Emergency Action Plan Worksheet

Program leaders are responsible for preparing their EAP. This form is provided for you convenience. While you may have another format you prefer, all the information included here has been proven to be essential in past programs. Your Study Away Specialist is available for guidance.

Program Name:

Primary Program Leader:

Program Dates:

Section 1: Basic program contact information

Please list all phone numbers as dialed from the U.S., including the country code. (Many web sites, such as www.howtocallabroad.com provide detailed international calling instructions.)

Please check all numbers for accuracy.

International Dialing instructions (country code & how to dial from US):

Primary Leader phone number abroad (please include country code)**:**

Residence: Cell:

Primary Leader email address abroad:

Physical Address: Mailing Address (If different):

Second Faculty Leader or Assistant Leader Contact (please include country code)**:**

Name: Phone abroad:

Email address abroad:

Physical Address: Mailing Address (if different):

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Phone Number for Primary Program Leader prior and after to program start:

Residence: Other:

Valid Dates: Alternate Email:

Is this domestic or international?:

Section 2: Emergency Action Plans

Please consider all of the below situations and describe how each incident would be handled.

The Primary Program Leader (PL) learns s/he is unable to travel with the group before the start of the program:

Is there another person who would replace the Primary PL and serve as the second Program Leader?

If not, what contingency is in place to deal with this?

The Primary Program Leader (PL) is incapacitated during program operation:

Who will manage the program?

Who will stay with the Primary PL?

Please share specifics of how the program will be managed during the Primary PL's incapacitation (e.g. finances, course instruction, transportation).

Both Primary PL and Assistant PL are incapacitated:
Who will manage the program?

A student(s) is/are incapacitated:

Who will stay with the student(s) in the event they are hospitalized or otherwise unable to travel with the rest of the group?

Section 3: Additional Emergency Contacts.

Indicate contact information for any persons indicated in Section 2 and other person(s) who would have responsibility or be of assistance during an emergency:

Name: **Capacity:**

Residence: Phone Cell: Email:

Physical Address: Mailing Address (If different):

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Section 4: Other resources

Please list all phone numbers, including country code. Some of these numbers you will be able to find on the State Department website, Some of these numbers you will be able to find on the State Department website, http://www.travel.state.gov/ There is a link you can click on for country specific information ("Country Information"). Please also consult our insurance provider's website at **http://www.academichealthplans.com/**

If additional space is needed please forward to the Study Away Office on a separate sheet.

(Please also include addresses, if available)

Local United States Consular Services:

Hospitals and Doctor Clinics:

Local Police Departments:

Local Fire Departments:

In-Country Contact:

Equivalent to 9-1-1 (per site):

Identify two meeting places in the event of an emergency (per site):

Section 5: Program Cancellation

What's the earliest point at which you could grant credit in the unlikely event of program cancellation?

Please identify the resources you would need to grant credit if program were cancelled prematurely. (i.e. If you returned early to the US, would you need to use on campus accommodation and classroom space, could you complete academic work at a distance with technology, etc?)

Section 6: Additional Emergency Contacts.

Review the region's recent history and identify the potential hazards and emergencies in the following areas.

Please use your personal knowledge, in-country contacts, and consult **www.travel.state.gov**, **www.cdc.gov/travel**, and **https://www.cia.gov/librarypublications/the-world-factbook** for country-specific information. Potential risks and ways to mitigate risks should be shared with students.

If additional space is needed please forward to the Study Away Office on a separate sheet.

Natural disasters: (e.g. hurricanes, typhoons, earthquakes, floods, fires, etc)

Environmental:(e.g. nuclear hazards, pollution, water, and air contaminants)

Medical:(e.g. accidents, injuries, epidemics)

Technical:(e.g. communications systems failures, power failures)

Sociopolitical:(e.g. civil and political unrest, riots and demonstrations, military coups):

Crime and Safety:(e.g. prevalence of theft and other threats to student safety)

Section 7: Program Accommodations and Addresses

Please list the address of each location that will serve as lodging for you and your participants during the program.

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Location: _____ **Date:** _____

Location: _____ **Date:** _____

Location: _____ **Date:** _____

Location: _____ **Date:** _____