PRELIMINARY EDUCATIONAL TRAVEL RISK-ASSESSMENT FRAMEWORK

Generic planning resource, not a tour-specific risk assessment

IMPORTANT PURPOSE & LIMITATION

This framework helps schools and sponsoring organizations begin preliminary planning and internal approval before all tour details are confirmed. It does not assess a specific itinerary, destination, accommodation, carrier, activity, supplier, participant need, or current travel condition. Before departure, STEM Study Tours will provide the Trip Leader with a separate tour-specific risk assessment based on the confirmed program and information available at that time. The school or sponsoring organization remains responsible for its own approvals, participant-specific planning, supervision, safeguarding, and any assessment required by its policies or governing authority.

Preliminary Planning Details

School / sponsoring organization		**Proposed program / tour**	
Proposed destination(s)		**Approximate travel dates**	
Estimated participant numbers & ages		**Trip Leader / lead organizer**	
Person completing this review		**Date completed**	
Current itinerary status		**Approval reference / review date**	

Responsibility Framework

PRIMARY PARTY	PRELIMINARY RESPONSIBILITIES
Trip Leader & designated adult leaders	Supervision, safeguarding, head counts, behavior expectations, participant-specific controls, emergency contacts, medication arrangements, and implementation of the sponsoring organization's policies.
STEM Study Tours	Coordination of confirmed travel services and provision of destination, itinerary, supplier, and operational information relevant to the later tour-specific assessment.

How to Use This Framework

- Mark each hazard Applicable (A), Not Applicable (N/A), or To Be Confirmed (TBC).
- Treat listed controls as planning prompts, not guarantees. Adapt them to the participants, destination, and proposed program.
- Record outstanding actions, an owner, and a target date. Reassess after controls are added.
- Do not use this document in place of the tour-specific assessment supplied before travel.

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RISK-RATING METHOD

Risk score = Likelihood × Severity. Use professional judgment and the sponsoring organization's own policy where it differs from this guide.

LIKELIHOOD

SCORE	DESCRIPTOR	GUIDE
1	Rare	Not expected, but possible
2	Unlikely	Could occur, but not anticipated
3	Possible	May occur during the program
4	Likely	Expected in some circumstances
5	Almost Certain	Expected frequently or repeatedly

SEVERITY

SCORE	DESCRIPTOR	GUIDE
1	Minor	First aid or negligible disruption
2	Moderate	Medical attention or short disruption
3	Serious	Significant injury/illness or major disruption
4	Major	Permanent harm, hospitalization, or severe disruption
5	Catastrophic	Fatality or multiple life-changing injuries

RISK BANDS

LOW	MODERATE	HIGH	CRITICAL
1–4	5–9	10–16	17–25

Escalation guide: Low: monitor. Moderate: add controls and assign ownership. High: do not proceed without senior review and effective additional controls. Critical: stop or redesign the activity; do not proceed while the rating remains critical.

PRELIMINARY RISK REGISTER — PART 1 OF 3

Status: A = Applicable | N/A = Not Applicable | TBC = Confirm when details are available. Enter L, S, and R (L × S).

STATUS	HAZARD / WHO	PRELIMINARY CONTROLS	ADDITIONAL ACTION / OWNER / DATE	INITIAL L / S / R
☐ A ☐ N/A ☐ TBC	**1. Supervision, safeguarding & separation** **Who: Participants; adult leaders**	Named supervision groups; head counts; buddy system; meeting points; emergency contact method; age-appropriate boundaries.	Confirm ratios, groups, free-time rules, lost-participant procedure, safeguarding plan, and participant-specific support. Owner: _____ Date: _____	__ / __ / __

STATUS	HAZARD / WHO	PRELIMINARY CONTROLS	ADDITIONAL ACTION / OWNER / DATE	INITIAL L / S / R
☐ A ☐ N/A ☐ TBC	**2. Airports, aviation & borders** **Who: All travelers**	Document checks; group movement plan; meeting points; head counts before/after security and boarding; flight/contact details carried.	Confirm airline and border rules, baggage restrictions, seating/supervision plan, and delay or separation response. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**3. Road, rail & public transport** **Who: All travelers; other road users**	Licensed providers; seat belts where fitted; safe boarding; head counts; luggage secured; conduct briefing.	Confirm suppliers, routes, rest stops, driver-hours arrangements, accessibility, and emergency procedures. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**4. Pedestrian movement & road crossing** **Who: Participants; adult leaders**	Leader front and rear; designated crossings; local traffic-direction briefing; regrouping points.	Identify high-risk routes, night movement, crowd conditions, accessibility needs, and local road conventions. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**5. Accommodation & fire safety** **Who: All occupants**	Exits and assembly points reviewed on arrival; rooming/supervision plan; balconies, windows, and lifts addressed; defects reported.	Confirm property, local compliance information, night supervision, accessibility, evacuation needs, and participant controls. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**6. Meals, allergies & dietary needs** **Who: Participants with relevant needs**	Requirements collected and communicated; emergency medication accessible; cross-contact risk explained; unfamiliar foods verified when able.	Confirm written allergy plans, provider acknowledgments, meals, translations, and severe-allergy escalation steps. Owner: _____ Date: _____	__ / __ / __

PRELIMINARY RISK REGISTER — PART 2 OF 3

Status: A = Applicable | N/A = Not Applicable | TBC = Confirm when details are available. Enter L, S, and R (L × S).

STATUS	HAZARD / WHO	PRELIMINARY CONTROLS	ADDITIONAL ACTION / OWNER / DATE	INITIAL L / S / R
☐ A ☐ N/A ☐ TBC	**7. Medical conditions, medication & care** **Who: Participants and leaders**	Current medical information; emergency contacts; medication plan; insurance details; first-aid resources; communication process.	Confirm fitness/restrictions, medication carriage/storage, responsible adult, proximity to care, consent, and assistance coverage. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**8. Weather, heat, cold, altitude & exposure** **Who: All travelers**	Forecasts monitored; suitable clothing/footwear; hydration/rest; sun/insect protection; activity modified when needed.	Confirm seasonal conditions, extreme-weather triggers, altitude, shelter, equipment, and alternatives. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**9. Security, theft, documents & belongings** **Who: All travelers**	Personal-security briefing; passport protocol; discreet storage; copies of key documents; reporting procedure.	Confirm destination guidance, secure storage, local contacts, lost-passport process, and crowded-area supervision. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**10. Excursions, attractions & learning activities** **Who: Participants; leaders; public**	Group briefing; provider instructions; boundaries/head counts; suitable clothing/footwear; changing conditions monitored.	Assess each confirmed venue/activity, accessibility, age limits, equipment, staffing, emergencies, and cancellation triggers. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**11. Water, swimming & marine activities** **Who: Participants; leaders**	No participation unless specifically authorized and assessed; provider rules followed; safety equipment used; close supervision.	Confirm swimming competence, lifeguard/provider credentials, water conditions, ratios, rescue arrangements, and opt-out plan. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**12. Adventure, sport or performance** **Who: Participants; leaders**	Qualified provider where required; briefing; appropriate equipment; conduct rules; injuries reported.	Confirm activity assessment, competence/fitness, insurance, waivers, protective equipment, weather limits, and response. Owner: _____ Date: _____	__ / __ / __

HAMMOCK EXPEDITIONS

PRELIMINARY RISK REGISTER — PART 3 OF 3

Status: A = Applicable | N/A = Not Applicable | TBC = Confirm when details are available. Enter L, S, and R (L × S).

STATUS	HAZARD / WHO	PRELIMINARY CONTROLS	ADDITIONAL ACTION / OWNER / DATE	INITIAL L / S / R
☐ A ☐ N/A ☐ TBC	**13. Free time & evening activities** **Who: Participants; leaders**	Defined area, times, groups, check-in method, conduct expectations, and emergency contact; age/maturity considered.	Confirm whether permitted, boundaries, supervision, curfew, transport, local risks, and consequences. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**14. Communications & emergency contacts** **Who: Travelers; families**	Trip Leader and operational contacts available; check-in plan; family communication where applicable; backup arrangements.	Confirm roaming/Wi-Fi limits, device access, group-chat rules, emergency cascade, privacy, and out-of-hours contact. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**15. Behavior, alcohol, substances & conduct** **Who: Participants; leaders; public**	Code of conduct; prohibited items/substances addressed; supervision; incidents documented and escalated.	Confirm organizational rules, destination law, consequences, removal/collection, and responsibility for added costs. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**16. Accessibility & additional support** **Who: Participants requiring support; leaders**	Needs gathered early; reasonable adjustments explored; need-to-know sharing; dignity and independence supported.	Confirm transport, hotel, activity, dietary, sensory, mobility, communication, medication, and evacuation needs. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**17. Infectious illness & public health** **Who: All travelers**	Illness reporting; hygiene; access to care; room/isolation options where possible; current requirements monitored.	Confirm current guidance, insurance/assistance, documentation requirements if any, and return/rejoin arrangements. Owner: _____ Date: _____	__ / __ / __
☐ A ☐ N/A ☐ TBC	**18. Major disruption, evacuation & repatriation** **Who: All travelers**	Emergency contacts; insurance/assistance details; itinerary/traveler list accessible; communication chain; supplier support.	Confirm destination plan, shelter/evacuation, decision authority, family communication, costs, and repatriation process. Owner: _____ Date: _____	__ / __ / __

OUTSTANDING INFORMATION & PRELIMINARY APPROVAL

Information still required before the tour-specific assessment can be completed

_____

_____

Participant-specific needs requiring further planning

_____

_____

High or critical preliminary risks requiring escalation

_____

_____

Documents or approvals to be obtained

_____

_____

Preliminary Review Sign-Off

Completed by		**Role**	
Signature		**Date**	
Reviewed / approved by		**Role**	
Signature		**Review date**	

NEXT STEP

Revisit this preliminary framework as the itinerary develops. Before departure, replace or supplement it with the separate tour-specific risk assessment provided by STEM Study Tours, together with the sponsoring organization's participant-specific and policy-required assessments.