



SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE

TRAVEL PLANNER

Employer and Employee Planning Tool for Safe and Healthy Employee Travel



Centers for Disease Control
and Prevention
National Institute for Occupational
Safety and Health

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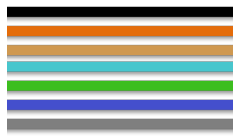
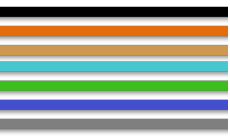


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Part 1: Assessments and Action Planning for Pre-travel, On-travel, and Post-travel

Part 1 provides a checklist for planning at each of the three travel stages in three critical areas: job, location, and personal. Each travel stage checklist provides questions to help identify key risks, considerations, and actions that need to be addressed before, during and after your employee’s travel.

Section A: Pre-travel Planning

PRE-TRAVEL: JOB PLAN

Employees may face different conditions, exposures, or hazards at international worksites. A pre-travel conversation between the employer and employee is an important step in preparing for travel health and safety. The following questions will help you and your employee identify job-specific needs that may require action or planning before departure.

Applies Y/N	Preparation	Follow Up Actions	Resource	Timeline
1.A.1	Will job differences require more training for employee?			
1.A.2	Are there differences in health and safety rules that employee will need to know?			
1.A.3	Will hazards and hazard controls be different? If so, what will be different or new for employee?			
1.A.4	Will there be adequate controls in place to prevent employee exposure to hazards?			
1.A.5	Will employee need personal protective equipment (PPE)? If yes, will PPE be different than PPE used in employee’s home job? Does employee need to bring PPE or will it be available at international site? Will employee need PPE training?			



Applies Y/N	Preparation	Follow Up Actions	Resource	Timeline
1.A.6	Will there be language differences? If so, what arrangements are needed?			
1.A.7	Will employee need to be briefed on workplace customs and culture? Who will do that?			
1.A.8	Is there a procedure for reporting an accident or incident? Download customizable Incident Report .			
1.A.9	Discuss any samples, PPE or equipment that the employee may need to take to the international job location. See Travel.State.Gov: Before You Go for information on customs and import restrictions.			
1.A.10	If employee will be carrying samples of hazardous material (dangerous goods), these must comply with the International Airline Transport Association (IATA) specifications. See IATA Standards, manuals and guidelines .			



PRE-TRAVEL: LOCATION PLAN

Factors that can affect the employee location experience include geography, climate, and local culture. Depending on work location, the employee may require vaccinations. If traveling to multiple locations, the employee may also need region-specific information on climate or extreme weather, transportation, and security. Use the following questions to help your employee identify location-specific needs that may require action or planning before departure.

Applies Y/N	Preparation	Follow Up Actions	Resource	Timeline
1.A.11	Will employee be exposed to excessive heat, cold, or high altitude? If so, will temperature or altitude extremes require special clothing or time to adjust?			
1.A.12	Will season be different from home? If so, will weather conditions require special clothing?			
1.A.13	Is employee traveling during hurricane or typhoon season? If so, will employee need special emergency plans?			
1.A.14	Are natural disasters common at work destination? If so, will employee need special emergency plans or training?			
1.A.15	Will workplace or location air quality make it difficult to work or participate in outdoor activities? If so, will employee need personal protective equipment (PPE)?			
1.A.16	How will employee travel to worksite? If by car, will there be a driver? Is public transportation available and safe to use?			



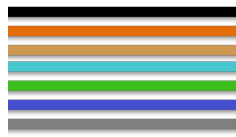
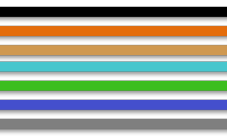
PRE-TRAVEL: PERSONAL PLAN (For Employee)

Make sure to assist the employee in planning for personal well-being. While on travel, personal concerns can cause stress. Often new health conditions come up and ongoing issues get worse. Discuss with your employee the importance of talking to a healthcare provider about all health concerns before leaving on international work travel.

Applies Y/N	Preparation	Follow Up Actions	Resource	Timeline
HEALTH CONCERNS				
1.A.17	What medical services will be available on-travel? See U.S. Department of State's Travel.State.Gov–Country Information, choose "Destination", and select "Health".		Travel.State.Gov-Country Information	
1.A.18	Are there travel clinic services available through your small business? If not, contact a local hospital or public health department for referral to a travel medicine healthcare provider. Let employee know if travel clinic services are available.		For information on travel clinics, go to the International Society of Travel Medicine or the American Society of Tropical Medicine and Hygiene .	Schedule an evaluation six weeks before travel.
1.A.19	Will employee have health insurance coverage while traveling? Confirm that health insurance will be available. Consider purchasing supplemental travel health insurance and medical evacuation insurance. Travel.State.Gov–Your Health Abroad		U.S. Department of State International SOS MEDEX International Association for Medical Assistance to Travelers	
1.A.20	Will employee be travelling across five or more time zones? See Jet Lag .			



Applies Y/N	Preparation	Follow Up Actions	Resource	Timeline
PACKING AND OTHER SPECIAL TRAVEL CONCERNS				
1.A.21	Make sure employee knows what to pack. See Packing List .			
1.A.22	Will employee be traveling with children? See Traveling with Children .			
1.A.23	Will employee be traveling with pets? See Traveling with Pets .		USDA: Pet Travel USDA Traveling with your Pets U.S. Department of State: Pets and International Travel	
FINANCIAL AND LEGAL PLAN (FOR THE EMPLOYEE)				
1.A.24	Have you notified your bank and other financial institutions, including credit cards, of all destinations?			
1.A.25	Have you setup online banking accounts?			
1.A.26	Do you know what transaction fees might accrue from using ATM and credit cards? Look for cards without foreign transaction fees.			
1.A.27	Do you have multiple forms of payment available for travel? Bring cash, credit card, and traveler's checks. Travel with \$200 to \$300 in small denominations of cash.			
1.A.28	Have you arranged to have someone pay your bills and hold or forward mail to new location, based on how long you will be away?			



Applies Y/N	Preparation	Follow Up Actions	Resource	Timeline
1.A.29	Do you have a will and have you selected a power of attorney?			
1.A.30	If you are a small family-owned business, have you planned for succession and scheduled separate flights for family members?			



Section B: On-travel Planning

Once arriving in a country, the employee should review the pre-travel plan and continue to check it as conditions change, or every 2 to 4 weeks. The employee should pay particular attention to new situations. The following questions will help the employee identify needs and concerns to address.

ON-TRAVEL: JOB PLAN

Applies Y/N	On-travel Concerns	Follow Up Actions	Resource	Timeline
JOB				
1.B.1	Is the job what you expected and will it change over time? Does this require changes to your plan?			
1.B.2	Will you need personal protective equipment (PPE) for the job?			
1.B.3	Do you have a plan for communicating with local home office, and co-employees?			

ON-TRAVEL: LOCATION PLAN

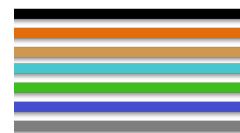
Applies Y/N	On-travel Concerns	Follow Up Actions	Resource	Timeline
LOCATION				
1.B.4	Has primary location of your travel changed?			
1.B.5	Do you have to travel to more than one location?			
1.B.6	Are there any additional risks at new locations?			
1.B.7	Are security and evacuation plans still feasible and adequate?			
1.B.8	How will new work locations impact post-travel period?			



Applies Y/N	On-travel Concerns	Follow Up Actions	Resource	Timeline
1.B.9	Are accommodations safe and adequate?			
1.B.10	Are food and water sources safe? Don't eat street food!			
1.B.11	What are your transportation plans, including primary and remote locations?			

ON-TRAVEL: PERSONAL PLAN

Applies Y/N	On-travel Concerns	Follow Up Actions	Resource	Timeline
PERSONAL				
1.B.12	Has your personal health changed since departure?			
1.B.13	Do you have enough medication?			
1.B.14	Do you need to stop taking any medication?			
1.B.15	Are medical services in country as expected? Do you need additional assistance?			
1.B.16	Do you have any new medical conditions or symptoms that will need evaluation after your travel is completed?			
1.B.17	Have you developed or discovered health risks you didn't know about?			



Section C: Post-travel Plan

Typically, the employee focuses the most energy on getting to the destination. As the work assignment ends, focus should begin shifting to work closure activities and transitioning to daily life at home.

POST-TRAVEL: JOB PLAN

Applies Y/N	Post-travel Concerns	Follow Up Actions	Resource	Timeline
JOB				
1.C.1	Have you collected information needed to complete post-travel report? See Post-Travel Report .			
1.C.2	Inform your employer about any following work-related incidents that may have occurred during travel: <ul style="list-style-type: none"> • Injuries or illnesses • Motor vehicle crashes • Security incidents, violence, or crime • Legal issues • Workplace-specific exposures to chemicals, physical hazards, or infectious diseases 			

POST-TRAVEL: LOCATION PLAN

Applies Y/N	Post-travel Concerns	Follow Up Actions	Resource	Timeline
LOCATION				
1.C.3	Have you made plans to share your experiences with others and future travelers?			
1.C.4	Have you set aside time to think about what went well and what could be improved?			

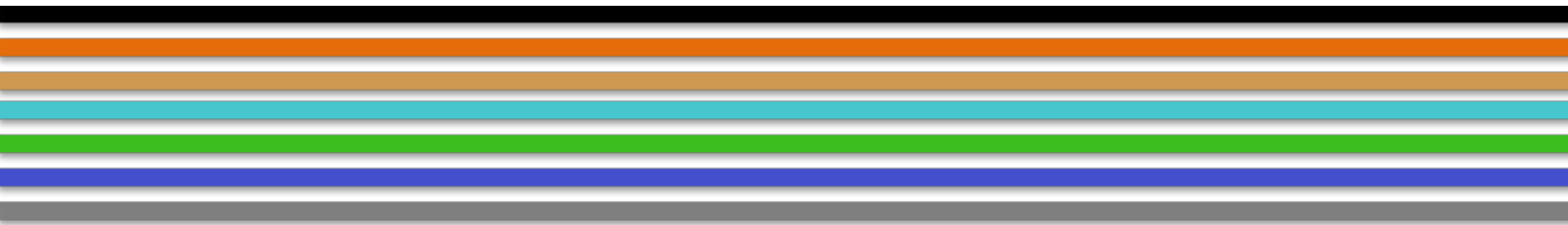


POST-TRAVEL: PERSONAL PLAN

Applies Y/N	Post-travel Concerns	Follow Up Actions	Resource	Timeline
PERSONAL BEFORE RETURN				
1.C.5	Did you say goodbye to people you met at work who meant a lot to you?			
1.C.6	Have you found ways to keep in touch with them?			
PERSONAL AFTER RETURN				
1.C.7	Have you planned to rest, recuperate, and adjust?			
1.C.8	Have you shared your experiences with others and future travelers?			
1.C.9	Have you set aside time to document what went well and what could be improved?			

PART 2: TRAVEL PLANNING TOOLS

Part 2 provides a series of forms to help you assess or document information during each of the planning stages.



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Employer Task Timeline

This task timeline provides a process for thinking about and planning your employee’s safe and healthy travel. The process begins by considering what professional services you will need to protect your employee and your business during international travel. Once risks and liabilities have been addressed, this resource can be used to guide employee communication and travel planning. The timeline includes tips to enhance business and personal experiences. If your business requires emergency or unanticipated travel, the sequence of tasks remains the same. The timeline will provide a valuable reference in any travel situation.

Timeline	Work Travel Planning Tasks
<input type="checkbox"/> 3 months before travel	1.1 Review your company risks and liability with company counsel and prepare necessary paperwork and releases.
<input type="checkbox"/>	1.2 Meet with your employee to review the Small Business International Work Travel Planner: Pre-travel, On-travel, and Post-travel sections. Identify future action items.
<input type="checkbox"/>	1.3 Confirm your employee’s passport will be active for the full duration of the trip. Plan for personal travel visas while on assignment and make sure there are enough blank VISA pages (at least two).
<input type="checkbox"/>	1.4 Visit the U.S. State Department and CDC Travel websites to find current safety and health information on the host country. Determine if your employee should see an occupational physician before travel. If so, identify a local occupational physician for an exam and necessary vaccinations.
<input type="checkbox"/>	1.5 Contact key partners and collaborators that you will need in the destination country.
<input type="checkbox"/>	1.6 Discuss with employee any samples, PPE or equipment that the employee may need to take to the international job location. See Travel.State.Gov: Before You Go for information on customs and import restrictions.
<input type="checkbox"/>	1.7 If your employee will be carrying samples of hazardous material (dangerous goods), you must comply with the International Airline Transport Association (IATA) specifications. See IATA Standards, manuals and guidelines .
<input type="checkbox"/> 2 months before travel	2.1 Contact the Office of Business and Commercial Affairs–Department of State for information on the business culture of the country in which your employee will be working. The State contact may also be a source of business contacts.



SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE
EMPLOYER TASK TIMELINE

Timeline		Work Travel Planning Tasks
<input type="checkbox"/>		2.2 Meet with your employee to discuss progress on the Small Business International Work Travel Planner to meet critical deadlines.
<input type="checkbox"/>	1 month before travel	3.1 Review the CDC travel, U.S. State Department, World Weather Information Service websites to discover conditions that may affect health and safety on travel.
<input type="checkbox"/>		3.2 Meet with your employee to establish expectations for contact while on travel.
<input type="checkbox"/>		3.3 Review contingency plans with your employee.
<input type="checkbox"/>		3.4 Confirm that both you and your employee have a copy of the Small Business International Work Travel Planner. Confirm that the employee has completed the personal section of the planner.
<input type="checkbox"/>	During travel	4.1 Hold planned check ins. Phone or SKYPE conversations can confirm that your employee is doing well.
<input type="checkbox"/>	1 week after travel	5.1 Meet with your employee to debrief. Document accomplishments, lessons learned, and review any incident or special reports. Determine whether a status physical or other medical review are necessary.
<input type="checkbox"/>	2 weeks after travel	6.1 Collect final reports from your employee and close the travel file.



Travel Health Assessment

Have your employee complete the Travel Health Assessment Part 2 with the employee’s health care provider. The form contains confidential information that should not be shared with the employer. It’s important to complete this form to ensure safe and healthy work travel.

Applies Y/N	Concerns	Follow Up Actions	Resource	Timeline
2.A.1	Do you need vaccines? Even if you make last-minute travel plans, seek a health provider for vaccinations. Seek a pre-travel consultation at least 4–6 weeks before departure to allow enough time for protection to develop from vaccines.			
2.A.2	Do you have any existing or new health conditions? Seek guidance from a qualified healthcare professional to determine if it is safe to travel.			
2.A.3	Do you have an existing illness that could suddenly incapacitate you? Inform your supervisor and a travel companion. Let companion know what to do if you become incapacitated. Also, consider wearing medical alert bracelet.			
2.A.4	Have you addressed any chronic health conditions before traveling? See CDC Yellow Book for information on specific chronic health problems. Ask healthcare provider if it is safe to travel.			
2.A.5	Do you know who to alert about any health conditions? Seek guidance from healthcare provider.			
2.A.6	Do you have enough medications for entire trip? Seek guidance from healthcare provider.			



SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE
TRAVEL HEALTH ASSESSMENT

Applies Y/N	Concerns	Follow Up Actions	Resource	Timeline
2.A.7	Do you have a health problem that needs regular monitoring? Seek guidance from healthcare provider.			
2.A.8	Do you have a condition that required a hospital stay within past year? Seek guidance from healthcare provider.			
2.A.9	Do you have an illness or condition that can get worse quickly and interfere with work or travel (such as diabetes, seizure disorder, or asthma)? Seek guidance for travel from healthcare provider.			
2.A.10	Have you had surgery or been prescribed surgery or a diagnostic procedure? Seek guidance from healthcare provider.			
2.A.11	Have you discussed with healthcare provider a plan with instructions for managing any changes in or worsening of health conditions while on travel?			
2.A.12	Will you be traveling with medications? Pack copy of recent health summary or doctor's letter on letterhead describing medical conditions and list of all necessary medications. Use generic names instead of brand names. Keep all medication available in carry-on baggage. Make sure medications are in original, labeled packaging. See Travel.State.Gov-Country Information , choose "Destination" and select "Local Laws & Special Circumstances." Some medications may be controlled or illegal substances in destination country.			



SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE
TRAVEL HEALTH ASSESSMENT

Applies Y/N	Concerns	Follow Up Actions	Resource	Timeline
2.A.13	Have you asked healthcare provider about the possibility of drug interactions between medications to prevent malaria and any other travel medications or chronic medications?			
2.A.14	Are you pregnant? Seek guidance from healthcare provider. See Traveling When Pregnant .			
2.A.15	Do you have a risk of Deep Vein Thrombosis? Seek guidance from healthcare provider. See Deep Vein Thrombosis .			
2.A.16	Are you concerned about stress and mental health issues? Seek guidance from healthcare provider. See Stress and Mental Health .			
2.A.17	Do you have history of mental health concerns? Seek guidance from qualified healthcare professional to discuss ways to minimize issues during travel. Discuss with healthcare provider whether you should take a supply of medication to manage mental issues. Ask if taking psychotropic medications will cause problems with customs.			

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Location Health and Safety Plan

Complete this form for each work location.

Company Name: _____

Location: _____

In-Country Contact: _____

Keep a copy of each plan with you for reference on site.

As you complete this plan, remember that how close you are to hazards and how long you are exposed, may affect your risk of being injured or becoming sick. For example, if you keep a safe distance away from the moving parts of machinery, you will be less likely to be injured. Viewing a noisy operation from an inside area that separates you from the source of the sound will help protect you against harmful noise.

Questions to ask yourself:

1. What hazards am I most likely to face?

a. _____

b. _____

c. _____

2. What resources—at home or close by—can I use to be safer around these hazards?

a. _____

b. _____

c. _____



SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE
LOCATION PLAN

3. What should I discuss with my employer to protect me from these hazards?
- a. Training in how to recognize and avoid specific hazards
 - b. Training in selecting and using personal protective equipment (PPE)
 - c. Evacuation plan for home and local contacts to use in case of emergency or for questions about possible hazards
4. Important contacts, such as country hosts, managers, health and safety personnel, law enforcement agencies, and healthcare facilities.

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Contact: _____ Phone: _____



Packing List

Consider These Tips:

- Do not pack clothes that are bold, showy, political, patriotic, or immodest by local norms.
- Use neutral, not loud colors, to keep from standing out in a crowd.
- Women should consider bringing a head covering, if it is customary in the area.

Packing Resource:

- [CDC's Pack Smart](#)

Packing for Your Job

1. List of job-related contacts and resources

- _____
- _____
- _____
- _____

2. Personal protective equipment (PPE), if necessary

- _____
- _____
- _____
- _____

3. Job-specific clothing such as safety shoes, a hard hat, gloves, or eye protection

- _____
- _____
- _____
- _____



SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE PACKING LIST

4. Medium-weight, neutral-colored pants and long-sleeved shirts (for mosquito/insect protection, sun protection, and some workplace exposures)

5. Reflective or light-colored clothing (for better visibility at night) Socks (cotton, cotton blends, breathable fabrics for warmer climates and wool for colder ones)

6. Other:

Packing for Your Location

1. Hotel security list



SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE PACKING LIST

2. Season-appropriate outerwear

- _____
- _____
- _____
- _____

3. Seasonal hat

- _____

4. Rain gear, if necessary

- _____
- _____
- _____
- _____

5. Insect repellent, if necessary

- _____

6. Sun screen, if necessary

- _____

7. Other:

- _____
- _____
- _____
- _____



Packing for Your Personal Needs

1. Multiple forms of payment, including credit cards, traveler's checks, and \$200 to \$300 cash

2. Medications in original containers with labels, if necessary, and a copy of eyeglass prescription

3. Health summary or doctor's letter on official letterhead, if necessary

4. Travel health kit, go to CDC Smart Pack

5. Copy of passport with minimum two blank VISA pages

6. List of personal and emergency contacts



SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE
PACKING LIST

7. Healthy, nonperishable snacks

- _____
- _____
- _____
- _____

8. Other:

- _____
- _____
- _____
- _____

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Contact and Emergency Information Form

Employer Emergency Contact

Phone: _____

Country Host

Phone: _____

Immediate Supervisor On-site

Phone: _____

Law Enforcement Agency

Address: _____

Phone: _____

Health Insurance Company

Policy Number: _____

Phone: _____

Car Insurance Agency

Policy Number: _____

Phone: _____

Embassy

Address: _____

Phone: _____

On-site Person of Contact

Phone: _____

Home Office Contacts

Name: _____

Phone: _____

Legal Advisor (Personal)

Phone: _____

Physician: _____

Phone: _____

Local Hospital

Address: _____

Phone: _____

Credit Cards

Card Holder: _____

Number: _____

Phone: _____

Card Holder: _____

Number: _____

Phone: _____

Card Holder: _____

Number: _____

Phone: _____

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SMALL BUSINESS INTERNATIONAL TRAVEL RESOURCE
INCIDENT REPORT

Incident Report

Your full name: _____

Position/title: _____

Phone number: _____

Email address: _____

Home address: _____

Purpose of travel: _____

Incident Description

Nature of the incidence: Illness/Injury/Theft/Other: _____

Urgency of this report: Normal/High Importance: _____

Date and time of incident: _____

Location description of incident: _____

List any individuals involved and role (witness/victim)

Name: _____

Role: _____

Phone number: _____

Email address: _____

Name: _____

Role: _____

Phone number: _____

Email address: _____

Name: _____

Role: _____

Phone number: _____

Email address: _____

Incident Narrative

Provide a detailed description of the incident: _____

Submit this form with any supporting documents.

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Post-travel Report

Inform your employer about any of the following work-related incidents that may have occurred during travel:

Injuries or illnesses

No Yes-Description: _____

Motor vehicle crashes

No Yes-Description: _____

Security incidents, violence, or crime

No Yes-Description: _____

Legal issues

No Yes-Description: _____

Workplace-specific exposures to chemicals, physical hazards, or infectious diseases

No Yes-Description: _____

Did you travel to unexpected locations that were not included in your pre-travel planning? Describe.

Was the job what you expected?

Did it change over time?

Did you have the appropriate personal protective protection (PPE)?

What went well and what could be improved?



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