# Petition for Faculty or Staff International Travel During the Pandemic (effective February 26, 2021)

**Employee name:** 

MUSC college/unit/department (include all that apply):

Unit supervisor (staff):

Department chair (faculty):

Travel funding source (if applicable):

International destination (city / country):

Proposed travel dates:

Date submitted:

#### Overview

During the pandemic, all travelers must present a compelling reason to travel to an international destination. Faculty and staff who wish to undertake university-related international travel must receive approval from their supervisor or department chair, complete this petition and submit to the MUSC International Travel Oversight Committee (ITOC) for review and risk assessment.

## Submission Timeline

This petition should be submitted to <a href="ITOC@musc.edu">ITOC@musc.edu</a> at least four weeks before preferred travel dates.

### **Travel Preparation**

- 1. I have reviewed the following resources concerning my travel destination during the planning stages and will continue to review these resources up to my departure.
  - Centers for Disease Control and Prevention (CDC) guidance: before and after travel.
  - U.S. Department of State (DOS) Travel Advisories.
  - CDC Travel Health Notices map and other Traveler Guidance.
  - International Airport Transport Association- AITA TravelCentre.
  - International SOS/MUSC Global Assistance portal- membership # 11BCAS084634.
  - International SOS information on current <u>pandemic travel restrictions</u>, <u>flight</u> <u>operations and screening</u> by country- membership # 11BCAS084634.
  - International SOS <u>evacuation capability statement</u> during the pandemic- membership # 11BCAS084634.
  - Yes
  - No
- 2. What is the U.S. DOS COVID-Related Travel Advisory Level rating for your destination?
  - Level 1: Exercise Normal Precautions
  - Level 2: Exercise Increased Caution
  - Level 3: Reconsider Travel
  - Level 4: Do Not Travel
- 3. What is the CDC COVID-specific Travel Health Notice rating for your destination?
  - Unknown
  - Level 1: Low
  - Level 2: Moderate
  - Level 3: High
  - Level 4: Very High

## **Necessity of Travel**

1	What	ic tha	purpose	of the	trin?
4.	vvnai	is me	burbose	or me	uib!

5. Explain, in detail, why this trip meets the essential travel requirement for faculty or staff- a) why is this trip critical to your work b) why can't the trip be postponed c) why can't it be conducted remotely?

- 6. Have you attached or forwarded approval of this trip from your unit supervisor or department chair?
  - Yes
  - No
- 7. Have you confirmed with a host entity or institution that you will be able to conduct your activities as planned (if applicable)?
  - Yes
  - No

## **Travel Logistics**

- 8. List all countries traveling from and to, including layovers. Specify final destination(s) and overnight stay countries.
- 9. Is your destination country, and any countries transiting through, accepting visitors originating from this country?
  - Yes
  - No
- 10. What are the COVID-19-related entry requirements for your destination, and what are the transit requirements for any stopovers related to COVID-19?

## Self-quarantine/Isolation

- 11. Will a self-quarantine period be required upon arrival?
  - Yes
  - No

12.	If so, what are the quarantine arrangements and additional costs associated with housing and meals?
13.	Are you prepared to isolate for 10 days (or more) and care for yourself in your destination if you become ill with COVID-19, or have been exposed to a contact that has been diagnosed with COVID-19?  • Yes • No
14.	If so, what are your isolation arrangements and additional costs associated with housing and meals?
15.	Do you have adequate funding to cover costs associated with a COVID-19 quarantine or isolation period?  • Yes  • No
16.	As of 1/26/2021, the CDC has issued new, mandatory pre-flight COVID-19 testing for all travelers returning to the U.S. from abroad, regardless of citizenship, no more than three day before their flight departs. Have you investigated how to comply with this requirement?  • Yes • No
17.	Are you prepared to pay out-of-pocket for a pre-flight COVID test?  • Yes

**COVID Prevention** 

No

- 18. Are you willing to commit to routine COVID-19 mitigation practices, such as wearing a face covering at all times, practicing social distancing, engaging in frequent hand washing/sanitizing, limiting gatherings as directed by a host institution, organization or government, participating in symptoms reporting or surveillance testing (if required), staying at home if ill and following guidelines from designated local health authorities?
  - Yes
  - No
- 19. Are you able to obtain personal protective equipment (PPE) such as a mask, face shield, hand sanitizer, etc., for your trip and is sufficient PPE available in your destination?
  - Yes
  - No

20. What other risks factors have you considered associated with your travel or destination and how will you mitigate those factors? (Ex. anti-foreign sentiment, pre-existing health issues, political instability, impact on local vulnerable population etc.).				
Health care				
21. How will you obtain COVID-19 testing in your destination country? Is there an out-of-pocket cost?				
22. Where is the nearest hospital or clinic where you can receive medical care, if needed?				
<ul> <li>23. Do you understand how to access care through International SOS medical assistance and insurance plan? If not, please email <a href="mailto:internationaltravel@musc.edu">internationaltravel@musc.edu</a> or contact International SOS directly- membership # 11BCAS084634</li> <li>Yes</li> <li>No</li> </ul>				
Change in Conditions  24. If there is a sudden change in conditions and international borders suddenly close, what arrangements will you make?				
<ul> <li>25. Will you be able to complete your research/study/work remotely, if conditions warrant?</li> <li>Yes</li> <li>No</li> </ul>				
<ul> <li>26. Are you prepared to financially manage any last-minute change of plans involving transportation and accommodations?</li> <li>Yes</li> <li>No</li> </ul>				
For ITOC Use Only				
Date received: Approving applicable unit supervisor/department chair <u>and</u> date: Date reviewed: Decision:				