Risk and contingency mission planner

This form must be completed for all **HIGH** and **VERY HIGH** trip risk levels and returned to your manager / project manager ideally three weeks before your departure.

The form exists to ensure that travel related risks are identified and mitigated and that there are adequate contingency plans in place in case of an incident or emergency. It also brings together all the relevant trip information to aid in any incident response situations.

In addition to this form, the emergency contact information form and the proof of life form MUST be completed by each traveller before high-risk trips. Trips will not be approved unless these are up to date.

Before travelling on behalf of the GI-TOC, the lead person organizing the trip, or the person travelling in the case of a single traveller, MUST:

* Complete this form.
* Complete the emergency contact information form and proof of life forms.
* Make sure the form has been reviewed and agreed to by everyone listed on the form, in particular the tether and other travellers.
* Discuss this completed form with either the director or deputy director and then register it with the office.
* Put together the pack of emergency information to be taken on the trip.

The emergency information pack should include:

* This completed form.
* Insurance policy documents, ensuring that provider, policy name, policy description and contact details are all known.
* Copies of passport(s).
* Copies of relevant visa(s).
* Copies of vaccination records.
* Any additional medical or other relevant information provided.

This form is designed to be able to be completed without needing to print so that it can be digitally stored and emailed. Please enter information only in the grey boxes. When providing phone numbers, please provide international dialling codes and any relevant language instructions.

Trip preparation

|  |  |
| --- | --- |
| Date form completed  |  |
| Completed by  |  |
| Trip discussed with Director / Deputy Director |  Yes No |
| Emergency pack prepared |  Yes No |

Travel itinerary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Method of transport | Transport details | From | Dept. date and time | To | Arrival date and time |
| e.g., air, private car. | e.g., flight no. |  |  |  |  |
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Trip details

|  |  |
| --- | --- |
| Donor |  |
| Project Name |  |
| Trip purpose |  |
| What are the relevant visa / entry requirements for each traveller? |  |
| What vaccinations have been advised for this trip? |  |
| Would you have access to a hospital with international standards? |  |
| Do you have access to our travel insurance details?  |  |
| Do you know who to contact in an emergency? |  |
| Have you agreed a check-in plan with your tether? |  |
| Is close protection being provided? |  Yes No |
| If yes, provide details of company and mechanism |  |
| Is the above a requirement of the donor / or provided for duty of care reasons? |  |

Accommodation details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From (DD/MM/YYYY) | To (DD/MM/YYYY) | Accommodation name | Physical address | Phone number | Notes |
|  |  |  |  |  |  |
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Tether contact during trip

Please provide details of the tether (a trusted person who works for the GI-TOC) who will conduct check-ins for the trip.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tether name | Tether role | Phone/mobile | Email | Time zone | Notes |
|  |  |  |  |  |  |

Emergency / home contact during trip

Please provide details of emergency / home contact, (e.g., Next of kin, or a relative / friend) who the GI-TOC can contact in the event of an accident or incident, for EVERY traveller.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Traveller name | Home contact name | Relation to traveller | Phone/mobile | Email | Time zone | Notes |
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Traveller details

Copy and paste the following table for EVERY person going on the trip. This can be completed either by the lead person or the person travelling. Any risks identified should then be added to the risk plan.

|  |  |
| --- | --- |
| Traveller name |  |
| Traveller emergency contact information form reviewed and updated? (Especially passport and security details) |  Yes No |
| Is the traveller’s proof of life form up to date? |  Yes No |
| What contact details will they be using whilst travelling? List best methods of contacts in preferred order |  |
| Phone |  |
| Email |  |
| Instant Messenger(s) |  |
| Visa details for this trip |  |
| Does the traveller have any medical condition that they or others need to consider and/or pose a risk?  |  |
| Does the traveller require prescription medication? Include details of medication name, dosage amount and frequency and any other relevant information. You may want to attach copies of prescription information or related medical details to this document |  |
| Are all vaccinations required for the trip up to date? Please provide relevant details or attach copies of any vaccine files. |  |
| Will any safety equipment be required? If so, how will it be obtained and how will it be taken to the location? Are there any risks of obtaining or travelling with this equipment?  |  |

Inclusive travel security

Please reference the inclusive travel security guidelines in the GI-TOC’s travel guidance and procedure and use the table below to identify any individual, organizational and contextual risks that could contribute to increased exposure to risk. Any risks identified should then be added to the risk plan.

Copy and paste the following table for EVERY person going on the trip. This must be completed by each person travelling.

|  |
| --- |
| Increased exposure factors |
| Traveller name:  |
| **1** |  | **6** |  |
| **2** |  | **7** |  |
| **3** |  | **8** |  |
| **5** |  | **9** |  |
| **6** |  | **10** |  |

The GI-TOC recognizes that there may be circumstances where travellers do not wish to openly share their profile characteristics (for example, sexual orientation, gender identity or gender expression). As such, any traveller may escalate the trip risk level (without needing to provide a reason) to ensure that a higher level of travel guidelines is implemented. Conversely, managers can escalate the trip risk level if they feel there is an increased exposure to risk because of profile, activities or context.

Travel risk profile

The following section is designed to get you to think about travel specific risks. Please complete this section with as much information as possible and if there are risks that arise from these issues, then please include each risk in the risk plan to identify the likelihood, impact and mitigations for each.

|  |  |
| --- | --- |
| Are you working on a sensitive topic? What is it, and why is it sensitive? |  |
| Are you covering a high-risk location, activity or event? Describe the location, activity or event. |  |
| Who will you be meeting, are they potentially under surveillance, and might they be at risk if they talk to you? |  |
| Is your security threatened by talking to specific people, visiting or working in a specific area? |  |
| What are the risks related to your locally hired professional support? Are there any credentials and experience that make them suitable for this assignment? |  |
| Is it possible you will face any of these risks? Please tick all that apply and then complete the following section to outline mitigations for each of these. |  abduction / kidnapping violent and organized crime abusive state security forces corruption (bribery) riots / demonstrations armed conflict terrorist attack bombs / IEDS / landmines / UXO war / conflict cultural hostility petty crime / theft |  carjacking  transportation accidents (road / aircraft / boat) crossing borders / checkpoints political instability outbreak of hostilities militia / gangs natural disaster (flood, earthquake) extreme weather environmental hazards / toxins /  poisons physical and / or electronic surveillance infectious diseases |
| Are there any risks that arise from the collection and collation of data, information, materials or recordings? How will it be stored? Would loss or confiscation put you or other people at risk? Who will you get your material out of the location? Will you be using a backup system and if so, what could go wrong?  |  |
| Is any aspect of your accommodation uncertain or might create risk? Are there security measures in place? Who else is staying there? How close are you to potential terrorist targets? How might your accommodation affect your profile? How would you access and egress in the event of an emergency? How able are the building(s) to withstand attack? Is there a history of problems or incidents in the area? |  |

Risk plan

Add lines as required to complete for ALL identified risks covering every aspect of the trip, including all risk identified in the above sections.

| Threat description and vulnerability | Mitigations | Probability | Impact | Total |
| --- | --- | --- | --- | --- |
| Name and description of threat, including why, when where and how the travellers are vulnerable to the threat. | What measures will be put in place to reduce the threat’s **probability**?What measures will be put in place to reduce the threat’s **impact**?Is this threat appropriate to accept or share with others? | 1 = unlikely5 = highly likely | 1 = unlikely5 = highly likely | P x I (out of 25) |
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Contingency plan

What are the primary, secondary and tertiary hibernation and evacuation locations and details?

|  |  |  |
| --- | --- | --- |
| Type | Hibernation (domestic locations) | Evacuation (international locations) |
| *Example* | *e.g., hotel address, contact person, contact no. other relevant information.* | *e.g., pick-up / extraction locations, regional airport hub, common flight times.* |
| **Primary** |  |  |
| **Secondary** |  |  |
| **Tertiary** |  |  |

Which medical facilities will the travellers visit if they need medical care?

|  |  |  |  |
| --- | --- | --- | --- |
| Facility name | Physical address and contact details | Available level of care |  Research and remarks |
| **Primary** |  | e.g., out-patient only / in-patient day care / 24/7 surgical facilities. | e.g., open 24/7 and direct billing in place through the GI-TOC’s insurer. Insurance policy number required. |
| **Secondary** |  |  |  |
| **Tertiary** |  |  |  |

Approve or decline

|  |
| --- |
| TRAVELLER(S) |
| **Approve**Having gained adequate information on the risk involved in this trip, I understand the foreseeable risks to which I may be exposed to and agree to travel with this knowledge. I confirm that I have been provided the opportunity to discuss the travel and associated risk in detail and can meet the guidance outlined in the GI-TOC’s travel guidance and procedure. |
| Name |  | Position |  | Date |  |
| Name |  | Position |  | Date |  |
| Name |  | Position |  | Date |  |
| Name |  | Position |  | Date |  |
| Name |  | Position |  | Date |  |
| **Decline**Having received adequate information on the risk involved in this trip, I decline to travel. |
| Name |  | Position |  | Date |  |
| Name |  | Position |  | Date |  |
| Name |  | Position |  | Date |  |
| Name |  | Position |  | Date |  |
| Name |  | Position |  | Date |  |

|  |
| --- |
| APPROVER |
| **Approve**Having gained adequate information on the risk involved in this trip, I understand the foreseeable risks to which the traveller(s) may be exposed to and agree to approve with this knowledge. I confirm that I have been provided the opportunity to discuss the travel and associated risk in detail. |
| Name |  | Position |  | Date |  |
|  |  |  |  |  |  |
| **Decline**Having gained adequate information on the risk involved in this trip, I decline to approve the trip. |
| Reason |  |
| Name |  | Position |  | Date |  |