



# Safety Management Plan International Outings

Your plan is due at least 60 days before your trip starts.

|                             |  |                  |                  |  |
|-----------------------------|--|------------------|------------------|--|
| <b>Trip Name:</b>           |  |                  | <b>Trip #:</b>   |  |
| <b>Trip Dates:</b>          |  |                  |                  |  |
|                             | <b>Leader #1</b>   | <b>Leader #2</b> | <b>Leader #3</b> |  |
| <b>Name:</b>                |  |                  |                  |  |
| <b>Home address:</b>        |  |                  |                  |  |
| <b>Home phone:</b>          |  |                  |                  |  |
| <b>Cell phone:</b>          |  |                  |                  |  |
| <b>Email address:</b>       |  |                  |                  |  |
|                             | <b>Emergency Contact #1</b>  |                  |                  |  |
| <b>Name:</b>                |  |                  |                  |  |
| <b>Home address:</b>        |  |                  |                  |  |
| <b>Home phone:</b>          |  |                  |                  |  |
| <b>Cell phone:</b>          |  |                  |                  |  |
| <b>Relationship to you:</b> |  |                  |                  |  |
|                             | <b>Emergency Contact #2 (Who is a back up person to be so notified?)</b> |                  |                  |  |
| <b>Name:</b>                |  |                  |                  |  |
| <b>Home address:</b>        |  |                  |                  |  |
| <b>Home phone:</b>          |  |                  |                  |  |
| <b>Cell phone:</b>          |  |                  |                  |  |
| <b>Relationship to you:</b> |  |                  |                  |  |

What are the dangers or potential hazards specific to this trip that you need to avoid and/or prepare yourself and your group members for?

| Potential Hazard | Leader steps to prevent problems |
|------------------|----------------------------------|
| 1.               | 1.<br>2.<br>3.                   |
| 2.               | 1.<br>2.<br>3.                   |
| 3.               | 1.<br>2.<br>3.                   |

**Daily itinerary with contact information for each place visiting or lodging**

| <b>Day (s)</b> | <b>Date</b> | <b>Location</b> | <b>Contact information</b> |
|----------------|-------------|-----------------|----------------------------|
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |
|                |             |                 |                            |

**Daily list of service providers you have arranged to use or plan to use**

(Include contact information for all concessionaires, guides, drivers, etc.)

| <b>Trips Day (s)</b> | <b>Trip Date (s)</b> | <b>Service provider</b> | <b>Contact information</b> |
|----------------------|----------------------|-------------------------|----------------------------|
|                      |                      |                         |                            |
|                      |                      |                         |                            |
|                      |                      |                         |                            |
|                      |                      |                         |                            |
|                      |                      |                         |                            |
|                      |                      |                         |                            |

**Daily list of emergency services available to you**  
(Include American embassy/consulate)


| Trips Day (s) | Trip Date (s) | Service | Contact information |
|---------------|---------------|---------|---------------------|
|               |               |         |                     |
|               |               |         |                     |
|               |               |         |                     |

**Emergency Trip Member Contact Information**

| Member Name | Emergency Contact Name | Relationship to Member | Numbers |
|-------------|------------------------|------------------------|---------|
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |
|             |                        |                        |         |

# Contacts for Medical and Emergency Issues

- Sierra Club International Outings Emergency Contact Information
  -
- Med Evac 200 – Participant and Leader Evacuation Insurance

|  |                   |  |                 |                   |               |  |  |
|--|-------------------|--|-----------------|-------------------|---------------|--|--|
|  <p>Emergency Medical Evacuation &amp; Medical Insurance ID Card<br/>Carry your ID Card at all times.<br/>Always present it to your medical service provider.</p> <table border="1"><tr><td>INSURED PERSON</td><td></td></tr><tr><td>NAME OF ACCOUNT</td><td>MedEvac 200 Int'l</td></tr><tr><td>POLICY NUMBER</td><td></td></tr></table> <p>Pre-Certification will not be granted.<br/>Possession of this card does not guarantee health care benefits or coverage.</p> | INSURED PERSON    |  | NAME OF ACCOUNT | MedEvac 200 Int'l | POLICY NUMBER |  | <p><b>NOTICE TO PROVIDER:</b></p> <p><b>TO REPORT OR CHECK CLAIMS STATUS CONTACT:</b><br/>Global Claims Administration/Claim Processing<br/>3195 Linwood Rd Suite 201 Cincinnati, OH 45208<br/>(800) 513-2981 or (513) 533-1330<br/>8:30 AM - 5:00 PM Eastern Time, Monday – Friday<br/>To verify Eligibility Call: (800) 423-8496<br/><b>EMERGENCY MEDICAL ASSISTANCE</b><br/>AXA Assistance USA</p> <p>Within the US and Canada: 888-647-3105<br/>Anywhere in the World: 630-766-7731 (collect)</p> <hr/> <p>For on-trip emergencies, after contacting the proper local authorities,<br/>call Program Safety: 1-888-OUTINGS (International-303-281-9914)</p> |
| INSURED PERSON   |                   |  |                 |                   |               |  |  |
| NAME OF ACCOUNT  | MedEvac 200 Int'l |  |                 |                   |               |  |  |
| POLICY NUMBER  |                   |  |                 |                   |               |  |  |

Sample / Do not

- **When and Where to send your completed SMP**

Send your completed SMP **at least 60 days before the start of your trip** to all of the following:  
[IOSSMPLIST@sierraclub.org](mailto:IOSSMPLIST@sierraclub.org).

**This email will distribute to the Co-chairs, Compliance Office and the national office.**

**Appropriate tools that you should have available throughout trip:**

1. Cell phone capable of making local and international calls
  - a. Is it charged?
  - b. Have you practiced using it?
  - c. Do you have all the phone numbers you might need?
2. Satellite phone
  - a. Is it charged?
  - b. Have you practiced using it?
  - c. Do you have all the phone numbers you might need?
3. Sierra Club First Aid Kit
  - a. Have you reviewed the contents to make sure it is complete?
  - b. Are you familiar with all of the contents and their uses?
  - c. Are you familiar with any medications in the kit?
4. Trip specific safety equipment
  - a. Gamow Bag
  - b. Other –
  - c. Other –
5. Topographic maps of trip route
  - a. Are you familiar with the maps?
  - b. Do you have a compass to go with the maps?
  - c. Do have an extra of each topo map to be available to be sent out to rescuers showing location of problem/victim?
6. Participant Rosters
7. Two sets of Participant Medical Forms: one set for the leader and a copy with each participant. Leader should fill out medical forms for themselves as well. All forms should include emergency contact information.
8. Complete arrival and departure travel details for each trip member.
9. Complete trip member emergency contact information.
10. Photocopy of each trip member's (and leader's) passport (or at least record of number, issue and expiration dates).
11. Other

**Collected, but not taken on the trip**

Signed Liability Waiver for each participant

**Just before leaving for your trip**

- Be sure to email to [outings.smp@sierraclub.org](mailto:outings.smp@sierraclub.org) with the number for the IOS provided or personal cell phone (and satellite phone if you will have one) that you will be carrying on the trip (and checking periodically and regularly for messages).
- Make sure the office has a complete and current list of emergency contact information for trip all members.

**Where to keep your SMP**

- Your daypack
- Daypack of assistant leader or daypack of trusted/valued trip member (if there is no assistant and only to be accessed if needed)