

GVSU Group Travel Risk Assessment Tool
COVID-19 Focus

Event/ Activity Description	
Date(s) of event/activity	
Requesting individual(s)	
Department/ Division	

[CDC travel guidance](#) currently indicates that the risk of both becoming infected, and spreading COVID-19 increases with the complexities of travel. From a pure transportation perspective, maintaining appropriate social distancing protocols is not feasible within most types of vehicle/conveyance. Building out from there, travelers may increase their own exposure if they're entering into jurisdictions or locations with COVID-19 risk levels higher than their home locations. Or, they can increase others' exposure if they travel while unknowingly infected.

This Risk Assessment Tool is designed to facilitate decision-making, by presenting a series of activities that will allow requestors to critically analyze whether proposed travel is both viable and appropriate, at this time.

Departments or Divisions might implement the use of this tool, for either of the following purposes:

- Informal: Utilization of this tool might be offered or recommended, but not required. The requestor would review the tool independently, as good practice. However, travel authorization would not be dependent on documented completion of the tool
- Formal/Authorization: Utilization of this tool is a part of a Departmental/Divisional travel authorization process, as may be applicable. The requestor would share the completed assessment tool with their authorizer and the travel authorization process would include acknowledgement that the tool has been addressed in its entirety.

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Step 1: Objective considerations

Based on current data, what is the COVID-19 Risk Level for Kent and Ottawa Counties? If the Risk Level differs between the two counties, please calculate based on the higher risk level. Please use the data found on this website: https://globalepidemics.org/key-metrics-for-COVID-19-suppression/	Green 0 points Yellow 2 points	Orange or Red 6 points
Based on current data, what is the COVID-19 Risk Level for the region(s) where you're traveling, if outside of Kent and Ottawa. Please use the data found on this website https://globalepidemics.org/key-metrics-for-COVID-19-suppression/	Green 0 points Yellow 2 points	Orange or Red 6 points
Is it possible for your entire group to maintain the following social distancing expectations during the entirety of your trip, including any overnight accommodations? a. Six-foot social distance, including within vehicles, for any interaction that lasts 15 minutes or longer, and b. Consistent use of face coverings, per current CDC guidance	Yes 0 points	No 3 points
Can participants frequently wash hands with either soap and water, or hand sanitizer with at least 60% alcohol i.e. prior to entering vehicles for travel, during stops, and upon arrival?	Yes 0 points	No 3 points
Will all individuals traveling be screened for completion of the university self-assessment screening prior to entering vehicles and/or beginning travel, and daily if the event is a multi-day event?	Yes 0 points	No 5 points
Is there a plan to transport a participant who develops symptoms while traveling, back to GVSU without exposing others?	Yes 0 points	No 5 points
Are their identified alternative assignments for those unable or unwilling to attend this in-person, off-campus activity, to reduce academic, social, or cultural pressure for participation, which could in any way create a bias situation?	Yes 3 points	No 5 points
Total all cells:		
0 – 5 points 6 – 22 points	Move to Step #2 Activity is not recommended	

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Step #2: Subjective considerations:

Quarantine and Isolation
<p>Traveling tests social distancing protocols, naturally increasing the likelihood of participants coming into “close contact” with others, including infected individuals, who may not have obvious symptoms. A “close contact” is <i>minimally</i> defined as someone who is determined to have been within 6-feet of a positive individual, for 15 minutes or longer, without a mask. In Michigan, County Health Departments hold the authority to investigate and identify impacted individuals, as follows:</p> <ul style="list-style-type: none">• The time period being investigated starts 48 hours <u>before</u> the COVID-19+ individual’s symptoms present, or in the case of an asymptomatic individuals, their positive test.• Any participant(s) deemed to be a close contact, even if not symptomatic, are required to quarantine for 14 days past the date of last exposure to the positive person, regardless of whether the Health Department requires them to be tested, or a negative test.• Any participant(s) who become symptomatic, are required to quarantine and be tested<ul style="list-style-type: none">○ Those participants that test positive must isolate until they meet CDC parameters○ Participant(s) that test negative are expected to continue to quarantine for the 14 days, and may be asked to take another test in a few days to rule out false negatives○ If participant(s) refuse to test, they are required to quarantine for 14 days, monitoring symptoms <p>Please consider additional consequences often experienced by those who have to quarantine or isolate, including but not limited to:</p> <ul style="list-style-type: none">• Academic insecurity for students who miss in-person required classroom, lab or experiential learning time• Housing complexities, including exposure of roommates and/or family• Access to food and hygiene products• Financial insecurity for lost wages, if applicable
Your comments (please use an additional sheet, if needed)
Healthcare
<p>Traveling tests social distancing protocols, naturally increasing the likelihood of participants coming into “close contact” with others, including infected individuals. Some participants may/may not have disclosed health conditions that may place them at higher risk of severe illness.</p> <p>The University’s insurance programs do not cover injury or illness sustained by students, visitors or volunteers, even if the injury or illness is a result of an educational opportunity, a sponsored activity, or other incidents that occur either on or off campus. In addition, students are not required to carry health insurance.</p> <p>Recent increases in unemployment may result in a greater percentage of our students being uninsured or underinsured than would have been previously expected.</p>
Your comments (please use an additional sheet, if needed)

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Step #3: Review CDC and GVSU guidance

- CDC considerations for travelers:
- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>
- CDC travel tip by conveyance type:
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html>
- GVSU standard vehicle and driver protocols:
- <https://www.gvsu.edu/riskmanagement/vehicle-driver-protocols-57.htm>
- GVSU Lakers Together Handbook:
- <https://www.gvsu.edu/tools/cloudstore/files/uploads/D9AB3936-FA4C-F689-3CB4686A1F337223.pdf>

Step #4: Final Questions

Question #1	Response
When you think about this off-campus activity, what can you imagine is the worst-case scenario, whether related to COVID-19, or not?	
Question #2	Response
Considering the potential risks, why would it be in GVSU's best interest to sponsor or facilitate this off-campus activity?	
Question #3	Response
Has completing this form reinforced your desire to pursue this off-campus activity, or made you question whether this travel is appropriate at this time?	
Question #4	Response
If you've decided to proceed, what mitigation actions will you take to decrease the potential disease transmission to our participants and the general public with whom they will interact?	
Question #5	Response
Is additional authorization/approval required in order to proceed? Have you secured that authorization & approval?	

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Step #5 Acknowledgement and Authorization

By submitting this document, the Requestor acknowledges that they have completed all sections of this tool, and believe that the requested travel is both viable and appropriate. The Authorizer acknowledges that they have authority to authorize this travel, as presented by the requestor, and does so within that capacity.

Requestor

Name: _____
Title: _____
Date: _____

Authorizer*

Name: _____
Title: _____
Date: _____

*Please defer to the organizational structure of your Department or Division to determine who has authority to approve these trips.