overall increase in road traffic fatalities, and the data suggest that this trend will continue.

The World Health Organization reports that 30 per cent of all road crashes are work-related. As a leading cause of injury and death for workers working abroad, road safety is a critical occupational health and safety issue. Different cultures, laws, customs and infrastructure can make every trip by road a risk – and being safer on the road isn't just about being a safer driver. In March 2010 the 64th General Assembly of the United Nations described the global road safety crisis as a 'major public health problem', and one month later declared 2011–2020 the Decade for Action for Road Safety.

The extent to which road users are affected by road traffic crashes also differs between countries. For instance, data show that vehicle occupants account for as much as 80 per cent of all road traffic deaths in the United

Case study

When habit takes over

Famously, Winston Churchill was nearly killed when trying to cross Fifth Avenue in New York in 1931. Apparently running late when getting out of his taxi, he looked left instead of right while crossing and was struck by a car. It is this kind of instinctive behaviour that can lead to incidents and injuries in an unfamiliar environment.

States of America, but only 10 to 20 per cent in countries in South-East Asia, where two-wheeler motorised traffic predominates. Globally, more than 50 per cent of those killed are pedestrians or riders of two-wheelers.

Road safety is a serious issue for everyone, even on familiar roads. But for people travelling abroad, and particularly for work, there are additional road safety considerations that should be taken into account. There are two critical steps in mitigating road safety risks: think safety and know the roads.



Think safety

Emerging markets and remote locations can often present a higher risk of road crashes to business travellers. Companies should therefore consider carefully whether it is appropriate that they allow their mobile workers to drive themselves in certain destinations. In most emerging markets and destinations with poor infrastructure, it is good practice to have a local driver. Mobile workers who self-drive in lower-risk destinations are prone

to traffic crashes as well. Travel fatigue and unfamiliarity with local road rules and driving culture can contribute to road crashes.

Taking time to become familiar with the roads in the destination country is critical to pre-judging the level of road safety risk. Mobile workers must take the time to become aware of road safety risk factors, take measures to be safe, and be cognisant of the behaviour of other road users.

As well as the roadworthiness of vehicles and the physical condition of the roads, key road safety risk factors that need to be considered are: speed, drink-driving, use of motorcycle helmets, seat-belts and child restraints, and increasingly, distraction. While many countries are taking steps to adopt and enforce legislation relating to these risk factors, business travellers need to be extra cautious and aware of these risks when travelling abroad.

Speed is a key risk factor in road traffic injuries, influencing both the risk of a road crash and the severity of the injuries that result. A five per cent decrease in speed can reduce the risk of fatality in crashes by 30 per cent. Drivers should be aware not only of the speed limits in the destination country, but also of road conditions which may influence how safe it is to travel at those limits.

Around the world, the number of countries that have introduced laws restricting the level of blood alcohol content is increasing. However, drink-driving still presents a serious threat to all road users. The safest option for mobile workers is to not drink and drive. Business travellers are also advised to avoid other driver distractions. These can include using a mobile phone while driving or driving while tired or jetlagged. These behaviours can be catastrophic even on the safest roads.

The substantial growth in the use of motorised two-wheelers, particularly in low- and middle-income countries, has been accompanied by an increase in the number of head and traumatic brain injuries. Helmets are critical to reducing the severity of injury and incidence of death during a road crash involving motorised two- and three-wheelers and cycles. Helmet-wearing rates vary from slightly over zero in some low-income countries to almost 100 per cent in countries where laws on helmet use are effectively enforced. If cycling, driving a motorised two- or three-wheeler, or being driven, business travellers are advised to wear a helmet.

Failure to use a seatbelt is a major risk factor for road traffic deaths and injuries among vehicle occupants. Global research on the effectiveness of seatbelts found that their use reduces the probability of being killed by up to 50 per cent for drivers and front seat passengers and by up to 75 per cent for passengers in rear seats. Seatbelt and child restraint laws and enforcement vary between countries. Nevertheless, mobile workers should ensure that both driver and passengers wear seatbelts, including when travelling in a taxi. They should only use taxis fitted with seatbelts, which in itself can pose a challenge in certain countries and requires vigilance from the traveller.

Know the roads

Travelling by road in a foreign country takes forward planning. Things taken for granted in the home country, like traffic signs and road conditions, may be completely different overseas. Sometimes the safest option is not to drive at all. If the rules of the road, highway conditions or local language are unknown, it may be better to arrange transportation with a trusted and vetted provider. The key is to understand the risks, get the facts, and take steps to protect the traveller's safety.

Planning can help mitigate and prepare for road safety issues that may be encountered. A pre-departure checklist could include:

- departure time and traffic conditions at that time, for example in peak hours
- journey duration and the need to plan for rest breaks
- terrain (for example, single-lane or mountainous terrain) and the effect on driving speed and arrival time
- climate, which may require planning for additional vehicle safety features, such as wheel chains if there is ice or snow on the road
- visibility – how weather or pollution can affect visibility, and the need for a motorcyclist to wear a reflective vest to improve visibility to others
- route selection – whether the route being planned is safe, what risks the traveller may be exposed to and whether it is safe to travel alone
- communication coverage – how easy or hard it is to contact others in case of a crash or vehicle breakdown. Who else has been informed of the journey and what arrangements have been made for them to check in with the traveller?
- emergency support – are there road traffic authorities along the planned route? Is it possible to access a hospital if required?
- driver services – in high-risk countries can driver services be made available or can the worker be collected by a colleague?
- ground transportation services – a list of recommended safe ground transportation services should be developed and be provided to travellers.

Preparing to be road-safe when abroad is not just for drivers and passengers. Pedestrians are particularly vulnerable when using roads. Globally, pedestrians constitute 22 per cent of all road traffic deaths. In some countries this proportion is more than 65 per cent. In addition, millions of pedestrians are seriously injured each year. Mobile workers should take the time to become familiar with the roads as pedestrians, and to stay alert and avoid walking near or on roads after dark.

Without action, annual road traffic deaths are predicted to rise from 1.24 million to around 1.9 million by 2030. Even when travelling in one of the 28 countries which have adequate laws to address all risk factors, it is important that the traveller prepares and takes action to ensure their own and others' safety on unfamiliar roads.

Important information for individuals

Basic security advice when using taxis or other car services

- Always use a vehicle that is traceable.
- Be aware of the model/make of the vehicle, the licence plate and the name of the driver coming to pick you up. If it is not readily available, reconfirm the driver details by calling the operator's helpline number.
- It is preferable to be aware of the potential journey route in advance.
- Do not get into a vehicle until you have confirmed that it is yours.
- Always sit in the back of the vehicle and wear a seatbelt.
- In case you are feeling drowsy or unwell prior to boarding the vehicle, it is preferable to have a trusted contact accompany you.
- Firmly reject any attempt by the driver to pick up more passengers or acquaintances.
- If you feel uneasy with the driving, the route or the driver, instruct the driver to stop at the first secure or busy place.
- Do not discuss personal details or be over-familiar with your driver; keep the conversation on a professional level.
- If using a ride share service, ensure that there is not an existing taxi rank in the vicinity of the pick-up location and keep a low profile when getting into the vehicle.



Hotel safety

Choice of an appropriate standard of hotel is essential to give workers and employers peace of mind. Some travellers have reported unexpected intruders in their hotel bedrooms, although a number of these have been as a result of careless mistakes by the hotel staff. Hotel locks with just one mechanism can be overridden with a master key. Therefore hotel rooms with two independent locks, such as a chain, would at least alert the inhabitant that somebody is attempting to enter.

Rooms should be requested in the main building and not on the ground floor. Being placed in annexes in separate buildings, at the end of long, dark corridors or next to fire exits can make travellers feel vulnerable.

Companies in their travel safety policies and procedures should take steps to ensure that the hotel has adequate safety and security. They should maintain a list of approved hotels and check a number of criteria, for example:

- whether there are adequate fire and evacuation alarms, adequate fire exits and an emergency assembly point
- if the hotel has a safety and health policy
- whether there have been previous incidents
- the standard of food safety
- whether secured payment mechanisms are available
- if safe transportation is available to and from the hotel
- whether and/or how to use publicly-available wireless networks.

Workers should be required to stay in hotels on the company approved list – preferably with a corporate hotel chain who can assure standards.

The culture of humanitarian organisations or where travel to more challenging environments is involved can mean there is an expectation that workers should not complain and just get on with their job.

For longer stays or with a large number of business travellers, evaluate the possibility of housing in a more discreet place (residence apartment, villa with

internal catering) with reinforced physical security and protected by a local security provider.

For mobile workers travelling to medium- to high-risk countries, make personal security training a mandatory part of their preparation. This training should cover all aspects of personal security abroad, particularly including what to do in case of a security incident or fire in a hotel.

How organisations and mobile workers can protect themselves

When booking, consider the following:

- double-locking doors, preferably those which have been tested with a master key to ensure that no-one else can enter
- a well-lit approach
- 24-hour staffed reception
- a lift with key-card access
- CCTV (including in the corridors)
- uniformed security or vehicle checkpoints (in areas of instability).

Important information for individuals

Hotel security

Mobile workers should

- ask for a room between the first and fifth floors (the maximum extent of fire ladders)
- use recommendations from colleagues or other workers travelling alone
- look at the area: is it close to the eventual destination, accessible by transport, too near to a train station to book a cab but too dark on the street to walk?
- avoid restaurants and bars situated near the lobby
- not loiter around the lobby
- not talk publicly about where they are staying
- ask for another room if the room number is announced at check-in
- not mention the room number when in the hotel or outside
- think about whom they socialise with in the hotel public areas
- check both locks work before unpacking
- check any other room access, for example balcony doors, French windows, adjoining rooms
- ensure their room is locked, even during the day
- check that the telephone works
- carry a device such as a door jammer or an alarmed door-stop in case the hotel doesn't have two-locks
- put something noisy behind the door in case it is opened while asleep
- put out the 'do-not-disturb' sign
- leave the TV on when going out, which may need an extra key card to leave in the electricity slot
- check the spy hole before opening the door
- not write their room number in the open book on the desk in the spa/gym

Express kidnapping

Express kidnapping is the abduction of a victim (or victims) who is forced, under threat of injury or death, to withdraw funds from automated teller machines or hand over belongings to obtain release. The duration of an express kidnap is often short, lasting between 30 minutes and two hours. In some cases, the kidnappers hold victims overnight, enabling them to steal cash to the value of the victim's daily withdrawal limit for a second time when it resets at midnight.

The crime is vastly under-reported, but it appears to be most prevalent in urban areas of Brazil and Mexico. Incidents have been reported in a range of cities worldwide, in countries such as Australia, China, the Dominican Republic, India, South Africa and the United States.

Individuals, particularly those who are not well travelled outside of Europe or familiar with the local crime issues in the city they are visiting, may be particularly vulnerable to this type of kidnapping. Kidnappers may perceive them as potentially soft targets. The crime is often opportunistic and may be take advantage of people while travelling home late at night or even during daylight hours.

While abroad, it is advisable to withdraw cash only from ATMs inside banks to avoid being targeted during the withdrawal of funds. In addition, student

travellers should avoid hailing taxis from the street – express kidnappers often pose as taxi drivers and once in the vehicle it is difficult to attract attention. Always use taxis ordered by a reputable hotel or restaurant.

Case study

Taken by force

In an hour-long ordeal which began at around 22.00 on 25 August 2015, two men forced three young German business travellers into their own vehicle in Darwin (Northern Territories, Australia) and drove them to an ATM. They were assaulted with broken glass bottles and forced to withdraw funds before the attackers stole their bank cards, mobile phones and car, which was later found burned out and abandoned.

During an express kidnapping, victims should try to remain calm and comply with the kidnappers' demands. Avoid making eye contact with the kidnappers or revealing any sign that they might be recognisable. Being cooperative and discreet will help to mitigate the risk of the kidnappers becoming violent.

After being released, the incident should be reported to the local police and local consulate.

Case study

Not everything can be controlled

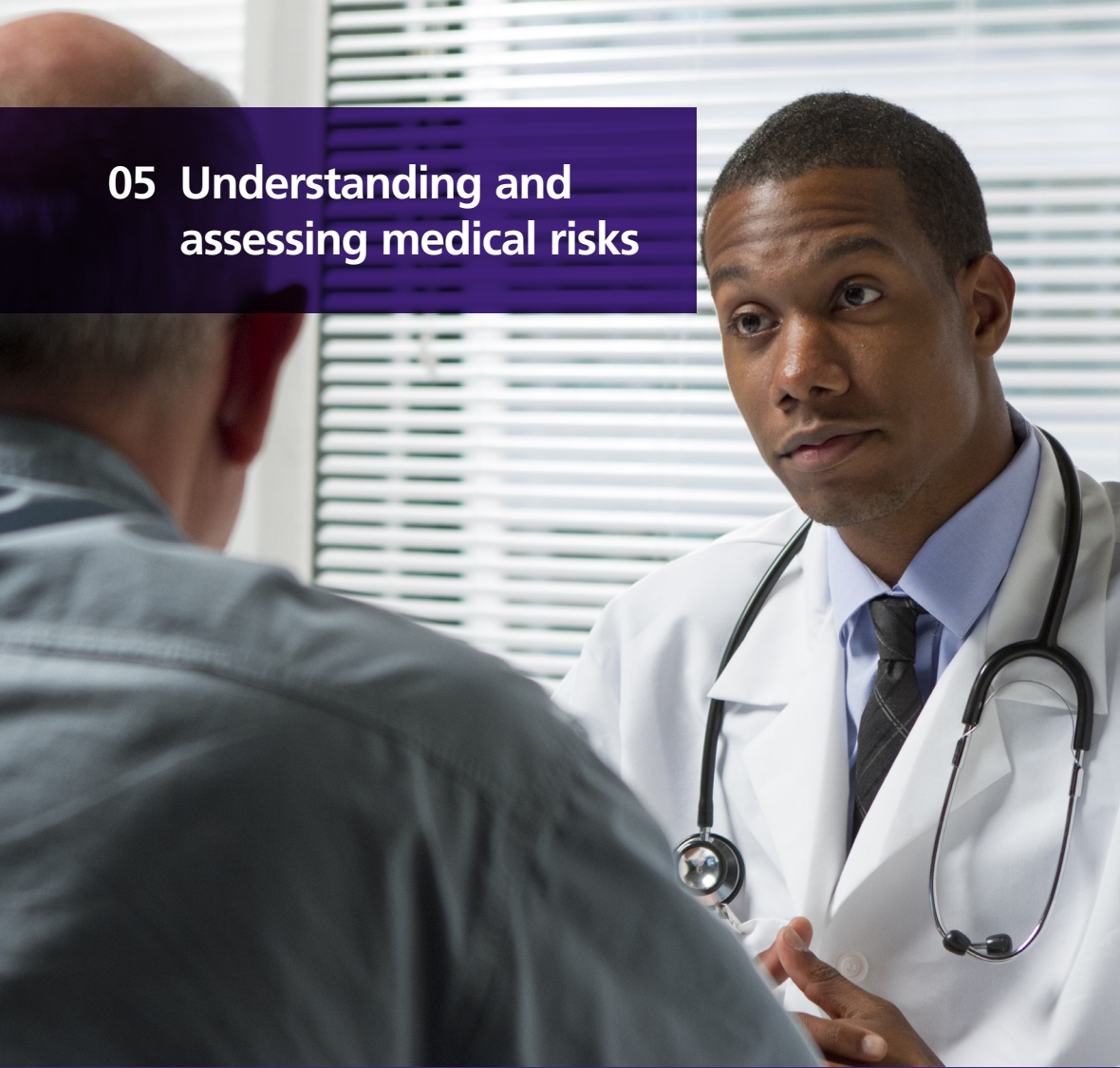
There are security situations where a worker may potentially be in conflict with the organisation's risk tolerance. For example, during the Arab Spring, an organisation wanted to evacuate its workers from Cairo. However, they did not want to leave as they felt that

they were part of history unfolding in the midst of a revolution. There may be instances where the workers feel that they do not want to abandon their humanitarian or altruistic mission, despite obvious dangers to themselves as a situation deteriorates. These examples illustrate that a travel safety, health and security policy must not only be robust but also take into account the need to address ever-changing situations and the human dynamic.

Key points for the OSH professional

- Assess risks: ensure that existing risk assessment processes address relevant travel-related risks as well as risks at the destination.
- Road safety: develop and implement policies addressing key road safety elements.
- Hotel safety: engage with the travel manager and vendors to ensure that hotels used are appropriate. Ensure overall risk environment is factored into the hotel selection (that is, don't select a hotel purely because it is an approved vendor, if it is in an area of the city with a higher risk of crime).

05 Understanding and assessing medical risks



It is critical to assess the cumulative risk to a mobile worker, including any local health legislation (reportable diseases, importability of medication, workplace regulation), the burden of health threat in the location (pollution, weather, altitude, disease), individual health status and behaviour of the traveller, and the country's ability to treat safely and effectively any medical or psychosocial condition.

Chronic non-communicable diseases

Non-communicable diseases or chronic diseases are illnesses which are not infectious. They are generally long-term and include heart disease, stroke, cancers, lung diseases (such as emphysema and asthma), diabetes and mental and neurological diseases. Although some of the risks for a person developing a non-communicable disease cannot be changed (such as age and genetic predisposition) “lifestyle” factors such as smoking, physical inactivity, harmful alcohol use and an unhealthy diet, as well as “environmental” factors such as air pollution, contribute to the development of non-communicable diseases. Many non-communicable diseases could be prevented by changing these “modifiable” risk factors.

The number of people living with non-communicable diseases is increasing. The World Health Organization states that non-communicable diseases are the “leading cause of death globally”.⁶ While there is no estimate of how many travellers have non-communicable diseases, the number is likely to be significant, and will include many who travel for work.

It is also important to note that non-communicable diseases may be excluded from travel insurance coverage, or require individual assessment and additional fees for coverage.

The impact of travel on non-communicable diseases

Any chronic medical condition which is not properly managed and is not stable is at risk of further deterioration. Even when a non-communicable disease is stable and well controlled, travel presents additional risks from the unfamiliar and from differences in medical care and infrastructure at the destination. While planning and preparation can mitigate many of these risks, there may be a few situations where ultimately the risk to health of travel and living abroad will be greater than if the worker did not travel.

Overall, “travelers are far more likely to die from the same illnesses, complications, and acute events as they would at home, with cardiovascular disease accounting for the greatest proportion of all deaths during travel”.⁷ The risk of illness abroad appears to increase with greater differences in environmental and cultural factors between the home and destination countries.⁸ When looking specifically at those who travel for work, “illness rates tend to be higher and psychological problems more prominent”.

Medical risks

Medication: Many common non-communicable diseases, including asthma, high blood pressure, depression, diabetes, thyroid disease and arthritis, are managed with regular medication. A non-communicable disease can deteriorate as a result of medication issues encountered while travelling for the following reasons.

- There may be a problem of time differences. If not correctly planned, this can mean missing a dose or taking an extra dose. Diabetics, particularly those on insulin, need to adjust their meal and medication routines. They risk potentially life-threatening swings in blood sugar.
- Some people forget or, for various reasons, do not to take their medication.
- If the traveller loses or does not have enough medication for the duration of the trip, they may not seek out a replacement. There may be difficulties in accessing a prescription when trying to purchase medication while abroad and the regular drugs may not be available. There is also the additional danger of counterfeit medications.
- Certain drugs, particularly psychotropics used in many mental health conditions, may be prohibited in some countries.
- There is also a potential risk of drug interactions. Travellers may be prescribed medications for unexpected illness. These medications can potentially interact with their regular medication for non-communicable diseases.

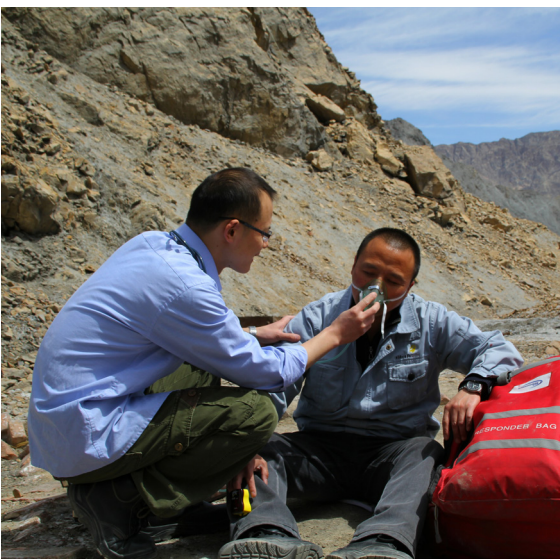
Infection: Between 20 and 40 per cent of all people visiting developing countries will suffer traveller's diarrhoea.⁹ The risk of other infections, such as malaria¹⁰ and typhoid,¹¹ increases with the duration of the trip. Anyone with a non-communicable disease, particularly one that lowers immunity, may be more susceptible to infection, and are at higher risk of a more severe infection. This in turn can worsen their non-communicable disease. For example, travellers' diarrhoea for a diabetic can cause the blood sugar to climb too high or fall too low, which, if not carefully managed, can be life-threatening.

Deep vein thrombosis and pulmonary embolism: A blood clot in the deep veins, especially of the legs, can break away and travel to the lungs, which can be life-threatening. Some non-communicable diseases, such as cancer and certain types of heart disease, increase the risk.

Food allergies: People with food allergies often face the problem of unfamiliar foods when travelling. Language barriers and minimal labelling requirements contribute to issues determining whether their meals contain substances which trigger reactions. Food suppliers may not understand what is required. In one study, about 10 per cent of travellers with a potentially life-threatening allergy to nuts suffered a reaction on an international flight.¹²

Environment: Air quality, altitude and climate can affect anyone, and those with some non-communicable diseases may be more susceptible. Air pollution can exacerbate lung and heart conditions, and there is increasing evidence that it is associated with lung and other cancers. Extreme cold, heat and altitude can have an adverse effect on anyone, particularly on first arriving, before the body has had time to acclimatise, and are known to increase hospitalisations for cardiovascular disease.¹³ Long-term residence at altitude tends to improve asthma, but may increase mortality in the case of chronic obstructive lung disease, and some experts may recommend patients to “avoid permanent residence in such locations”.¹⁴

People with chronic diseases should ensure that their condition is well-controlled and stable prior to travel, have appropriate insurance and access to assistance during travel. They should be aware that their condition may be affected directly by their travel (climate, altitude, pollution and so on) or through common travel-associated infections such as traveller’s diarrhoea).



Psychosocial issues and mental health:

According to the World Health Organization, “travellers face separation from family and familiar social support systems, and must deal with the impact of foreign cultures and languages, as well as bewildering, unfamiliar threats to health and safety. Coping with high levels of stress may result in physical, social and psychological problems. Those who encounter a greater range of stress factors may be at greater risk for psychological problems. Under the stress of travel, pre-existing mental disorders can be exacerbated. Furthermore, for those people with a predisposition towards mental disorders, such a disorder may emerge for the first time during travel.”¹⁵

The duration of travel has an impact, with “short-term travel likely to offer the least stress and frequent travel and expatriation the most.”¹⁶ So-called “fly-in fly-out” (FIFO) workers are one type of mobile worker. The Western Australian Parliament concluded an inquiry into the impact of FIFO work practices on mental health, sparked by a number of suicides. While the final report found little data available, the inquiry recommended fundamental changes to work practices, rather than merely screening for workers who showed mental resilience considered adequate to handle the stresses. “In the Committee’s view, this logic is akin to saying that the

solution to the challenge of working safely at heights is to employ only those with exceptional balance, rather than addressing safety risks by providing harnesses and safety railings.”¹⁷

British nationals requiring consular assistance for mental health issues increased by 15 per cent in 2013–14 compared to the previous year.¹⁸

Cultural factors and medical infrastructure

Accessing healthcare can be challenging even for someone who speaks the language and is familiar with the culture. The added barrier of differences in language, the process to access the system and cultural norms, can result in significant delays should medical attention be required. In addition, the standard of care in the destination may be very different to that of the home country. Specialist care, diagnostic tools and interventions available may be limited, which may affect any acute intervention required if a traveller’s non-communicable disease deteriorates during travel.

Communicable diseases

These are infectious diseases that can be spread from one source to another, whether directly human-to-human as in influenza, or arthropod-to-human as in malaria or animal-to-human as in leptospirosis. Travel potentially brings the mobile worker into contact with novel diseases that without appropriate preventative measures have the ability to have a severe impact on the health of the worker and the successful outcome of the overseas assignment.

Unlike non-communicable diseases, communicable diseases can be avoided through avoidance of exposure. Key exposure sources are from insect bites (mosquito, tick and so on), from contaminated food and water, from unprotected sexual exposure, exposure as part of inadequately controlled health service infection control policies including blood products and surgical instruments, and from current endemic or circulating infections.

As the source of these infections can be identified prior to the trip, prevention is possible and can effectively reduce the likelihood of diseases.

Pre-travel

A medical assessment prior to travel can be performed remotely by questionnaire or by a traditional face-to-face appointment with a health professional. The objective is to ascertain whether the individual's health is compatible with the travel or assignment location and work conditions. Sensibly, travel health advice and preventative measures such as vaccinations must also be incorporated into the assessment. A SMART risk-based programme is often utilised, in which those exposed only to low- or medium-risk countries may undergo a shorter assessment than those going to high-risk countries or remote working environments.

Pre-travel advice will include both a generic element and a destination-specific element. The elements of each will depend upon the specific relative risks. For example, travel to a country with good water and sewerage infrastructure will present a lower risk than countries without. Before visiting, countries should be checked regarding outbreaks of diseases. National travel websites or the WHO website will list any new outbreaks.

- **Insect and animal bite avoidance**
Although different diseases will have additional prevention strategies such as malaria (chemoprophylaxis) and yellow fever (vaccination), bite avoidance ensures protection against diseases that can't be prevented by vaccination and those that have not yet been named. Insect repellent such as DEET should be applied to the skin. Exposed skin should be

covered by wearing long-sleeved shirts, long trousers and hats. Sunscreen should be applied before dressing. Knock-down mosquito spray should be used in rooms. Staying and sleeping in screened or air-conditioned rooms and using an impregnated bed net are advised if the sleeping area is exposed to the outdoors.

Malaria prevention

Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected mosquitoes. Mobile workers in malarial areas are at risk of severe malaria throughout their stay but often do not recognise the continued need for reducing risk through drugs and personal protective measures.¹⁹ The UK averages six reported deaths from malaria each year over the last 10 years, and approximately 1,600 non-fatal cases a year.²⁰ The majority of these cases are from travel to West Africa.

Often, several preventative and protection measures may need to be used. Education around bite avoidance and protection should be provided, in addition to the use of anti-malarial drugs. For example, the use of appropriate insect repellents and sprays, long-sleeved clothing, bed nets and air

conditioning/screened accommodation should be considered.

Following return from areas where tropical diseases are endemic, the need for continuing awareness cannot be overstated. Workers must discuss their travel history at each medical consultation post-travel, for several weeks. Vigilance is required, as flu-like symptoms may in fact be indicators of malaria and other tropical diseases.

Companies should look to implement a malaria prevention programme which consists of a battery of mitigation measures to reduce the risk of malaria cases and the risk of malaria fatalities once a case has occurred. No single barrier is 100% effective. Malaria prevention programmes have been reported to reduce the occurrence of fatal cases by 70 per cent. The financial cost-benefit was calculated to be US\$ 1.34 saved for every \$1 spent on the programme.²¹

- **Food and water hygiene**

Contaminated food and water can be a source of infection. Examples include travellers' diarrhoea, salmonella and cholera. Avoidance includes eating only thoroughly-cooked hot food and drinking only bottled or packaged cold drinks and ensuring that the seal has not been broken. Drinking-water should be boiled if safety is doubtful. If boiling is not possible, a certified well-maintained filter and/or disinfectant agent can be used. Cold foods should be avoided unless they can be peeled.

- **Sexual health and hygiene**

Some travellers may choose to have a sexual encounter while away. Worldwide this potentially exposes the individual to disease risks. It's important to emphasise that it's not possible to judge a person's health by their appearance and that awareness of the risks may only arise when symptoms develop. Clearly people who are readily available for sex – such as commercial sex workers – are often the most likely to transmit diseases. People who inject drugs are also regarded as high-risk sexual partners regardless of how many sexual partners they have and HIV is a viral disease spread from person to person through unprotected sex or sharing of needles or through contaminated blood products.

The only clear policy for sexual encounters is to practise safe sex, as a priority through abstinence or the use of barrier methods. It is also worth emphasising that condoms may not be easily available. It can be difficult to obtain quality products abroad, so people should take them with them.

Homosexual acts remain illegal in some nations, and are socially unacceptable in many more. Lesbian, gay bisexual and transgender travellers should research their destinations beforehand. Public displays of affection – whether heterosexual or homosexual – can draw unwanted attention while abroad. Generally, it's wise to avoid making them, at least until there is greater familiarity with the behaviours and attitudes of the country being visited.

- **Requirement for medical care while abroad**

Governance of surgical equipment decontamination and of blood products as well as the occupational screening of medical and dental staff for blood-borne viruses (HIV, Hepatitis B, Hepatitis C, and so on) are not universally undertaken. Care should be taken where treatment may be needed.

Specific measures

Some travellers, due to their personal situation (pregnancy, underlying medical condition), the duration of travel and destination, will need to have a specific and personalised medical consultation. Due to the time taken for some vaccinations to take effect this should be at least six weeks prior to travel, wherever possible. Vaccinations required will depend upon final destination and transit points, disease risks and duration of travel. For TB and malaria, the risks of infection increase with the duration of stay. To prevent disease such as malaria there is requirement to start taking medication up to three weeks before travel.

Post-travel

All mobile workers should be warned that on their return any flu-like illness may represent a disease contracted while abroad. This is especially true within the first months of returning. However, some diseases can take longer to develop. Workers should be reminded to present themselves to a medical provider, explaining any recent travel destinations, vaccinations and tablets taken to prevent illness, so testing can be directed appropriately.

How can employers minimise risk?

As part of their duty of care, employers should provide pre-travel briefings. A report from the International SOS Foundation, *A global framework for safety, health and security for work-related international travel and assignments*,²² covers the areas an organisation should review to reduce risks from travel for workers. Recommendations include:

- a policy on travel and health
- identification of the hazards, through to implementation of programmes to reduce the risks
- the provision to workers of information and education prior to travel, not only about the unusual health hazards in their destination, but also about health in general through workplace health promotion programmes
- health assessments with a specialist physician should be carried out well in advance of travel, reviewing the itinerary and planned activities.

UK guidelines

- The Foreign & Commonwealth Office runs the “Know Before You Go (KBYG)” campaign. The advice is aimed at individuals and focuses on preparations prior to travel, including researching information on the destination and running through a checklist of health risks
www.gov.uk/knowbeforeyougo
- Specific advice for preparing to travel with certain non-communicable diseases, such as diabetes and asthma, is available. In general the advice is to understand the risks, have a review with a doctor prior to departure, receive appropriate vaccinations, ensure the condition is stable, and have an adequate supply of medication, including stand-by treatment if the condition should worsen.
- A number of chronic disease support agencies publish similar guidelines for travellers, including:
 - The British Heart Foundation, www.bhf.org/heart-health/living-with-a-heart-condition/holidays-and-travel
 - Asthma UK, www.asthma.org.uk/advice/living-with-asthma/travel/
 - Diabetes UK, www.diabetes.org.uk/travel

Key points for employers

- The medical risks of travel vary, depending on the individual, the destination and the duration and type of travel. Employers and workers need to understand the risks in order to mitigate them. Mitigation involves awareness and appropriate actions before, during and after travel. Being unaware of, or ignoring, the health risks can result in significant harm, both physical and financial.
- Even well-managed chronic illnesses can deteriorate in a new environment. The employer should ensure that the care available to their workers can adequately support them.
- Appropriate psychosocial support can make the difference between a successful assignment and one that is curtailed.
- Avoiding mosquito bites is the mainstay of protecting against many infectious diseases, particularly in the tropics. Mobile workers should be educated about these diseases and have access to adequate insect repellents, accepting that those most effective may not be available everywhere.

A photograph showing a woman with dark hair and glasses, wearing a patterned dress, leaning over and handing a small, wrapped gift to a group of children. The children are looking up at her with interest. The scene is brightly lit, suggesting an outdoor or well-lit indoor setting. The gift is wrapped in shiny, blue and silver foil paper. The woman is smiling and looking down at the children.

06 Other perspectives

It is no longer the case that the person travelling abroad on business is the stereotypical white heterosexual male. Travel safety policies must therefore take into account the specific requirements of a much greater diversity of mobile workers.

Women

More women than ever before are travelling for business purposes. It is important that employers ensure that they have adequate travel health, safety and security provisions in place to reflect this.

A survey carried out in 2004 highlighted a number of problems associated with how employers treat women travellers. Very few employers had travel policies which included specific arrangements for women and many did not address safety issues for women during travel safety training. Often women were not adequately briefed before travelling to a destination that had gender-specific legal or cultural restrictions. For example, a woman arriving in a Muslim country inappropriately dressed, due to an expectation that she attend an office meeting in corporate (western) dress, could result in her being the object of extreme attention and being made to feel shame and embarrassment.

Women may be uncomfortable dining or venturing out in a strange city, so they may choose to use hotel room service or to bring in food from outside the hotel. This means there is potential to miss opportunities for cultural immersion and exploration, which could have a negative impact on their overall performance in comparison to a male colleague.

Beyond the risks mentioned in Chapters 4 and 5, women may be affected by a number of further risks:

- gender-specific cultural restrictions
- gender-specific legal implications
- handbag theft and bag-snatching can leave travellers without their travel documents, cash and means of communication
- cultural norms in a given location may put a woman at a disadvantage when dealing with threats to their personal safety.

If legal or cultural differences are misunderstood, the implications can range from causing deep offence to criminal prosecution. For example, in some countries

- it is illegal for a woman to drive
- travelling with a man who is not her husband could lead to a woman's arrest
- eating alone in a café is frowned upon and the woman may not be served
- having a copy of a western women's magazine could be construed as possession of pornographic material and lead to arrest.

Perception of vulnerability

The fact that a woman is travelling alone needs to be taken into account. For example, allocating a hotel in a village far away from the city centre because the central hotels are beyond the corporate budget is bad practice. Aside from the additional costs of taking a cab, women could feel vulnerable travelling along country lanes with a taxi driver. Corporate budgets have to be realistic and take account of the need for safety.

Hotels should be questioned about their lone-female guest policies and feedback should be taken from staff as to the effectiveness of these policies. Where appropriate, employers should take advantage of contracting hotels that have a secure women-only floor in countries that have gender-segregated societies or where there is a higher risk to personal safety for women.

Pregnancy

Business travel during pregnancy can have further implications. While the onus is on the worker to declare that she is pregnant, some women may not wish to disclose their pregnancy early on. If a woman is known to be pregnant, a pregnancy risk assessment needs to be carried out. While some women may not wish to travel, others will not want pregnancy to be seen as an interference with their plans or careers.

Employers and workers need to consider that some travel vaccinations may be contra-indicated during pregnancy and some airlines may refuse to accept a pregnant passenger over 27 weeks without a medical certificate. Likewise, the travel insurer may also need the assurance of a doctor's certificate that a pregnant woman is fit to travel. Employers also need to consider if the area to which the worker is travelling has adequate medical services. The employer has to consider whether a baby is covered under the insurance policy if it is born prematurely in a foreign country. The infant may need costly neonatal intensive care treatment and may not be in a condition to travel home for many weeks.

Advice to employers

A good source of information for women travellers is the British Council. It provides extensive visitor notes, written by locals who advise of gender-specific travel considerations, local business etiquette and dress codes.

There is a risk when travelling of drink-spiking from date-rape drugs administered by strangers, but also by individuals known to the traveller. Drink-spiking can occur at otherwise professional events, business meetings, lunches and so on. It is important to remember that the drug is difficult to detect. As a precautionary measure, workers should be advised not to leave their drinks unattended. Technology

is emerging that allows people to test their drinks for the presence of GHB and ketamine, two of the most-frequently-used date-rape drugs.

There are measures that employers can take to better support their female staff. For example,

- ensuring staff understand and use the travel safety provisions that have been put in place for their benefit
- providing a destination/gender- and profile-specific pre-trip briefing, including who to contact should an incident occur
- adopting a process of sharing location-specific internal intelligence captured by more experienced travellers or colleagues
- having specific clauses in travel policies to cater for women
- holding suppliers such as hotels, ground transportation providers and travel management companies accountable and ensuring that they have policies in place to cater for the needs of lone women travellers. Safety should be given a higher priority than compliance to a managed travel programme or adherence to budget
- providing travel safety training for women
- arranging for staff to be collected by a trusted source from a transport hub
- scheduling calls to ensure staff have arrived safely, not just at their destination but also on their return home
- acknowledging, taking action and not apologising for providing gender-specific legal and cultural travel services, briefings and training
- supplying door-secure devices such as a door jammer or an alarmed doorstop.

There is widespread confusion among travel security managers as to whether it is appropriate to segment travellers and provide them with gender-specific travel advice. This has arisen out of a fear of being seen to be sexist or patronising or even encountering a backlash from the travellers themselves who may feel that they should not be treated any differently. However, by providing adequate travel protection, organisations will improve their recruitment of women, empowering them to have safe and productive business trips while avoiding claims and negative publicity.

Older workers

The perception of what constitutes an “older worker” differs according to who is responding. Even in the scientific literature there is variation in definition. As the age of a person increases, so too does the age felt to represent an older worker.²³

It is clear that with increasing life expectancy, removal of default retirement ages and the raising of the state pension age, working lives are lengthening. This trend affects the demographics of the travelling and expatriate population as well. As an example, the proportion of expatriates over 60 years old rose 30 per cent between 2006 and 2011 in the construction and engineering industries.²⁴

Organisations are advised to respond to this demographic shift by being aware of the potential effects that work can have on the ageing workforce and ensuring that their policies support the extension of working lives. This should of course include policies relating to travel and expatriation.

Age and work performance

The Health and Safety Executive (HSE) literature tends to describe older workers as those over 50 years of age. It is not possible, desirable or correct to predict work performance on the basis of age. Task capability depends on a number of factors, variability between individuals exists in all age groups, and age is but

one determining factor. Physiological and cognitive ageing varies greatly between individuals and therefore the relationship between age and work performance is complex.

The research literature indicates that age has a limited impact on work performance.²⁵ Where physiological or cognitive deficits do occur, older individuals compensate with experience, judgement and task knowledge.

Physiological and cognitive changes with ageing

There are several physiological and cognitive changes that occur with ageing.

- Aerobic capacity declines gradually until 50 to 60 years and declines more steeply thereafter.
- Muscle power declines slightly between 40 and 65 years and more steeply thereafter.
- Tolerance to working in heat exposure decreases with age, although this is largely due to the effects of chronic debilitating diseases and lack of aerobic fitness.
- Cognitive performance deteriorates at an average age of 70 years.
- Circadian rhythm adjustment slows with age and the associated sleep disturbance increases with age.
- Ageing decreases the ability to recover from shift work.

Travel and expatriation in the older worker

Underlying medical conditions:

Although the management will be no different than in a younger age group, older workers are more likely to be affected by an ongoing medical condition such as diabetes, cardiovascular disease, musculoskeletal complaints or cancer. (See the section on chronic non-communicable diseases earlier in this publication.) These medical conditions should be considered in relation to the following:

- will the condition be aggravated by travelling or by the host destination? (for example, travel environment, sleep disruption, time zone change, temperature or altitude)

- will the usual management of the condition require adjustment? (for example, timing or dosage of medications)
- if the medical condition flares or requires urgent medical review, how will this be achieved?

Tolerance to travel: Especially across several time zones, travel is associated with sleep loss – both from the travel itself and from circadian rhythm disruption. Older workers may not recover from these challenges as well as their younger colleagues. Cumulative fatigue in these situations may impair cognitive performance and reduce the ability to focus on the work task. This is of special concern in the safety-critical worker role.

Recommendations: Travel risk assessments should take into account the potential reduction in physical capability and ability to recover, heat tolerance and capacity for any underlying medical conditions to require attention while travelling.

Travel scheduling should pay particular attention to recovery time, especially where travel crosses several time zones and where there is a risk of cumulative fatigue.

Maintaining a healthy body weight, being physically active and not smoking all promote a greater aerobic capacity in any age group. Older workers who are



physically fit will be more resilient to the physical demands of travelling.

Employers should avoid making assumptions about older workers. Their needs should be discussed individually and it should be ensured that individual managers have the capacity to

provide reasonable adjustments where required by providing direction on this in company policy. Discrimination on the basis of age is justifiable if it is a proportionate means to achieve a legitimate aim, in this case ensuring that older workers can work safely and efficiently while travelling.

Case study

Adjusting for fatigue

Paul had worked as a service engineer in the UK mining industry for 20 years. His next role brought about some exciting challenges as a consultant in the Middle East and South America. He was 57 years old, and was overweight with high blood pressure. He wasn't fond of exercise or keeping fit but had never found that this limited him in his work.

He found the new role very physically tiring whenever he was required to work in the heat or in some of the mining sites that were more than 1,500m above sea level. He also found that flying to and from South America required a couple of days of recovery before he felt confident he was at his best in senior level meetings.

Paul discussed these problems with his manager. Although the best long-term solution would be for Paul to improve his fitness, it was also possible to ensure that his travel plans allowed for recovery either side of the trip, with self-paced work.

Workers with disabilities

Preparation is the key to safe, accessible travel for people with disabilities.²⁶ It's important to plan ahead and ensure that arrangements are in place for the entire trip. An individual assessment should be carried out for each traveller with disabilities, taking advice from specialised tour operators and travel health providers.

Air travel

It's advisable to check airline procedures and to inform airlines well in advance of any special assistance needed. Arrangements should be made for early check-in if help is needed with boarding. Any assistive devices that cannot be brought into the cabin (such as a wheelchair or scooter) should be labelled clearly with the destination address, home address and airport gate of departure. If required, the airline will also need to be informed of any need for:

- medical oxygen for use on board the aircraft
- hook-up for a respirator to the aircraft electrical power supply
- early check-in for a scheduled flight so that an electric wheelchair can be stored on board rather than in the hold

- provision by the airline of hazardous material packaging for a battery used in a wheelchair or other device
- an on-board wheelchair to be used on an aircraft that does not have an accessible toilet
- the presence of a guide or other service dog.

It's helpful to attach instructions to scooters or power chairs, saying how and where to disconnect the batteries, and any other dismantling, assembly or transportation instructions. This is important even if handlers are given instructions at the start of the journey: it's very likely that there will be different handlers on arrival. Parts such as cushions, that might become separated from the chair, should be carried into the cabin.

Accommodation

Suitable accommodation can be found with a little research. The website **www.access-able.com** has a worldwide list of cities with details of accessible hotels. Special requirements should be communicated to the hotel and confirmation obtained in writing. The Association of British Travel Agents has a useful checklist,²⁷ which will help to gather any information needed. It is important to state precisely what assistance is needed, rather than just state a disability. Checking on access to public rooms within the hotel is essential if the traveller has a visual impairment or decreased mobility. The need for charging facilities for electrical wheelchairs and information about whether equipment can be hired locally are also to be considered.

Medication

There are three main points to consider for workers with disabilities prior to their journey. First, they must ensure that, if they have to take medication, they must take an adequate supply and keep the medication and any prescriptions in hand luggage.

Second, because some drugs may be illegal in some countries, it is important to check on any restrictions prior to travel. If it is a long journey which involves crossing time zones, it may be necessary to work out when to take medication.

Finally, it is important to check with the airline whether the traveller needs to take documentation to prove the medication is needed and how it should be carried. It is usually worth having a doctor's letter listing information about the medication and why it is required. Some airlines may need evidence of fitness to travel. Mobile workers can use a Frequent Travellers Medical Card (FREMEC) to provide the airline with a permanent record of their disability. If travelling in Europe, it is necessary to obtain a European Health Insurance Card (EHIC).

In the UK, the Equality Act 2010 states that it is unlawful for an employer to discriminate against a worker who has a disability.²⁸ Therefore it is essential for companies to consider what reasonable adjustments need to be made and to document what support has been provided to their mobile workers.

LGBT workers

In many parts of the world homosexuality and/or same-sex sexual activity is illegal, and harassment of and discrimination against lesbian, gay, bisexual and transgender (LGBT) individuals is pervasive. Companies who send their staff to such destinations may inadvertently be increasing their risk profile. However, attempts to manage staff members' risk exposure because of their sexual orientation or gender identity can blur the distinction between an individual's work life and private life. While some characteristics may be immediately apparent, such as a person's ethnicity, this is not the case for sexual orientation or gender identity. What can security and OSH managers do to navigate this potentially sensitive issue, while ensuring the risks of harassment or harm to their staff are reduced?

How the OSH manager can prepare lesbian, gay, bisexual and transgender workers for travel

As a fundamental rule for protecting staff in the environment they are entering, it is essential to ensure that they are as well prepared as possible. They should understand that legal and cultural issues can pose as much of a security threat as the more headline-grabbing concerns of terrorism, crime and violent unrest. Workers about to travel abroad for work should be encouraged to understand the specific risks they face before they set off.

There are a number of resources available that can help to inform an LGBT traveller. For example, the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) produces an annual report on the legislation affecting LGBT people globally. Stonewall, a British LGBT charity, produces a series of country briefings, and provides support to employers on LGBT workplace issues. It may also be useful to engage LGBT employee networks to help determine the social and legal suitability of destinations.²⁹ LGBT travellers could then use their knowledge to help their companies to develop more LGBT-friendly policies.

The legal situation globally is not static, and any information provided will need to be audited and updated regularly. It is also important that this information is offered to all travellers, and does not depend on an individual coming forward about their sexual orientation or gender identity.

The principle, which applies to all mobile workers, of keeping a low-profile by dressing and behaving according to the local customs is a good place to start. In the overwhelming majority of cases, travellers will only face harassment or legal implications if they draw attention to their sexual orientation or gender identity through public displays of affection or expressing opinions on lesbian, gay, bisexual and transgender rights. Even in cases where they receive

unusual attention or are subject to abusive remarks, violence or harassment are unlikely to be spontaneous. It will usually be possible to identify when a situation has turned sour and find an opportunity to leave and return to a safe environment before the situation deteriorates.

Lesbian, gay, bisexual and transgender workers in hostile countries should also exercise higher levels of personal vigilance due to the risks of being targeted in homophobic attacks. They should be encouraged to remain alert to their surroundings and check for signs of being followed. For longer-term deployments, security managers should ensure that their staff accommodation has stringent anti-intruder measures in place and should encourage staff to avoid routines or any action that could allow prospective attackers to identify their daily movements. Finally, travellers who are lesbian, gay, bisexual or transgender may need to be cautious in their interactions with others and to potentially avoid gay bars and clubs in certain countries, as they may be exploited or subjected to harassment not experienced in their home country. It is important to be wary of over-friendly strangers, as this tactic is sometimes used as an entrapment ploy by the authorities or prior to a homophobic assault.

As is the case with all placements or travel abroad, organisations need to carry out on-going individual risk assessments, focusing on the countries to be visited. This would involve:

- assessing any particular risks within the country or city they are travelling to
- determining the likelihood of an incident
- outlining and developing policies and procedures to mitigate risk
- adequately communicating, educating and training those involved in any business travel or assignment, understanding that it might not be possible to be aware of who among the staff may be part of the LGBT community.

If an incident occurs, the organisation's procedure should be followed, and post-crisis counselling should be provided for the individual.

Transgender people may face many additional challenges when travelling that are not addressed in this guide, including providing identification that will expose their status, medication required during their trip, seeking medical help while abroad and so on.

Students on placement

Employers may have students who are engaged in an apprenticeship or internship or are volunteers. Travel for these students may be organised by a company, university or educational institution. Many of the topics addressed earlier in this document also apply to students. However, this section highlights some specific considerations.

The apprentice, intern or volunteer may be going to and living in challenging, remote locations, where certain hazards and risks can be amplified. The following paragraphs highlight issues concerned with behaviour, health and security and how these can be managed.

Health – physical fitness

Standards in health and medicine vary throughout the world. A number of health issues apply to all travellers, including students. It is essential that their health is conducive to the environment they are going to and the planned activities of their trip.

Early in the process, the organisation should take measures to ensure that relevant pre-existing medical conditions are declared before the decision is made to include the student in the activity.

Students should provide information on their health by completing a confidential medical questionnaire. The organisation should provide for a robust screening process where all medical declarations are analysed and the individual is approved fit for travel by medical practitioners who have an in-depth understanding of the individual's health and their destination.

Psychosocial issues

Prevention of psychosocial risk factors and putting in place protective measures fall under the responsibility of the university or employer. There should be a policy that promotes positive mental health throughout the organisation and for those participating on trips or assignments.

If the organisation has representatives, coordinators or hosts at the destination, they should be provided with resources to equip them better to prevent and deal with acute cases in the field. The organiser should be able to access a medical and security travel assistance provider to provide advice and support from specialists before, during and after the trip.

Case study

Potential effects of being in unfamiliar surroundings

In certain locations there have been increases in the number of incidents relating to psychosocial issues. Being in an unfamiliar environment where a student may perceive a threat to their safety or health may lead to stress, violent behaviour and other manifestations such as smoking, drinking or using drugs. More complex problems may surface during student travel such as self-harm, suicidal thoughts and depression. These may be compounded when access to good quality specialist care is limited. The safety and health risks posed to the individual, other travellers and the organisation can be high.



Some pre-existing mental health issues may not be declared to the organiser prior to travel. Others may manifest themselves during travel as a result of the changing social and physical environment, where students feel a need to disclose previously suppressed feelings and emotions. The organiser should have in place a mechanism to seek advice from a medical and security travel assistance provider or a psychologist with experience in travel, assignments and expeditions.

Behaviour

Misbehaviour by students on travel or assignment can increase the level of risk to themselves and others. Often the laws in the destinations outside of the UK are different (for example, drug misuse in some countries can be punishable by lengthy prison terms or worse).

Misuse of alcohol can affect one's judgement and can lead to an increase in threat to personal safety and security where inebriated individuals are seen as easy targets. A student getting access to and consuming alcohol potentially amplifies this danger.

Representatives, coordinators or hosts at the destination rely on the students respecting and adhering to the safety advice and briefings they are given. The consequences to those who challenge authority and break the rules may be severe if key safety, health or security information is disregarded.

In order to mitigate this type of risk, an organisation may wish to consider requiring students to participate in a pre-departure programme. During the programme the students participate in training sessions. The pre-departure programme becomes self-selecting as it relies on a positive attitude and commitment by the student to the programme. An organisation should also consider a zero tolerance policy on alcohol, recreational drug use or aggressive behaviour – requiring the repatriation of students who flout these policies.

Personal security and harassment

Students may be seen as 'easy targets' in different parts of the world. In busy urban areas and markets, students who look inexperienced and who don't blend in can often be subjected to unwanted attention from local hawkers or members of the public. The dangers can range from petty opportunistic theft to more serious sexual harassment or assault.

The organisation should ensure that the security risks of different destinations are taken into consideration in the planning stages and that 'high-risk' areas are avoided.

As part of the pre-departure training, students should be educated on how to take care of themselves and their peers, the dangers to look out for and avoidance techniques. This training should be reinforced by briefings and supervision by representatives, coordinators or hosts throughout the trip or assignment.

Students on their own should move around in groups of four or more. After dark or in areas known to have elements of risk, students should be accompanied by one of the representatives, coordinators or hosts.

Expectations

Some trips and assignments involve travel to locations where standards and infrastructure are different from what may be expected. Things can also change very quickly. Misunderstandings and inaccurate expectations can result in students underestimating the level of challenge. This can lead to ineffective preparation in terms of equipment, physical fitness, mental preparation and the necessary pre-departure research. It is also difficult to set accurate expectations of response if things don't go according to plan. Students are typically used to reliable and effective emergency services. Medical evacuations can often be protracted, depending on factors such as location, time of day, availability of resources and the nature of the incident.

The organisation should strive to get people to digest the information, resources and training provided. The aim should be to provide current accurate information in a range of formats (print, an online portal and video) to all stakeholders and to have support teams in place to help provide advice and answer any questions before departure.

Evacuation and repatriation logistics

It is quite common on extended trips for some students to require evacuation from a remote site or project site to get medical treatment. The reasons may include general illness, environmental or destination-specific ailments, and more serious physical and psychological problems. Where independent travellers may often be able to get themselves easily to an appropriate medical facility, students may need additional supervision. If the student is under the age of 18 it should be the policy and practice of the organiser that they should not be left in a position where they are unsupervised by a representative, coordinator or host who is acting *in loco parentis*.

Case study

Unexpected consequences

When a student participates in an expedition and becomes ill or injured, it affects the rest of the expedition team as the trip leader:student ratio changes. This can affect further planned activities where the remaining leadership team's ability to safeguard the students may be hindered.

There are several risks associated with overseas travel that are magnified when students are involved. Planning and preparing for travel or assignment requires a careful balance, considering not only the benefits of participation but also the difference between actual risk and what can realistically be put in place to safeguard a student or a group. Although certain risks can be removed or avoided and certain risks mitigated, not all risks can be removed entirely from this type of experience. Risk assessment needs to be carried out carefully at various stages and the proper control measures put into place.

The British Standard (BS 8848 – Specification for the provision of visits, fieldwork, expeditions, and adventurous activities, outside the United Kingdom) sets good practice requirements.

Communicating with students in writing

It's important to communicate with students in writing for a number of reasons. For example:

- to clarify expectations with regard to safety and health-related issues for the student, the placement provider and the organiser.
- to seek responses to specific questions raised by risk assessment and control measures.

A basic set of roles and questions follows, which can be adapted to suit the circumstances of the placement or destination and can be based on risk assessment.

Arrangements and responsibilities

The organiser to the student

- Provide information to the student on general safety and health prior to placement.
- Provide specialist advice and guidance for students with additional support needs.
- Where appropriate, appoint a visiting tutor(s) and establish the frequency of their visits.

The placement provider to the student and the organiser

- Plan the work or study programme and associated safety and health training to be undertaken by the student.
- Provide the student with a full and clear induction to the organisation and its working practices, including safety and health arrangements, fire precautions and emergency evacuation arrangements, how to report accidents, incidents and unsafe conditions.
- Nominate a supervisor who will conduct or make arrangements for day-to-day supervision of the student, including instruction regarding hazards, risks and safety and health precautions.

- Comply with safety and health legislation.
- Define the liability and other insurance cover that will be provided by the placement provider for the activities of the student with regard to the student and to others who could be affected by the student's actions or inactions.
- Facilitate access to the student for the visiting tutor.
- In cases of serious accidents or incidents involving the student or breaches of discipline by the student, to advise and consult with specified contacts of the organiser

Student to the placement provider

- Abide by all rules regarding safety and health requirements, and other practices and procedures of the placement organisation.
- Carry out the work programme specified by the placement provider under the supervision of the specified supervisor(s).
- Inform the placement provider of any health concerns or disability that may require adjustments.
- Report any concerns about safety and health at their placement to their placement provider.

Student to the organiser

- Attend briefing sessions and familiarise themselves with all information provided.
- Inform the organiser of any personal factors (for example, health, disability, linguistic or cultural) that may affect the level of risk or may require adjustments.
- Consult with the organiser prior to seeking any changes in the terms and duration of the placement.

- Report to their employer or the educational institution any incidents in which they are involved and any safety and health concerns that are not addressed by their placement provider.

Additional information

There needs to be confirmation of the acceptance of the arrangements and responsibilities, and the name and details of the nominated safety and health contact should be provided.³⁰

Key points for the OSH professional

- It is important to consider the composition of the travelling population, and assess individual risks in relation to the traveller (individual behaviours, characteristics and medical conditions) and the destination (legal, disease burden, health system capability, climate, cultural, security matters).
- Adequate preparation and education, addressing the unique needs and risk exposure of mobile workers, is an important risk-mitigation step. It is part of the employer's duty of care to its workers and equips them more sufficiently to be able to meet their mutual responsibility to the organisation.

07 Response



As highlighted earlier, it's important for mobile workers to know whom they need to contact and how, in the event of an unexpected incident. This is relevant not only in time-critical emergencies where every hour has a direct impact on outcome, but also in seemingly non-emergency situations.

It is important to carry details of the designated medical and security travel assistance provider in case the individual involved in the incident does not have the capacity to communicate.

Before the deployment of a worker, the organisation or employer must have considered the “what if” question, with a clearly-identified chain of responsibility and escalation in case of a serious situation. Is there a person able to make a decision (including any financial aspects) to support the worker confronted with an imminent dangerous situation? Is there a medical and security travel assistance provider able to provide advice and support on the ground? Whether directly or through a local provider, the medical and security travel assistance provider must have a proven capability to deal with common issues such as:

- meeting and greeting at the airport or land border (medium- to high-risk environment)
- reinforcement of physical security at short notice in case of burglary, heightened threat or instability
- ability to speak foreign languages.

During a situation

The importance of a reliable and reputable medical and security travel assistance provider with knowledge of the local environments cannot be overstated. The support that will be required during an incident may be complex. The number of stakeholders involved will further increase the complexity of incident management, so a fully coordinated response is preferable. Access 24/7 to a robust business continuity plan to ensure continuous support is critical, even in the event of a major incident.

Direct access to suitably-trained medical assistance professionals from the outset and throughout the duration of a situation is an absolute requirement. Telephone will usually be the first means of making contact to ensure a sound understanding of the situation. Following this, a recommendation about the most appropriate clinical care can be provided, taking into account the patient’s medical assessment, background medical history, travel history and local healthcare capabilities.

Accurate and up-to-date knowledge of the local healthcare infrastructure is critical, not only in the initial referral and medical arrangements, but also in the early risk assessment on the potential need for an upgrade in care. This is especially relevant in more remote locations where logistical constraints may restrict evacuation solutions. Ensuring an accurate pre-hospital assessment by a medical assistance professional is critical.

Navigating a foreign healthcare system is difficult enough even without language barriers, and the accuracy of diagnosis and subsequent treatment plan is directly proportional to the ability

to communicate a patient's medical history to a treating doctor. From a patient's perspective, informed consent for treatment can only realistically be achieved if there is full understanding of the medical situation and proposed treatment plan. Skilled language support is paramount. In the event of hospitalisation, continuing active medical monitoring will be required which should encompass regular direct contact with the treating doctor and supporting nursing team, regular contact with the patient and or point of contact/next of kin as well as appropriate engagement with the employer and insurer.

Key points for the OSH professional

- Ensure clearly-defined internal escalation paths to ensure rapid escalation to manage incidents.
- Identify the stakeholder who will need to manage organisational response, with clearly identified roles and responsibility.

Case study

The need for external intervention

Although many medical situations can be dealt with easily and competently locally, there may be situations which require more complex diagnosis and treatment. For example, a business traveller was in West Africa on a short-term assignment – a seasoned traveller to this part of the world and well versed with the common illnesses that occur during such travel.

He was out for dinner when he suffered a collapse. He came round shortly afterwards and was helped to his feet and sent for a medical review. Following assessment at a local medical facility, he was diagnosed with a common traveller's illness, namely gastroenteritis, and he was admitted for treatment and observation.

An insurance contact had been made and the financial aspects of the admission had been resolved.

Despite three days of treatment, the employer became increasingly concerned for the employee, who was reporting ongoing confusion. Only at this stage was an assistance medical assessment requested, after which the initial diagnosis was put in doubt. Immediate arrangements were made to transfer the patient to another local facility for urgent diagnostics, to rule out a neurological cause for the collapse and subsequent ongoing confusion. The diagnostics confirmed critical brain pathology and the patient required an urgent out-of-country air ambulance medical evacuation for definitive care.

Without this remote assessment and active medical case management the patient could have had a very different outcome.



08 Emergency management



There are many scenarios where a small incident can quickly deteriorate into a major event, affecting people, processes and business continuity. Experience has shown that if an organisation has an emergency action plan and is able to gather key individuals and resources rapidly, it can keep the incident from escalating while coordinating assistance to those in need.

Having an emergency action plan is especially important in countries prone to political instability or natural disasters, and when companies or organisations operate in remote parts of the country or have a large number of local and foreign workers, a crisis management plan must be established locally. These efforts are further strengthened if this can be done in concert with a medical and security travel assistance provider.

Any organisation should have global as well as local arrangements in place for a crisis or an emergency. These arrangements should address:

- preparedness (being prepared to deal with an emergency)
- mitigation (measures in place to reduce the severity of a situation)
- response (measures to deal with the emergency)
- recovery (measures to assist workers and ensure business continuity after the crisis).

The emergency action plan

Based on needs identified during the risk assessment process, the written emergency action plan should detail possible responses to an incident, roles and responsibilities (in the country and at headquarters) and options available (remain in place, move temporarily to a safer zone, evacuate).

This plan must be holistic (for local nationals as much as for business travellers and expatriates), practical (split into phases if necessary) and realistic (with plans known to key stakeholders, scenarios rehearsed, potential support in the country and evacuation routes identified, and so on). It should describe the authorities and responsibilities of key personnel, including the emergency/crisis management team.

The plan should address the types of risks that could be faced by workers globally and locally and include but not be limited to health and medical risks, security risks and safety risks. It should also identify special measures that need to be in place to address workers with particular needs, as described earlier.

An integral element of the emergency action plan comprises the measures and actions that need to be activated should an event occur. These should be organised by the type and magnitude of an incident or event. For example, a minor medical incident affecting one visiting worker on a remote site might be significantly different to political unrest that threatens the security of 250 expatriates in a given location. The organisation may also wish to consider the use of checklists for different types and magnitudes of incidents.

The emergency management team

When an emergency does occur, the senior manager or the senior manager's designate needs to assemble a corporate pre-designated emergency management team. The mission of the team would be to manage situations that need international or local coordination that may put the safety and health of the company's employees (or their families) and other resources of the organisation at risk. The team should be multidisciplinary, led by the senior manager and supported by a designated crisis coordinator and a communications professional.

This team should not be a substitute for an external medical and security travel assistance provider, but rather increase its effectiveness by coordinating with and complementing its work.



Resources

To be successful the emergency action team must be able to understand the situation quickly and direct adequate assistance. Their response will depend on a number of factors being in place:

- it is imperative that the organisation knows where its workers are at any given time. A mechanism should be in place to be able to identify the location of a travelling worker.
- the organisation should be able to send messages to the worker and receive a response, by telephone, email texting or other means of communications.
- a healthcare professional should be available to provide medical advice when and if needed.
- security advice may also be needed, even if the incident is not a security incident.
- there may be a need to access financial resources quickly.
- legal advice at the corporate and local level may be needed rapidly.
- there may also be a need to coordinate travel to a safe location or to evacuate the individual.
- the members of the emergency action team will also need a trusted source of up-to-date news.

Preparation

Measures should be put into place in advance to prepare the team to carry out their responsibilities in the following stages of an incident:

- Notification
- Call-up
- Assessment
 - Threat levels
 - Level of risk to life, property and business continuity
 - Potential of escalation
 - Existing assets
 - Complementary assets
- Decision-making
 - Need for additional assistance
 - Need for internal or external expertise
- Monitoring
- Continuing support
- De-escalation and recovery

Training and evaluation

Once procedures are established, practices should be held at least twice a year to evaluate and correct if necessary the above-mentioned stages of an emergency, using desk-top scenarios and simulations.

In an emergency

A company or organisation's first responsibilities will be to establish the context (the severity of the incident), to be in a position to locate workers who are potentially within range of the situation, and to communicate with them.

Response scenarios must encompass all the aspects of an emergency situation: security, safety, medical and logistical. It is preferable to opt for a solution combining these aspects seamlessly (for example, during a time of state conflict or state collapse, where a security escort may be necessary to organise an ambulance movement for a patient who needed to be evacuated by air ambulance).

As already highlighted, immediate access to the designated medical and security travel assistance provider is key. Although reliable emergency response services may be available, they may be limited in remote locations.

Immediate (telephone) access to an assistance medical professional is critical, as potentially lifesaving advice can be provided, as well as guidance on how to activate any emergency response that is available. Understanding the severity of the situation from the outset will ensure a timely assistance response. Resources and logistical constraints for potential medical evacuation can be identified as soon as possible. Emergency situations will be very fluid, and therefore constant medical and logistical support will be required for all involved.

Pre-established medical incident planning should be in place for all organisations sending workers abroad, and this should include a clear rapid escalation protocol with clear designation of roles and responsibilities, along with sustainable back-to-back cover to ensure continuity and sustainability as a crisis evolves. Controlling communication flow is key to the initial management process, and will increase the opportunity for the focus to remain on the management of the situation and ensuring the best outcome for those involved.

Early consideration for employee counselling and trauma support should be discussed, which may need to be extended to those directly involved in the incident, along with any colleagues and family members. Although the uptake of this type of service may be low in the initial phases, the offer of availability of support will create a favourable sense of reassurance for those involved.

Mitigation: post-event situations

Every incident will be unique in its challenges and therefore there will always be lessons learned. A formal debrief should take place with the various stakeholders in order to obtain feedback in a non-critical environment. Salient lessons learned should be embedded in incident manuals, and the development needs of the respective crisis teams should be addressed as soon as possible.

Worker counselling support should be an essential part of post-event review. Even if this is set up at the outset, the availability of such support should be communicated to those involved. It is important to highlight that even colleagues who may not have been directly involved in the incident may require such support, especially if they have had a long-term working relationship with any individual directly affected or if they may face similar risks as part of their role.

Review

After any incident there should be a debriefing with a review to establish if there is any need to adapt the emergency action plan or the measures used to deal with the incident.

Case study

Example of an emergency management system

A UK multinational retail company has designed, put into place and regularly evaluates an emergency management system to facilitate the management of incidents, ranging from power cuts to major international situations.

Plans and protocols (with a rolling call-up roster) rapidly provide access to critical staff with expertise in areas such as fire safety, health, security, travel safety, logistics, human resources, the press and social media monitoring.

People, brand, property and profit are the basis of a culture of understanding how to respond to an incident. When a situation arises, these steps are followed:

- 1 Contact is made to the call incident line (staffed 24/7).
- 2 The call is evaluated against 78 different pre-programmed scenarios.
- 3 A risk assessment is carried out rapidly by the business continuity manager (or designate).
- 4 The system is activated for instant support to the scene manager. A pre-defined team provides expertise in any given scenario, supplementing the capacity for strategic decisions.
- 5 Decisions are made on whether to call in a pre-determined medical and security travel assistance provider.

The emergency management system has three levels of response:

- 1 Routine: The Scene Management Team will deal with the situation, with support if needed from the Incident Management Team.
- 2 Serious: The Incident Management Team will manage the situation with support if needed from of the Crisis Management Team.
- 3 Crisis: The Crisis Management Team will manage the incident.

Using this system, the organisation has learned to be flexible and agile. Managers are equipped with electronic devices with the latest information needed to manage an incident.

Post-incident review of each incident helps the company identify weaknesses and improvements. The company also conducts training on the use of the system, ranging from desktop exercises to simulations.

Routine calls do come in on the incident line (over 3,000 in 2015). But regular use creates trust in the system so that people do not fear making a call.

Communication across the business and rapid access to knowledge and decision-makers are critical to managing an incident successfully.

Conclusion



Travel health and the associated risk management are complex and ever-evolving topics, encompassing medical, legal, security, business continuity, financial and reputational considerations.

Careful review and discussion are needed around each of these areas, applying best practice according to each business's needs. A robust travel risk management programme should be developed in response to an

adverse event. In any case, it should be planned carefully beforehand according to business operations and reviewed regularly according to travel and incident patterns, as well as to evolving business and personal needs.

Appendix 1

Working safely abroad – action plan

This action plan (based on IOSH’s guide *Safety without borders*) isn’t exhaustive, but it offers a starting point in developing an international travel policy.

Topic	Yes/No	Action/notes
About the country the staff are visiting		
Are there formal political links with the home country?		
Is there political or social instability?		
Are there notable religious customs or laws?		
Are there notable legislative differences?		
Are phone and postal systems reliable?		
Is the transport system reliable?		
Is there a drug problem or bribery culture?		
Insurance policy		
Does it provide a replacement car?		
Do the staff have individual risk profiles?		
Does it cover medical bills?		
Does it include air ambulance cover?		
Does it cover return flights for employees’ families?		
Does it cover repatriation if workers die or are injured?		
Medical provision		
Have the workers had medical/dental check-ups?		

Topic	Yes/No	Action/notes
Have they had any necessary vaccinations?		
Has a medical kit been prepared for them to take?		
Do they have supplies of prescription drugs?		
Do they have spare glasses/lenses and solution?		
Finance		
Have the staff been given an expenses advance?		
Do they have the right currencies?		
Do they have credit/debit cards?		
Has it been arranged to settle bills through a travel agent?		
Personal security		
Has a security briefing been given?		
Do the staff have a named contact to meet?		
Do they have instructions to contact base regularly?		
Do they have details of high-risk areas to avoid?		
Have they had risk avoidance training?		
Has an itinerary been produced for them?		
Accommodation		
Has the organisation used it before or has it been recommended?		
Has a security check been made?		
Has its quality been checked?		

Topic	Yes/No	Action/notes
Travel within the destination country		
Have the staff been given a cultural briefing?		
Do they need an international driving permit?		
Has a hire car (and driver) been arranged?		
Do they have health and safety awareness information?		
Contingency and emergency arrangements		
Has a threat assessment been done?		
Are there plans to cover flight delays?		
Is a mobile or satellite phone available?		
Has a 24-hour contact schedule been set up?		
Does the organisation have local medical contacts?		
Does the organisation have an incident management team?		
Does the organisation have emergency evacuation plans?		
When the staff return		
Have the staff been debriefed about their trip?		
Have lessons learned been shared?		
Has the organisation updated its policy on that country?		

Appendix 2

Travel risk mitigation checklist

This self-assessment checklist is a tool for implementing actions to improve travel and assignment safety health and security related to work. It is based on the International SOS Foundation's *Global Framework for Safety, Health and Security for Work-Related International Travel and Assignment*.

Senior managers as well as occupational safety, health, security and risk managers should be involved in the completion of this assessment and the identification of priorities for action.

The checklist is divided into five major parts:

- 1 Policy
- 2 Roles and responsibilities
- 3 Planning
- 4 Implementing
- 5 Evaluating and action for improvement

Additional checklist items should be considered as necessary.

Person completing checklist:	Date:
Organisation:	Location:

Topic	Yes/No	Priority	Comments
PART 1: POLICY			
Has an organisational policy been developed and implemented that aligns travel and assignment safety, health and security with the organisation's objectives?			
Has the policy statement been signed and dated by top management?			
Is the policy statement integrated into the organisation's broader policies, in particular the occupational safety and health policy?			
Policy: Statement of intent			
Does the policy include a statement of intent addressing the following? - Aims and objectives - Compliance - Threat and hazard identification and risk assessment - A commitment to prevention, protection, mitigation and response to incidents			
Policy: Organisation			
Does the policy have an organisation section that defines key roles and responsibilities, and who will carry out specific tasks?			
Does the organisation section describe the delegation of certain tasks to competent persons or an outside organisation?			

Topic	Yes/No	Priority	Comments
Policy: Arrangements			
Does the arrangements section describe mechanisms to deal with general issues related to travel and assignment safety, health and security?			
Does the arrangements section define special mechanisms to deal with the identification of specific threats, hazards and the management of risks identified during the risk assessment and control measures?			
Policy: Review and modification			
Is the policy periodically reviewed and modified as necessary?			
PART 2: ROLES AND RESPONSIBILITIES			
Roles and responsibilities: Senior management			
Is a clear policy with measurable objectives implemented and reviewed?			
Are there clear lines of responsibility indicated for senior management?			
Is line-management responsibility known and accepted at all levels?			
Are responsibilities defined and communicated to all relevant parties?			
Are on-location policy and procedures integrated with local arrangements? For example: ▪ Notification and approval of incoming assignees or visitors ▪ Safe systems of work ▪ Emergency procedures			
Are adequate resources available allowing persons responsible for travel and assignment safety, health and security to perform their functions properly?			

Topic	Yes/No	Priority	Comments
Roles and responsibilities: Manager responsible for travel and assignment safety, health and security			
Does a manager (whether centrally or on location) have responsibility and accountability for the development, implementation, periodic review and evaluation of the system to manage travel and assignment safety, health and security?			
Is a manager ensuring that a competent person plans work-related travel and assignments?			
Roles and responsibilities: Workers travelling on international assignment			
Do workers actively cooperate in ensuring that travel and assignment safety, health and security policies and procedures are followed?			
Do workers maintain situational awareness and report to their line manager (immediate supervisor) any changing situations which they perceive could affect their safety, health or security?			
Are workers knowledgeable of, and do they comply with, national occupational safety and health legislation and the organisation's occupational safety and health directives?			
Roles and responsibilities: Contractors			
Are arrangements made with all contractors to ensure that responsibilities are assigned and understood to address the safety, health and security of contractors, their workers and sub-contractors for travel and assignment or when carrying out work for the organisation?			
Are contractors competent, and do they have access to resources to function in a safe, healthy and secure manner?			

Topic	Yes/No	Priority	Comments
PART 3: PLANNING			
Planning: Initial review			
Has an initial review been conducted, including identification of applicable legislation, administrative rules, codes of practice and other requirements (such as insurance requirements) the organisation has an obligation to comply with – addressing travel and assignment safety, health and security – both in the organisation’s home country as well as in destination countries?			
Planning: System planning, development and implementation			
Has a plan been developed and implemented addressing the organisation’s travel and assignment safety, health and security system? Is this plan in compliance with national laws and regulations in the organisation’s home country as well as in countries where workers may be assigned?			
Does the scope of the planning process cover the development, implementation and evaluation of the management of the travel and assignment safety, health and security system?			
Planning: Travel and assignment safety, health and security objectives			
Are there measurable objectives and key performance indicators in line with this policy?			

Topic	Yes/No	Priority	Comments
PART 4: IMPLEMENTING			
Implementing: Training			
Do training programmes address the following? ▪ Workers and their dependants either travelling or on assignment ▪ Individuals organising travel ▪ Other relevant internal stakeholders Do these programmes take into account the profile of the traveller, location-specific information as well as ethical and cultural considerations?			
Is adequate training provided to ensure workers and contractors: ▪ Are competent to carry out their work in a safe, healthy and secure manner? ▪ Can address travel and assignment-related risks prior to and during travel, while on assignment and upon return?			
Are training programmes instructed by competent persons? Do they include relevant risk, induction and refresher training for all workers and contractors as appropriate?			
Do training programmes include whom to contact in case of an incident, procedures to follow and post-incident reporting requirements?			
Do training programmes include a mechanism to evaluate, assess and certify whether the participant has developed the necessary competencies?			

Topic	Yes/No	Priority	Comments
Implementing: Medical and security			
Is there a process that ensures the following? - All relevant workers are medically fit to travel (having completed a pre-travel medical evaluation where appropriate) - All necessary medications are prescribed - Vaccinations are up-to-date			
Is a briefing on safety, health and security arrangements conducted for all relevant workers and contractors?			
Is adequate 24/7 security provided, where appropriate, to support individuals in their movement to and from location and in the functioning of their work?			
Is there an effective system to monitor the location of relevant workers, to be used when indicated by the risk level protocol?			
Implementing: Documentation			
Is there a system documenting that workers and contractors have been made aware of associated risks, and measures to avoid or mitigate these?			
Is travel and assignment safety, health and security documented, and are the documents maintained in a systematic manner?			
Are all documents in the system clearly written, understandable and easily accessible for those who need to use them?			
Are specific documents, especially site-specific documents, translated into a language the workers and visitors will easily understand?			
Are relevant documents periodically reviewed, revised as necessary and traceable?			
Are affected workers aware of documents relevant to them, and do they have easy access to these?			

Topic	Yes/No	Priority	Comments
Implementing: Communications			
Are relevant parties kept informed about travel and assignment issues as an integral part of the travel and assignment safety, health and security system?			
Are resilient procedures established for adequate two-way communications between the organisation and the travellers and assignees?			
Are there mechanisms to inform workers and dependants of developing situations and potential increased risk levels where they are travelling or where they are assigned, including access to a 24/7 reliable and timely information source?			
Are effective communications maintained between all parties – addressing work practices as well as prevention, control and emergency procedures?			
Are workers encouraged and regularly consulted on travel and assignment safety, health and security issues?			
Is there a mechanism to gather, consider and share ideas, concerns and good practice suggestions from workers, visitors and dependents?			
Implementing: Threat and hazard identification and risk assessment			
Has the scope of threats, hazards and assessed risks been defined, taking into account elements such as the following? ▪ The geographic perspective ▪ The environment ▪ Travel and work-related processes and activities, such as commuting from a hotel to a work site			

Topic	Yes/No	Priority	Comments
Are up-to-date threat and hazard identification and risk assessments carried out and appropriate for every travel and assignment destination?			
Do they include measures to prevent, eliminate or control travel and assignment risks for workers and their dependents?			
Has a determination been made during the risk assessment on who could be harmed?			
Have the risks been evaluated?			
Is there a system to establish types and categories of risk levels and protocols that require specific actions, including measures to address high-risk locations and escalating risks?			
Are risk prevention and control measures implemented in the following hierarchical order? 1 Eliminating the risk 2 Controlling the risk 3 Minimising the risk			
Have the risk assessments been regularly reviewed and updated as necessary, taking into account significant changes impacting the risk?			
Implementing: Emergency management			
Are global and local arrangements in place to manage an emergency or crisis, including preparedness, mitigation, response and recovery?			
Does the organisation have a written emergency action plan which describes the authorities and responsibilities of key personnel, including the emergency/crisis management team?			

Topic	Yes/No	Priority	Comments
Implementing: Emergency management continued			
Does the emergency/crisis plan cater for all workers including travellers, assignees, dependants and local workers?			
Does the organisation have a multidisciplinary emergency/crisis management team, led by the senior manager and supported by a designated crisis coordinator and a communications professional (or their designates)?			
Can the emergency/crisis management team call on other functions (as needed)?			
Has the organisation assessed its capacity to respond to a critical incident including emergency medical plans?			
Does the organisation have access to information and adequate medical and security support on location, including local or deployable dedicated resources, local medical, security and emergency services, and external providers?			
Do workers and their dependents on work-related travel or international assignments have access to adequate health care and medical emergency plans (including 24/7 medical contact)?			
Are information and communications protocols in place factoring in the above-mentioned response components?			
Implementing: Procurement			
Does the organisation provide regular training for emergencies, including exercises in preparedness, mitigation, response, and recovery procedures?			
Are goods, equipment materials or services for use prior to and during travel or assignment specified to incorporate safety, health and security requirements?			

Topic	Yes/No	Priority	Comments
PART 5: EVALUATING AND ACTION FOR IMPROVEMENT			
Are these specifications in compliance with national legislation, and the organisation's policies and procedures both in the organisation's home country, as well as in other locations where workers may travel or be assigned?			
Are arrangements made to see how effectively the organisation is carrying out travel and assignment safety, health and security policies, arrangements and procedures?			
Are reports submitted and evaluated on achieving key performance indicators?			
Are travel and assignment related incidents including accidents, ill health, and security events reported according to a fixed reporting matrix and investigated?			
Does the organisation require the contractors to undertake performance reporting, including reports on incidents such as accidents, exposures, injuries, illness, near misses and security considerations?			
Are travel and assignment safety, health and security arrangements internally and externally audited?			
Is there a provision for management to review the arrangements, procedures and evaluation reports for travel and assignment safety, health and security?			
As a result of the evaluation mechanisms, are corrective actions implemented where appropriate?			
Evaluating and action for improvement: Continual improvement			
Is there a dynamic cycle of continuous improvement addressing the needs of stakeholders?			

References

Throughout this publication the word “traveller” means an individual on travel or assignment who may be a long- or short-term deployed worker, an aid worker or contractor. Family members, dependants, volunteers and students are also covered in parts of the text.

- 1 Wilsons and Clyde Coal Co v English [1938] AC 57
- 2 Prevent, in collaboration with International SOS Foundation. *Return on Prevention Cost-benefit analysis of prevention measures for business travellers and international assignees*, January 2015. Available from www.internationalsos.com/foundation
- 3 wwwnc.cdc.gov/travel/yellowbook/2016/the-pre-travel-consultation/injury-prevention
- 4 Global Mobility for Lesbian and Gay Assignees, *Strategic Adviser*, Volume 11, Number 106, January 2015
- 5 icetodo Personal Safety www.icetodo.com/index.php/publications/view/web_link accessed 28 August 2015
- 6 *Global status report on non-communicable diseases 2014* World Health Organization, available from www.who.int/nmh/publications/ncd-status-report-2014/en/
- 7 Gurgle, H.E. et al “Impact of traveling to visit friends and relatives on chronic disease management.” *Journal of Travel Medicine*. 2013 Mar–Apr; 20(2):95–100. Available from onlinelibrary.wiley.com/doi/10.1111/jtm.12010/full
- 8 Patel, D. “Occupational Travel” *Occupational Medicine* (Lond) (2011) 61 (1):6–18. Available from occmed.oxfordjournals.org/content/61/1/6
- 9 Freedman, D. Chapter 1, Travel Epidemiology, in *The Yellow Book, CDC Health Information for International Travel 2014*. Available from wwwnc.cdc.gov/travel/yellowbook/2014/chapter-1-introduction/travel-epidemiology
- 10 Pinset, A. et al. Risk factors for UK Plasmodium falciparum cases *Malaria Journal*. 2014 Aug 4, 13:298 www.malariajournal.com/content/13/1/298
- 11 Typhoid Vaccine, *Canadian Immunization Guide*, 23 January 2014. Available from phac-aspc.gc.ca/publicat/cig-gci/p04-typh-eng.php
- 12 Greenhawt, Matthew et al. International Study of Risk-Mitigating Factors and In-Flight Allergic Reactions to Peanut and Tree Nut. *The Journal of Allergy and Clinical Immunology: In Practice* 1 (2):186–194. Available from [www.jaci-inpractice.org/article/S2213-2198\(13\)00078-0/fulltext](http://www.jaci-inpractice.org/article/S2213-2198(13)00078-0/fulltext)
- 13 National Institute of Environmental Health Sciences. *Cardiovascular Disease and Stroke and Climate Change*. US Department of Health and Human Services. Accessed 30 June 2015. Available from www.niehs.nih.gov/research/programs/geh/climatechange/health_impacts/cardiovascular_diseases/index.cfm
- 14 Luks, A.M. et al. Travel to high altitude with pre-existing lung disease, *European Respiratory Journal*, April 1, 2007 vol. 29 no. 4, 770–792. Available from www.ncbi.nlm.nih.gov/pubmed/17400877
- 15 World Health Organization, *International travel and health, Psychological health*. Accessed 30 June 2015. Available from www.who.int/ith/other_health_risks/psychological_health/en/

- 16 Valk, T. Chapter 2, Mental Health & Travel in *The Yellow Book, CDC Health Information for International Travel 2014*. Available from wwwnc.cdc.gov/travel/yellowbook/2014/chapter-2-the-pre-travel-consultation/mental-health-and-travel
- 17 Education and Health Standing Committee, Legislative Assembly Parliament of Western Australia. *The impact of FIFO work practices on mental health: Final Report*, June 2015. Available from www.parliament.wa.gov.au/C8257837002F0BA9/0/2E970A7A4934026448257E67002BF-9D1?Open&Highlight=2,sitesearchyes,fifo
- 18 UK Government, Foreign & Commonwealth Office, *British Behaviour Abroad report 2014*. October 2014. Available from www.gov.uk/government/statistics/british-behaviour-abroad-report-2014
- 19 Lin H. Chen, Mary E. Wilson and Patricia Schlagenhauf. "Prevention of Malaria in Long-Term Travellers", in *Journal of the American Medical Association*, Nov 8 2006, vol 296 No 18, 2234–44
- 20 Public Health England, June 2015. See www.gov.uk/government/publications/malaria-in-the-uk-annual-report
- 21 Prevent, in collaboration with International SOS Foundation. *Return on Prevention Cost-benefit analysis of prevention measures for business travellers and international assignees*, January 2015. Available from www.internationalsos.com/foundation
- 22 International SOS Foundation, *A global framework for safety, health and security for work-related international travel and assignments*, 2013. Available from www.internationalsosfoundation.org/~media/international-sos-foundation/files/resources/international/white-papers/global-framework_en.pdf?la=en
- 23 Jenkins, A and Poulston J, Managers' perceptions of older workers in British hotels, *Equality, Diversity and Inclusion*, 33.1 (2014):54–72
- 24 Brookfield Global Relocation Services, *Global relocation trends, Results of the 2012 survey*
- 25 Jenkins, A and Poulston J, Managers' perceptions of older workers in British hotels, *Equality, Diversity and Inclusion*, 33.1 (2014):54–72
- 26 Barbre K.A. (2014) "Advising travelers with special needs". In Chapter 8, *Yellow Book Centers for Disease Control and Prevention*. wwwnc.cdc.gov/travel/page/yellowbook-home-2014. Accessed 7 January 2016
- Foreign & Commonwealth Office "Foreign travel for disabled people" First published: 22 March 2013 Part of: *Advice for all countries and Help for British nationals overseas*. www.gov.uk/guidance/foreign-travel-for-disabled-people. Accessed 7 January 2016
- 27 www.abta.com/resource-zone/publication/checklist-for-disabled-and-less-mobile-passengers
- 28 www.gov.uk/guidance/equality-act-2010-guidance
- 29 McPhail, W., McNulty, Y. and Hutchings, K. (2014) Lesbian and gay expatriation: opportunities, barriers and challenges for global. *The International Journal of Human Resource Management*, DOI: [dx.doi.org/10.1080/09585192.2014.941903](https://doi.org/10.1080/09585192.2014.941903)
- 30 Source: *UCEA Health and Safety Guidance for the placement of Higher Education students*

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