



## Health & Safety Travel Overseas Guidance

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<sup>1</sup> or earlier if change in legislation or on risk assessment

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# 1. Risk assessment

Over and above the standard online travel risk assessment that you need to complete prior to getting authorisation to travel, you may also be required to complete an additional risk assessment for the activities that you are carrying out whilst abroad. However, the nature and complexity of the risk assessment will vary with the type of activity intended and should be commensurate with the actual risk that the identified hazards pose in the particular circumstances.

In many cases the work itself will not be unusually hazardous and consideration will only need to be given to local conditions. Where hazardous work is to be undertaken, some assumptions may need to be made based on the work as it would be undertaken in the UK and it may be possible to utilise the University's general risk assessment form when evaluating the risk. The assessment should be based on previous knowledge, information from the foreign office, travel agents and contacts in the place being visited.

**Staff:** please see [A-Z safety guidance](#) / Travel and [A-Z safety guidance](#) / Risk assessment

**Students:** please see [Health and safety A-Z](#) / Travel

The findings and conclusions drawn from the risk assessment should be made familiar to all participants, any significant factors being relayed in writing whenever possible.

The Travel Overseas Policy details the travel risk assessment process and the requirement placed on the traveller on checking where they are going using the GardaWorld/Crisis 24 website and app. Other useful sources of information are the Foreign Office, Reuters or the travel agent dealing with the booking will be able to provide information on the necessary vaccinations, local politics, areas to avoid etc. Travel agents are obliged to provide this information. The information will normally be obtained by the group or section arranging the travel and passed on in **writing** to the individual(s) concerned. However, it is advisable for individuals to check personally to verify the details especially if there is a significant time lag between the booking and the travel or if the area is politically or geographically volatile.

## **Contact by Crisis24 in the event of an emergency**

All travellers are required to provide both a mobile number and email address where they can be contacted by Crisis24 in the event of a local incident or emergency. This will only be used by Crisis24 in extreme circumstances to ensure the traveller is safe and aware of the incident.

## **The following pages can provide some or all of this information:**

<https://travelsecurity.garda.com/welcome>

<https://www.gov.uk/foreign-travel-advice>

<http://www.expedia.co.uk/>

[www.lonelyplanet.com](http://www.lonelyplanet.com)

[www.fitfortravel.scot.nhs.uk/](http://www.fitfortravel.scot.nhs.uk/)

[www.masta.org](http://www.masta.org)

[www.nathnac.org](http://www.nathnac.org)

[www.who.int/mediacentre/factsheets/en/](http://www.who.int/mediacentre/factsheets/en/)

## 2. Precautions during travel

- Download of GardaWorld/Crisis24 app on device is a mandatory university requirement.
  - **Staff:** please see [A-Z safety guidance](#) / Travel
  - **Students:** please see [Health and safety A-Z](#) / Travel
- Check to ensure that dates and destinations are correct.
- Check to ensure your passport and visas are up to date.
- If travelling by sleeper train, do not share a compartment with strangers.
- When travelling on long-haul flights it is advisable to get out of your seat and stretch your legs regularly.

## 3. Accommodation arrangements

- To reduce stress levels, ensure that adequate time is allowed for travel and that a time interval is allowed for recovery after arrival.
- Use accommodation with en suite facilities and a telephone in the room.
- Avoid sharing rooms wherever possible.
- If possible, use hotels with restaurant facilities.
- People are always keen to explore the local landscape after arriving at their destination, be careful of travelling in hours of darkness.

## 4. Take care on the roads

- Traffic accidents are the major cause of death among travellers.
- If you are in a car, always wear a seat belt.
- If on a motor or pedal bike, always wear a helmet.
- If you hire a car or a bike, check its condition and the insurance cover.
- Never drink/drug drive.
- Use reputable taxi companies when travelling abroad.

## 5. Communication

Ensure that someone is notified of your safe arrival and after travel arrangements.

## 6. Personal identification

Do not travel without carrying a means of identification on your person, preferably photographic. In a city or town it may simply be your name and place of stay. This identification is particularly important when you are a lone traveller.

## 7. Arrangements for emergencies

- Use the GardaWorld/Crisis24 app in emergency situations, they will guide and help you.
- Always have an emergency contact number on your person or known to a colleague.
- Always carry the insurance certificate/number on your person.
- Find out the address and telephone number of the Embassy or Consulate in each country you will be visiting.
- Take out additional insurance if your stay extends beyond Edinburgh Napier University business.

## 8. Medical conditions and further health guidance

- Carry a basic first-aid kit of plasters and antiseptic cream as a minimum.
- Keep a written record on your person of any medical condition affecting you, such as angina pectoris, diabetes or haemophilia, and the proper names (not the trade names) of any medication you are taking.
- Always carry medicines in a correctly labelled container, as issued by the pharmacist.
- Keep a written record, with your passport, of your blood group.

## 9. General advice from the Department of Health

### Inoculations

You will need to be immunised against certain diseases when visiting some countries. Please consult the link below for the most up to date information on required inoculations.

<https://www.fitfortravel.nhs.uk/destinations>

Health advice for travellers: <https://www.gov.uk/foreign-travel-advice>. If you have been previously inoculated it may be worthwhile checking whether a booster is required.

### Medication and emergency medical kit (for people who have been prescribed to carry such items)

If you regularly take medication, do you have sufficient for your journey? Emergency medical kits contain a variety of sterilised and sealed items of equipment, such as syringes, needles and suture materials. They should normally be handed to a doctor or nurse to use if you experience a medical emergency in a country where the safety of such items cannot be assured.

#### ***A typical kit should contain:***

- |                                    |                                                 |
|------------------------------------|-------------------------------------------------|
| - 2 x 5ml syringes                 | - 1 packet of skin-closure strips               |
| - 5 needles (preferably two sizes) | - 5 alcohol swabs for skin cleansing            |
| - 1 dental needle                  | - 5cm x 5cm and 10cm x 10cm non-stick dressings |
| - 1 intravenous cannula            | - 1 roll surgical tape                          |
| - 1 skin suture with needle        |                                                 |

Additional items such as an intravenous giving set and a blood substitute solution may be advisable for journeys to remote areas. If you need to use any of the above items, please remember to dispose of them safely. The kits should carry sufficient identification to ensure their acceptance by customs officials, but the contents should not be opened until needed. It is also unwise to carry loose syringes or needles unless you have a doctor's letter explaining their purpose (e.g. insulin injections for diabetes).

**Wherever you are in the world, be careful about what you eat and drink**, as food and water can be contaminated in a variety of ways. This includes the water in swimming pools, lakes, rivers and the sea, so try to avoid swallowing water when you are bathing. Travellers' diarrhoea is very common, especially in hot countries. Travellers' diarrhoea, as well as diseases such as cholera, typhoid and hepatitis A, can all be caught from contaminated food and water.

***This can largely be avoided through simple precautions:***

- Always wash your hands after going to the lavatory, before handling food and before eating. If you have any doubts about the water available for drinking, washing food or cleaning teeth, boil it or sterilise it with disinfectant tablets, or use bottled water in sealed containers (preferably carbonated).
- Avoid ice unless you are sure it is made from treated and chlorinated water. This includes ice used to keep food cool as well as ice in drinks.
- It is usually safe to drink hot tea or coffee, wine, beer, carbonated water, soft drinks, and packaged or bottled fruit juices.
- Eat fresh, thoroughly cooked food that is still piping hot.
- Avoid food that has been kept warm.
- Avoid uncooked food, unless you can peel or shell it yourself.
- Avoid food likely to have been exposed to flies.
- Avoid ice cream from unreliable sources, such as kiosks or itinerant traders.
- Avoid non-pasteurised milk, or boil it before use.
- Fish and shellfish can be unsafe in some countries. Uncooked shellfish, such as oysters, are a particular hazard.

**Overexposure to the sun can cause sunburn**, leading to premature skin ageing and an increased risk of skin cancer. It is the sun's ultraviolet (UV) rays that cause the damage. Even in the UK they can cause problems, but they become more powerful closer to the equator.

Again, follow these simple precautions:

- Never underestimate how ill you can become through careless exposure to the sun.
- If you want to avoid trouble – take care not to burn.
- Stay out of the sun for at least two hours around midday and use what shade there is at other times.
- Cover yourself with a wide-brimmed hat, and tightly woven but loose clothing. Protective creams suitable for your skin type can be used on unavoidably exposed parts of the body. Wear UV-filter sunglasses to protect your eyes.

**A separate risk from overexposure to the sun is heat stroke**, caused simply by overheating. Avoid activity during the hottest hours, and drink plenty of non-alcoholic liquids to balance the loss from perspiration. Whatever you drink must be safe – take fluids from sealed cans or bottles, or water that has been boiled.

**Avoid insect and animal bites.** Tick-borne diseases such as encephalitis and borreliosis (Lyme disease) are prevalent in temperate climates. It is therefore not just tropical wooded areas that present insect threats. Use insect-repellent preparations, and cover legs and arms where necessary. Animal bites can result in infections that can be serious and sometimes fatal. Be wary of even tame animals.

**Do not go swimming alone.** Bathing will cool you but remember that fatal accidents can happen very easily and in the most unexpected conditions. Adults should watch each other for signs of trouble when in the water. If you are going to dive into water, make sure that it is deep enough for you to do so safely. Each year, many people are permanently paralysed as a result of injuries sustained from diving into shallow water.

### **Here are a few simple rules to follow to keep you safe when abroad.**

- Don't look wealthy; don't flaunt your valuables or wallet.
- Keep both hands free.
- Keep your money, passport and credit cards next to your skin if they can't be locked in a safe deposit box. Keep them in front of you. Take them to the shower with you and even sleep on top of them if necessary.
- Stay in contact with your luggage unless it is locked in your room or stowed safely in transit.
- Every time you stand up, look back to see what you have left behind.
- Carry your luggage onto the train, bus or taxi with you.
- Don't hire a room that is not secure. Lock your room every time you leave and when you are inside.
- Be aware of everyone around you. Not beware, just aware.
- Don't do anything that is possibly dangerous, just to avoid being considered rude.
- Read the fire drill notice in your hotel bedroom/conference venue and familiarise yourself with the fire exits.
- If you are robbed, go straight to the police and report the theft.
- Do not be distracted by your phone, whilst in new environments.
- Do not be distracted by persons in distress, they could be scammers.

### **General information**

The Foreign Office website provides information on many of the countries considered potentially risky, at <https://www.gov.uk/foreign-travel-advice>. The site gives information on safety and security, terrorism, local laws and customs, and the nearest British Embassy or Consulate.

Also, make reference to the GardaWorld/Crisis24 app for updated information

- **Staff:** please see [A-Z safety guidance](#) / Travel
- **Students:** please see [Health and safety A-Z](#) / Travel

## 10. Health information – jet lag

The symptoms of jet lag decline after a few days as the body clock synchronises with the new time clock. The recommended ways of speeding this up are:

- Adopt the new local hours for sleeping, for being awake and for being active.
- Rest in a quiet darkened room when it is bedtime, even if you do not feel tired.
- Start the new day with gentle exercise even if you feel sleepy.
- Avoid taking naps – they will mislead the body and delay the adaptation process.
- Control carefully exposure to natural daylight immediately after the journey (see the table below).
- Eat the right meal at the right local time.
- Beware of some drugs that are given for jet lag – they are usually linked to promoting sleep, but can prolong synchronisation if their effects are carried over into the next day.
- Avoid driving cars or using dangerous machinery, if at all possible, whilst suffering from jet lag.

### Combating jet lag

Good and bad local times for exposure to natural light in the first two/three days after a time zone transition are outlined in the table below:

	Bad local times	Good local times
<b>Time zones to the west:</b>		
<b>4 hours</b>	01:00 – 07:00	17:00 – 23:00
<b>8 hours</b>	21:00 – 03:00	13:00 – 19:00
<b>12 hours</b>	17:00 – 23:00	09:00 – 15:00
<b>Time zones to the east:</b>		
<b>4 hours</b>	01:00 – 07:00	09:00 – 15:00
<b>8 hours</b>	05:00 – 08:00	13:00 – 19:00
<b>12 hours</b>	17:00 – 23:00	09:00 – 15:00



## 11. Major diseases and the precautions to take

### a) Malaria

A parasitic disease, spread by the bites of infected mosquitoes, malaria produces fever and, in some cases, complications affecting the kidneys, liver, brain and blood, and it can be fatal. Malaria is a major health problem throughout the tropics and some forms are particularly life threatening. If you live in a malarial region, you may build up some immunity to the disease but this can be lost quickly. If you have children born in the United Kingdom, they will have no immunity at all.

If you are going to visit, travel through, or even just stop over, in a malarial country, even if you have lived there before, take the following precautions:

- Ask your doctor about anti-malarial measures in the areas to be visited.
- Avoid mosquito bites.
- Use insect repellent, preferably one containing DEET (diethyltoluamide).
- Keep your arms and legs covered after sunset.
- Sleep in a properly screened room and employ a "knock down" spray to kill any mosquitoes in the room.
- Use a mosquito net around the bed at night. Preferably the net should be impregnated with an insecticide. Check that there are no holes in it and that it is well tucked in.

None of these precautions will give absolute protection. If you develop a fever, or feel ill, while abroad or up to three months after returning, it is essential to seek medical attention immediately. If you develop these symptoms after you have left a malarial region, tell the doctor that you have been to a country where malaria is a health risk.

### b) Rabies

Rabies is an acute viral infection of the nervous system. Its symptoms include delirium and painful muscle spasms in the throat. Once symptoms develop in human beings, the disease is usually fatal. Rabies occurs in animals in Europe and North America as well as in the less developed countries. You can contract the disease if you are bitten by any infected animal. **So be careful not to touch any animals, whether wild, stray or apparently 'tame'.** If you are bitten, 'postexposure' treatment – if given early enough – usually prevents the disease developing.

#### **If you are bitten by an animal while away from the United Kingdom:**

- Wash the wound immediately using soap or detergent or flush with clean water. Apply alcohol if possible.
- Get medical attention – FAST. Go to the nearest doctor or hospital. You may need a rabies vaccination and the course of injections must be started immediately. Ask for 'human diploid cell vaccine', if possible. In case of any difficulty, contact the nearest British Consular official.
- Note the date and place of the incident, the animal's description and whether it was wild or stray.
- If the animal was not wild or stray, try to identify its owner as soon as possible to ascertain if it is already – or if it becomes – sick. If the animal can be kept under observation for two

weeks following the incident, exchange names, addresses and telephone numbers with the person responsible for it, and arrange to keep in contact to find out whether the animal becomes sick or dies. Find out whether it has had rabies vaccine and ask to see the certificate. But even if one is produced, do not assume there is no risk.

- Inform the local police.
- Whether or not you receive treatment outside the UK, consult your doctor as soon as you return.

Rabies vaccine before travel is only recommended for those who may be exposed to an unusual risk of infection or who are undertaking long journeys in remote areas where medical treatment may not be immediately available. **Even if you are immunised, however, this does not remove the need for urgent treatment if you are bitten by an infected animal.**

### c) HIV/Aids

AIDS (Acquired Immune Deficiency Syndrome) has now spread across the world. There is no vaccine or cure for AIDS. AIDS is caused by a virus known as HIV (Human Immuno-Deficiency Virus). Infection with HIV is more common than AIDS itself. People infected with HIV remain infected and infectious all their lives. There is no vaccine or cure for HIV infection.

#### **HIV/AIDS can be passed on in four main ways:**

- Through unprotected sex with an infected person.
- Through the use of infected syringes, medical and dental instruments, and anything else which punctures the skin, such as tattooing equipment.
- By transfusions of HIV infected blood.
- From an infected mother to her baby, before or during childbirth or through breast-feeding.

HIV/AIDS cannot be passed on through everyday social contact nor through insect bites, dirty food or crockery, nor activities such as kissing, coughing or sneezing.

#### **To protect yourself against HIV/AIDS:**

- Do not have sex except with your usual partner. Casual sexual intercourse can be very risky. People can be infectious even though they may not be aware of it, and even if they look and feel well.
- If you do have sex with a new partner, always use a condom. They are the most effective protection against HIV/AIDS and other sexually transmitted diseases. If you drink, remember that alcohol can make it easier to forget about safe sex.
- Do not inject non-prescribed drugs. If you do, never share equipment.
- Do not have a tattoo, acupuncture, or your ears pierced, unless you can be sure that the equipment is sterile.

Since some countries do not have the same standards of medical and dental hygiene as the UK, needles and other equipment may not be adequately sterilized, nor blood screened for the presence of HIV or hepatitis B or C, so:

- Try and ensure that any medical treatment, particularly a blood transfusion, is absolutely necessary.

- Make sure that any medical equipment used is freshly sterilized or is taken from a sealed pack.
- If you need a transfusion, ask for screened blood. If you are going to an area where the availability of sterile needles and syringes for medical treatment is in doubt, consider taking a special kit with you.

Some countries have introduced HIV antibody testing for visitors, or require an HIV antibody test certificate. If in doubt, check with the Embassy or High Commission of the country concerned.

#### **d) Bilharziasis**

A parasitic disease caused by a worm which penetrates the skin and can cause damage to the intestines, the liver and the urinary tract. Most common in waterways in Africa. No vaccine is available, but it is treatable. Visitors to areas where bilharziasis is present should avoid wading or bathing in streams, rivers and lakes.

#### **e) Cholera**

An intestinal infection that can cause severe diarrhoea, dehydration and can cause death. Caught from contaminated food and water. An increasing problem in areas of poor sanitation in South America, the Middle East, Africa and Asia, it is relatively uncommon among travellers. Avoided by scrupulous attention to food and personal hygiene. No vaccine against cholera is currently available (the old one was not effective) and no country now requires cholera immunisation as an official condition of entry.

#### **f) Dengue**

Dengue and its more severe form, dengue haemorrhagic fever, occur throughout the tropics. Transmitted by the bite of an infected mosquito. No vaccines against the disease. Prevention is by avoiding mosquito bites at all times.

#### **g) Diphtheria**

Remains a serious disease, especially in tropical countries where there is overcrowding and poor hygiene. It is caught by close contact with an infected person. Until the 1930s, it was one of the most important causes of childhood death worldwide but the mass immunisation of children since the 1940s has effectively eradicated the disease in developed countries. For unimmunised adults, a special low dose vaccine is available.

#### **h) Hepatitis**

Viral hepatitis is an infection of the liver which can cause yellow jaundice. There are several forms of the disease; including hepatitis A (also called infectious hepatitis), hepatitis B and hepatitis C.

### **Hepatitis A**

Usually caught by consuming contaminated food and water. Spread from person to person, since the virus is present in the faeces. Risk of infection in areas of poor sanitation. Need to take care over what you eat and drink, and washing your hands after going to the lavatory and before handling food. There is a vaccine against hepatitis A. Alternatively, an injection of normal immunoglobulin (gamma globulin) shortly before travelling helps reduce risk. Discuss the options with your doctor.

### **Hepatitis B**

This occurs worldwide and is spread in the same ways as HIV/AIDS, that is through:

- Intimate person-to-person contact.
- Sharing contaminated needles or syringes.
- Transfusions of contaminated blood or the use of inadequately sterilized equipment in medical treatment, tattooing and ear or body piercing.

There is a vaccine which gives good protection against the disease. However, it can take six months to become effective. The best way to prevent infection is to avoid the high-risk activities listed above and also to take a travel kit for use in medical emergencies.

### **Hepatitis C**

Increasingly recognised worldwide. Spread in the same way as HIV/AIDS and Hepatitis B. There is no vaccine. Take the precautions recommended against HIV/AIDS and Hepatitis B to avoid infection.

## **i) Japanese Encephalitis**

Viral inflammation of the brain which can be life-threatening. Occurs throughout South East Asia, mainly in rural areas and during the monsoon season. A vaccine is available and is recommended for travellers who are staying in risk areas for a month or more.

## **j) Legionnaires Disease**

Can cause an uncommon form of pneumonia which occasionally occurs in holiday makers. Spread through aerosols of water containing the legionella germ, usually through poorly maintained cooling towers or air conditioning systems. It is treatable with antibiotics. There is no vaccine.

## **k) Meningitis**

This is inflammation of the membranes covering the brain and spinal cord. It particularly affects children and young adults and can result in death. Meningococcal meningitis is more prevalent in some areas of Africa and Asia than in this country, and a vaccine is available. This vaccine, however, does not cover the strain most common in the UK. Saudi Arabia requires the immunisation of all those going on Hajj, the great annual Muslim pilgrimage.

## **l) Poliomyelitis (Polio)**

A viral infection which can cause paralysis of the muscles. Everyone travelling outside North and Western Europe, North America, Australia and New Zealand should have up to date polio immunisations. Previously immunised people should receive a full course of three doses of vaccine. Those immunised more than ten years ago require a booster dose.

## **m) Tetanus**

This is a potentially dangerous disease which causes severe and painful muscle spasms. Bacterial spores can infect the body through even a slight wound. The spores are mainly in soil and manure. Everyone should be protected by immunisation, especially those who travel to remote areas, where immediate medical facilities may not be available. If immunised as a child, ask your doctor about a booster. If you were not, you will need a course of three injections.

## **n) Tick-borne Encephalitis**

Inflammation of the brain, which can be serious, contracted from the bite of an infected tick. Occurs in forested parts of Austria, Northern Europe and Scandinavia, especially where there is heavy undergrowth. More common in late spring and summer. In disease prevalent areas wear clothing which covers most of the skin and use insect repellents as well. A vaccine is available.

## **o) Tuberculosis**

TB is increasing worldwide again. If travellers have not been immunised against the disease and are going to stay in Eastern Europe, Asia, Africa, Central or South America, they should discuss the need for BCG immunisation with their doctor – preferably at least two months before departure. They will need a skin test first. Immunisation is particularly advisable for those who will be travelling, living or working closely alongside the indigenous population, and for members of ethnic groups visiting their country of origin. It is not necessary for short visits if you are staying in international-style hotels. Once immunised, reimmunisation is unnecessary.

## **p) Typhoid**

Caught through the consumption of contaminated food or water. Immunisation against the disease should be considered by those travelling to places where sanitation is primitive. It is also essential to take scrupulous care over food and water.

## **q) Yellow Fever**

Caught from the bite of an infected mosquito. Occurs in parts of Africa and South America. Some countries require a vaccination certificate for entry. The vaccine can only be given at a designated Yellow Fever Vaccination Centre – your doctor will be able to advise you. The certificate itself is valid from ten days after vaccination for a period of ten years.

**Disease prevention advice** from Health Protection Scotland, a division of NHS National Services Scotland, is available at <http://www.fitfortravel.scot.nhs.uk/advice/disease-prevention-advice.aspx>.

## 12. Immunisation summary

### For all areas

If you have not previously been immunised against diphtheria, polio or tetanus, this is an ideal opportunity to have the immunisations carried out.

### For all areas except North and Western Europe, North America, Australia and New Zealand

- Poliomyelitis

### For areas where standards of hygiene and sanitation may be less than ideal

- Hepatitis A
- Typhoid

### For infected areas

**(Please check with your doctor or a travel clinic.)**

- Anti-malarial tablets and precautions against insect bites.
- Yellow fever (compulsory for some countries).

### In certain circumstances

**(Please check with your doctor or a travel clinic)**

- Meningococcal meningitis
- Tick-borne encephalitis
- Tuberculosis
- Japanese encephalitis
- Rabies
- Hepatitis B
- Diphtheria booster
- Measles/MMR

## 13. Emergency procedures

### a) What to do if you lose your passport

If your passport is lost or stolen overseas, contact the nearest British Embassy, High Commission or Consulate immediately for advice and ensure that you have electronic copies on email of your passport, ticket details, your itinerary and ensure that you have completed all the required information needed on the travel risk assessment and GardaWorld/Crisis24 system. This will ensure that you can access the information should you lose your passport.

It is a good idea to take the university emergency number with you as a backup.

## **b) What to do if you are taken ill**

Contact the travel insurance help number (see below).

## **c) What to do if you lose your money/travellers cheques/credit or debit cards**

Before you leave, find out how you can replace your traveller's cheques and cards if you lose them and keep a separate note of your travellers cheques numbers and card numbers.

## **d) Emergency contacts**

In the event of an emergency whilst travelling, use the GardaWorld/Crisis24 app or call IMG for advice and assistance. This service is operated by a team of multi-lingual coordinators at IMG in the UK, who can be contacted 24 hours a day, 365 days a year. IMG will assist you with your requirements and decide on the most appropriate course of action to help you through an emergency. Should you need to use this service whilst travelling, the contact details are:

**Tel: +44 (0) 203 859 1492**

**E-mail: [UMAL@global-response.co.uk](mailto:UMAL@global-response.co.uk)**

**Reference: UMAL/176**