

HEALTH AND SAFETY QUICK GUIDE

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PREFACE

This health and safety guide has been created to ensure the well being and security of our participants by giving Host Site faculty and staff working with our Living Routes (LR) programs, a clear, and concise resource to more effectively assess and respond to the myriad health and safety issues that may come up during the course of a program. Within this *quick guide* Host Site faculty and staff will find essential information regarding LR health and safety policies and protocols. This guide is a compendium to, and should be used in tandem with, the more exhaustive LR Health and Safety manual.

Like all other study abroad program providers, Living Routes cannot eliminate all types of risks, but we can work to reduce the likelihood of problems happening on our programs, and prepare ourselves to respond effectively should an emergency occur.

The policies and procedures contained in this guide have been crafted based on the wisdom gained from years of experience running Living Routes programs, best practices in the field of Study Abroad as outlined by NAFSA and The Forum on Education Abroad, and open source materials from many other organizations, including the Audubon Expedition Institute and the Peace Corps.

Living Routes (LR) collaborates with communities, individuals and organizations worldwide to deliver the highest quality integrative sustainability education programs possible. It is essential that all Host Site faculty and staff working with LR programs regardless of length or location be trained to use this guide properly, have it near by during the entirety of the program and be prepared to use it effectively should the need arise.

In order to be relevant over time, this guide must be a “living document” that grows and evolves based upon input from program staff, changes in the field of study abroad, and shifts in the global context. Please contact me directly at Alexander@LivingRoutes.org or by phone at (413) 259-0025 if you have thoughts or suggestions regarding the material in this guide and/or if you notice any contradictions between program-specific materials and program-general policies and procedures.

Thank you for your hard work and dedication to ensuring that the health and safety standards and practices on all Living Routes programs are of the highest caliber possible.

In community,

Alexander Papouchis
Director of Programs

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| PREFACE | 2 |
| CHAPTER 1 ROLES AND RESPONSIBILITIES..... | 4 |
| CHAPTER 2 CONDITIONS OF PARTICIPATION..... | 7 |
| CHAPTER 3 PREPARING FOR THE PROGRAM..... | 9 |
| CHAPTER 4 PROGRAM HEALTH AND SAFETY ORIENTATION..... | 14 |
| CHAPTER 5 NON-EMERGENCY HEALTH AND SAFETY POLICIES, PROCEDURES AND RESPONSE | 16 |
| CHAPTER 6 EMERGENCY HEALTH AND SAFETY POLICIES, PROCEDURES AND RESPONSE..... | 19 |
| CHAPTER 7 EMERGENCY COMMUNICATION PROTOCOLS..... | 21 |
| CHAPTER 8 DISEASE, PREVENTION AND MEDICAL INSURANCE | 23 |
| CHAPTER 9 DEALING WITH MENTAL HEALTH ISSUES | 26 |
| CHAPTER 10 LEARNING DISABILITIES | 32 |
| CHAPTER 11 CROSS CULTURAL ADJUSTMENT..... | 35 |
| CHAPTER 12 GENDER, SEXUAL IDENTITY AND DATING ISSUES | 37 |
| CHAPTER 13 CONTINGENCY PLANS | 39 |
| APPENDIX | 65 |
| 1. CONTINGENCY PLANNING AND RISK MANAGMENT WORKSHEET | 66 |
| 2. DRAFT INCIDENT RESPONSE | 68 |
| 3. EMERGENCY SITUATIONS SAMPLE LOG..... | 69 |
| 4. PROGRAM SITE SAFETY AND SECURITY INFORMATION..... | 70 |
| 5. ADA, FERPA, HIPAA CHEAT SHEET | 73 |
| 6. CONDITIONS OF PARTICIPATION | 74 |
| 7. PROGRAM PARTICIPANT CONTRACT | 77 |
| 8. LEAVE OF ABSENCE FORM | 78 |
| 9. PROGRAM COMPLETION FORM..... | 79 |
| 10. AUTHORIZATION FOR MEDICAL TREATMENT | 80 |
| 11. SICKNESS, ILLNESS AND ACCIDENT REPORT FORM | 81 |
| 12. WEEKLY PROGRAM UPDATE..... | 84 |
| 13. LIST OF MEDICATIONS BY CONDITION..... | 88 |
| 14. LIST OF MENTAL HEALTH ISSUES AND THEIR MEDICATIONS..... | 91 |
| 15. ADHD 101 | 94 |
| 16. ANEMIA 101..... | 95 |
| 17. ASTHMA 101..... | 96 |
| 18. DYSLEXIA 101 | 97 |
| 19. EPILEPSY 101 | 98 |
| 20. SEIZURE 101 | 101 |

CHAPTER 1



ROLES AND RESPONSIBILITIES

All Living Routes (LR) Host Site faculty and staff are key figures in supporting participant safety, security and well-being. It is therefore critical that all faculty and staff are aware of their own, others', and participants' areas of responsibility and oversight in relation to safety, well-being, and crisis responses.

What follows is a general delineation of these roles and responsibilities; a full account of roles and responsibilities is available in the Health and Safety Manual. Since no listing can cover all situations that may arise, in cases of doubt please consult with the LR Amherst Office staff directly.

LR Amherst Office Staff Responsibilities



General

1. Require that participants have U.S based health insurance and are registered for iNext travel insurance.
2. Provide information to participants and their parents/guardians/families prior to the program on safety, health, legal, environmental, political, cultural, and religious conditions in the host country.
3. Provide information to participants and their parents/guardians/families regarding responsibilities of LR Amherst Office Staff and Host Site faculty and staff.
4. Thoroughly review all participant files, document potential health, safety, academic and emotional red flags and conduct health and safety follow-ups with participants individually (as needed).

*****Additional information about General Responsibilities is available in the H&S Manual (Chapter 1)***



Crises

1. Develop and maintain emergency preparedness policies and procedures, and a crisis response plan. Regularly train the host site staff on these policies and procedures.
2. Consider health and safety issues, as well as disciplinary issues in evaluating the appropriateness of an individual's participation in a study abroad program.
3. Make final decisions regarding critical health and safety issues.
5. Develop and communicate codes of conduct, with consequences of noncompliance, for

participants.

6. Determine criteria for an participants removal from a program

****Additional information about Crisis Responsibilities is available in the H&S Manual (Chapter 1)**

Host Site Responsibilities During the Program



General

1. Conduct periodic inquiries and assessments regarding the potential health, safety, and security risks of local community and travel areas.
2. Gather and organize up-to-date information, names, and numbers for site emergency contacts including but not limited to); local hospitals, doctors, psychiatric counselors, embassies, emergency care facilities, ambulance services, etc. (see *Program Emergency Contact Sheet*).
3. Develop and provide regular health and safety trainings for Host Site faculty and staff (see Chapter 3: Preparing for the Program).
4. Participate in the development of emergency preparedness policies and procedures, and carry out these policies and procedures as specified.
5. Keep the LR Amherst office abreast of all emergency and non-emergency participant health and safety issues as they arise.
6. Should faculty and staff receive inquiries and/or contact directly from the participant's family or legal guardian, consult with the LR Amherst office before responding.



Crisis

1. Establish a crisis management team, coordinate with the LR Amherst staff, and keep an emergency log.
2. Establish a communication tree with program participants to be used in the event of a crisis.
3. Set up an evacuation plan for the program and inform participants.
4. Maintain contact with the US Embassy in country, including staying informed about potential political and social issues in the region that may effect the program.



Participants (on Program)

1. Review all participant files including medical forms, and carry the *Student Emergency Medical sheet* with them during the program.
2. Create a sense of community among the participants regarding supporting wellness and well-being of all members (e.g. establishing a system to monitor health at site).
3. Encourage participants to self-disclose any additional health information during the initial One-on-One meeting.

4. Provide thorough and well-organized health and safety orientation to participants on site.
5. Support participants through culture shock, and make them aware of the linkage that can occur between culture shock and health problems.
6. Monitor participants' safety and well-being throughout the program.
7. Remind participants of the importance of maintaining their personal health through proper nutrition, exercise, mindfulness practices, connection to friends and family, etc.
8. In cases of emergency maintain good communication.
9. Ensure that excursions are carried out in a safe manner.
10. Be informed of the participant Codes of Conduct and the consequences of noncompliance; take appropriate action when aware that participants are in violation.

Participant Responsibilities



On Program

1. Understand and comply with the Conditions of Participation, Codes of Conduct, and emergency procedures of the program.
2. Accept responsibility for their decisions and actions.
3. Obey host-country and community laws and regulations.
4. Abstain from using illegal drugs and un-prescribed medications and excessive or irresponsible consumption of alcohol.
5. Follow the program policies for keeping Host Site faculty and staff informed of their whereabouts and well-being.
6. Become familiar with the procedures for obtaining emergency health and legal system services in the host country.
7. Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.



Safety Measures

1. Dress and behave in a manner that is inoffensive to local cultural norms.
2. Establish personal boundaries and act to protect them.
3. Exercise added caution on occasions when displaying conspicuous possessions (jewelry, iPod, laptop, sunglasses, camera, etc.).
4. Maintain a low-key profile, especially in places where there may be hostility toward Americans.
5. Avoid "high risk" regions - including areas within host country and/or city.
6. Travel with a friend/ trusted other.
7. Use a simplified "buddy system" when traveling in smaller groups.

*****Additional information about Participant Responsibilities is available in the H&S Manual (Chapter 1)***

CHAPTER 2



CONDITIONS OF PARTICIPATION

Ensuring participant health and safety involves the participants themselves as key actors. All program participants have read and signed the Living Routes (LR) Conditions of Participation stating that they understand what is entailed in participating and responsibilities they have while on the program.

Participant Conditions of Participation include:

- Abiding by all host country and community laws and regulations
- Fully disclosing to LR Amherst office staff during the interview process, on mandatory program medical forms and health and wellness follow up conversations all physical, emotional and cognitive issues, conditions, or disorders that could potentially impact their own, or another participant's participation on the program
- Disclosing all prescribed medications and related dosage on the LR medical forms
- If prescribed medications by a doctor and/or therapist continuing to take the prescribed dosage during the course of the program
- Not using drugs that are illegal (including medications without a doctor's prescription)
- Not consuming any alcohol if they are under 21 years of age
- If 21 years or older using alcohol on rare occasions, in moderation, never to the point of physical and/or mental impairment or intoxication and in conforming to community norms
- Not operating or riding on motorcycles or piloting other motorized vehicles
- Not diving into water, rock/tree climbing, or swimming in areas that have not been approved by Host Site faculty and staff
- Not compromising their own or another participant's physical and/or emotional safety
- Not dressing and/or behaving in a manner that is offensive to local cultural norms

****Additional information about COP is available in the H&S Manual (Chapter 2)**

Breaking the Conditions of Participation or Site Rules

As soon as there is indication of commitments being broken and/or infringement of program rules:

1. **Documentation:** Documentation should begin and be kept on file, and the situation monitored (See Appendix for forms). Early notification and documentation will facilitate the ease of measures that may need to be taken at a later time, and assist the response in being safer and more legally binding.

2. **Speak with the participant in question** and discuss the potential impacts of their actions on their personal wellbeing and/or safety, as well as on the group, program and host community. *Additional information is available in the H&S Manual (Chapter 2).*
3. **Contacting LR Amherst Office Staff**: It is essential once a participant breaks a condition of participation that the Host Site lead faculty and/or site director immediately notifies the LR Programs Manager at the Amherst Office via phone or Skype to talk over next steps and potential consequences. This should be done prior to discussing with the participant the consequences for their actions.
4. **Appropriate Consequences and Contracts**: If it is decided that a participant's actions do not require immediate dismissal from the program or a warning, then it is required that a contract be written up to support the participant in managing their behavior. The Host Site lead faculty and/or site director and the LR Program Manager in Amherst should write up the contract. If the participant fulfills the contract they should be taken off the contract, but their behavior should be continually monitored with periodic updates given to the LR Programs Manager. *Additional information is available in the H&S Manual (Chapter 2).*
5. **Two Strikes Policy**: The general rule of thumb for working with contracts, and participants who are out of integrity with program agreements, is that they get **two "strikes"** before they are dismissed from the program. This includes the initial violation. Contact the LR Amherst Office staff for more information.
6. **Protocol**: Following documentation and review of the situation by the LR Amherst Office staff, further support will be provided on a case-by-case basis. Further protocol may include communicating the contract to peers, the community and family members when appropriate and with the participant's permission. *Additional information is available in the H&S Manual (Chapter 2).*

CHAPTER 3



PREPARING FOR THE PROGRAM

It is essential that Host Site faculty and staff teams take the necessary steps, well in advance of participant's arrival, to ensure the highest standards of health and safety are put into place and upheld during Living Routes (LR) programs. This introductory chapter has been written to lead Host Site-based teams through a series of steps and tasks (with accompanying timelines) to ensure that the program site, faculty and staff are all ready to deliver a healthy and safe program.

2 MONTHS BEFORE PROGRAM START

Step 1 – Updating Program Emergency Contact Information

All Living Routes (LR) programs must have accurate and updated information concerning local emergency contacts including names, addresses, and phone numbers while the group is on site as well as during travel components of the program. The following information should be compiled and/or updated on the *Program Emergency Contact sheet* (Appendix 3:41) in preparation for the beginning of each new program.

Contact information should include the following



- Local emergency services, including the police, ambulance, and other emergency offices.
- Reliable hospitals, and doctors of different specialties that speak English.
- Psychiatrists/psychologists that speak English.
- A local lawyer or legal advisor
- Contacts at the local U.S. Embassy and/or consulates.
- Reliable transportation providers and/or travel agents in the event that a rapid evacuation needs to be carried out.

Step 2 – Maintaining a Site Crisis Management Team

Establishing a crisis management team is a critical aspect of emergency planning and crisis preparedness. Each LR program site should have its own designated members of the crisis management team; and a designated lead faculty or director who will link the program site team with the LR Amherst office team.

A crisis management team should be prepared to provide a coordinated and comprehensive response to any crisis and to carry out any and/or all of the following functions towards that end:

- Determine which staff and other involved individuals will play what roles
- Indicate decision making and implementation procedures and responsibilities

- Keep a written log
- Monitor the situation as it unfolds
- Notify the proper authorities at the program site
- Decide who will contact individuals and institutions in the United States
- Coordinate travel and medical arrangements and other logistical details
- Ensure proper financial coverage
- Set up and maintain a communications network
- Evaluate and assess the response strategies
- Follow LR guidelines regarding media communication

Decision making and communication chains

It is critical that *decision making* and *communication chains of command* and *response* be clearly understood by all those involved both at the program site and the LR Amherst office so as to appropriately coordinate the LR response during a crisis or potential crisis situation. While members of the crisis management team do not need to physically meet together, it is advisable to contact the designated individuals in advance and discuss with them the plans and procedures for crises.

1 MONTH BEFORE PROGRAM START

Step 3 – Maintaining host site based and travel First-Aid Kits

Each host site should have well-equipped first-aid kits that contain medical supplies necessary to prevent and treat illnesses that might occur during the program while on site or traveling as a group. These kits should be checked and restocked before and during the program, and be put in a central location should they be needed. All primary Host Site faculty and staff should be familiar with the contents of each kit and know how to use them should the need arise. Although kits should be adapted to meet local needs and conditions

The following is a list of essential items that must be included:

Bandage and Wound Care Materials

- Bandage strips (Band-Aid, Curad, others) in assorted sizes
- Sterile Gauze Pads (4"x4")
- Wound Closure Strips (1/4" x 4")
- An elastic wrap and/or Coban
- Triangular bandages
- Cotton balls and cotton-tipped swabs
- Tincture of Benzoin (helps bandage stick better)
- A roll of athletic tape
- Cotton Tip Applicators

Medical Information

- Quick guide to Wilderness & Travel Medicine
- Program Emergency Contact sheet

Medications

- Participant Medications
- Rehydration Salts
- Anti-diarrhea medication
- Oral antihistamine (Benadryl, others)
- Aspirin
- Ibuprofen

- Povidone Iodine Solution
- Syringe, Irrigation, 10 cc, 18 Gauge Tip
- Triple Antibiotic Ointment, Single Use
- Alcohol Prep pads

Bleeding

- Disposable latex or synthetic gloves (at least two pairs)

Blister/Burn

- Aloe Vera gel
- Moleskin, Pre-Cut & Shaped
- Instant cold packs

Instrument

- Micro shield
- Sharp/strong scissors, tweezers and a needle
- Thermometer
- Bulb suction device for flushing out wounds
- Safety pins in assorted sizes
- Pencil

- Calamine lotion
- Hydrocortisone cream
- Drugs to treat an allergic attack, such as an auto-injector of epinephrine (EpiPen)
- Activated charcoal (use only if instructed by your poison control center)

Other

- First Aid kit Supply List
- Duct Tape
- Zip-lock plastic bags for the disposal of contaminated materials
- Instant hand sanitizer
- Sterile eyewash, such as a saline solution

Step 4 – Health and Safety Training and review

All Host Site teams should carry out health and safety trainings and discussions in preparation for the start of each program. These training and discussions should include:

- 1) First Aid/CPR training (when necessary)
- 2) Review of first aid kits (community based and travel kits) and review on proper use
- 3) Review of Health and Safety Quick Guide and Manual
- 4) Health and safety policies, protocols and site specific concerns and/or issues
- 5) Reviewing crisis management team structures and protocols
- 6) Review of all LR health and safety forms and related policies including;
 - Initial One on One template
 - Temporary Leave of Absence form
 - Accident and Illness report form
 - Conditions of Participation
- 7) Creating a health and safety orientation for participants (first week of program).

2 WEEKS - 1 MONTH BEFORE PROGRAM START

Step 5 – Reviewing Participant Files

The LR Amherst Office staff, through the Programs Department, thoroughly review all participant files in the months leading up to the program start date to ensure they are filled out accurately and completely. Throughout the review notes are taken of potential red flags issues, which are documented on the *Student Emergency Medical Information* sheet (see below). Staff also conduct follow up conversations with participants by phone to develop a better understanding of the red flag issues they are dealing with and document the conversation on the *Health and Wellness Follow Up* document (see below).

Participant files will be sent to Host Site faculty and staff by the LR Program Manager 2 weeks - 1 month before the program start date. Each file should be ready over carefully by all Host Site faculty and staff working on the program.

The participant file packet you receive with including the following:

- Application
- Interview
- Conditions of Participation
- Transcript (semester programs)
- Teacher and Character Recommendations (short term program only 1)
- Student Medical Form
- Physician Medical Form (semester programs)
- Authorization for Medical Treatment
- Emergency Contact Information
- Health and Wellness Follow up (when applicable)
- Medical 101 sheet (when applicable)
- Psychologists consent form (when applicable)

The Student Emergency Medical Information sheet

In addition to participant files Host Site faculty and staff will also be sent the *Student Emergency Medical sheet*. ***Additional information is available in the H&S Manual (Chapter 4; Appendix p. 54)***. This sheet organizes key medical information for all participants on the program into one document that includes;

- Each participant's health insurance and doctors information
- Medical, mental health and other potential red flags and relevant history, medications, etc.
- Emergency contact numbers

Important Note: All Host Site faculty and staff working for the duration of the program should carry this sheet.

1 MONTH BEFORE – END OF PROGRAM

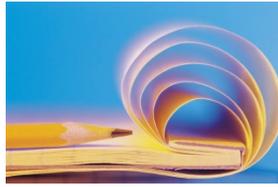
Step 6 - Working with participant files

If during your review of participant files, Host Site faculty and staff come across any potential red flag issues that have not been documented by the LR Amherst Office Staff, through the Programs Department, please notify them immediately. Once Host Site faculty and staff have read over participant files it is important to;

- Use the *Health and Safety Manual*, and other resources to learn about participants unique health and wellness issues and how to work with them
- Set up a time to discuss participant issues with the Programs Manager in Amherst
- Arrange with the Programs Manager a time to have a Skype call with Living Routes Psychologist on retainer, Erik Marks
- Discuss red flag issues and other related issues with participants during the Initial One-on-One during the first two days of the program

Important Note about Confidentiality: It is essential that all participant files be kept in a safe place away from the group and destroyed at the end of the program.

CHAPTER 4



PROGRAM HEALTH AND SAFETY ORIENTATION

Host Site faculty and staff are required to hold a thorough and engaging health and safety orientation during the first week of the program. Orientation should include information on safety, health, legal, environmental, political, cultural, and religious conditions in the host country. In addition, the orientation must also include site-specific information that could potentially impact participant's safety, well-being and security and address potential health and safety risks, and appropriate emergency response measures.

Orientation Outline

1. Security Concerns:
 - Conditions of Participation
 - Personal responsibility during the program
 - General security concerns and protocol
 - Site specific security concerns and protocol
 - Pertinent laws and regulations of the host country
 - Religious identity of hosting community and risks associated with this religion (tolerance of LGBT, tolerance of other religious beliefs, etc.)
 - Dating, gender and identity
2. Minimizing Risk at the Site
 - Define and have a conversation about what "risk" means
 - Drugs, alcohol, prescription medication
 - Culturally appropriate/inappropriate behavior
 - Culturally appropriate/inappropriate dress
 - Areas at site to avoid (Certain trails or roads, areas of a town, etc.)
 - Steps to minimize risk in crowds/higher risk areas

Orientation Teaching Modalities



Before creating the orientation, it is helpful to understand and consider who the participants are and the best ways to engage them. To ensure the effectiveness of the orientation it is important to build various learning modalities into the orientation including (but not limited to) lecture, discussion, personal reflection, role-playing and scenarios.

Framework for Analyzing Risk:

Each of the following factors are important to consider when developing and communicating the site specific Health and Safety orientation and site specific policies:

- The participant
- The participant's behavior
- The conditions under which the participant will be studying.

Scenarios

During the discussion with the participants about safety, security and emergency procedures, the use of "what ifs" scenarios are often useful in helping them to understand and remember what to do in the case of an emergency. Scenarios can include:

- Being lost

- What to do in case you feel uncomfortable
 - What to do? (Keep moving, find a crowded area, etc.)
 - Who to go to? (Women, into a house, etc.)
3. Health Information
- How to prevent illness
 - What to do in case of illness
 - Medications and a medical bag for daily use
 - Avoiding disease (even with medication)
 - Health protocol
 - FERPA and HIPPA (See Appendix 4: 32)
4. Health and Safety during Excursions
- What to do in case of emergency
 - Minimizing risk of health and safety during travel
 - Being separated from the group
 - Illness while traveling
5. Emergency contact information and cards
- Review emergency contact card information with participants
 - Local emergency services
 - Police, ambulance, and other emergency offices.
 - Reliable hospitals and doctors of different specialties that speak English.
 - Psychiatrists/psychologists that speak English.
 - A local lawyer or legal advisor, local U.S. Embassy and/or consulates.
 - Reliable transportation providers and/or travel agents in the event that a rapid evacuation needs to be carried out.

- Getting sick
- Sexual harassment
- Experiencing problems with a faculty member
- Seeing a peer doing something outside of the safety and health norms

Example scenarios can be taken from participant experiences in the US and discussed in terms of differences between the US and the host country.

These important security and emergency pointers should be discussed with the participants throughout the program's duration.

If situations change in the host country and/or receiving community (for whatever reason), participants should be informed of how the new situation might impact their safety and security.

On-going Reiteration

While the initial orientation period is critical for transmitting important information related to participant safety and well being during the Living Routes program, the process should be an on-going one throughout the entire course of the program. It is important to find ways to remind and reiterate critical information and behavioral suggestions related to participant's safety and well being in country at various points during the course of the program, including in preparation for traveling as a group.

Create Space

Often, under the perception that not being able to act alone is weakness, a participant will need the safety of intentional space to communicate health and safety concerns. It is important to build time into the program model and schedule for participants to have a safe space to share concerns about health and safety issues. Keep open lines of communication with participants and the learning community during the semester through One-on-Ones, community meetings, and other supportive structures.

CHAPTER 5



NON-EMERGENCY HEALTH AND SAFETY POLICIES, PROCEDURES AND RESPONSE

The purpose of this chapter *is not* to discuss specific non-emergency health, safety, emotional and academic challenges that participants may experience during the course of the program, but rather to outline important information related to Living Routes (LR) policies and procedures concerning how to prevent, cope with, respond to and report issues that arise.

When a Non-Emergency Health and Safety Issue Occurs

Even with the best planning and support, participants can and do experience health, safety, academic, and emotional problems while on a LR program. Usually these problems are minor, and full recuperation takes place with proper care, support and/or treatment in a few days.

Non-Emergency issues include:

- A medical condition/issue that persists for longer than 2 days
- Emotional challenges/issues that last longer than 2 days and/or are reoccurring
- Academic issues and learning disabilities or challenges that emerge and/or persist

Creating and maintaining a culture of preventative care and well-being:

- Review all participant files including medical forms and carry the *Student Emergency Medical sheet* with you during the program.
- Encourage participants to self-disclose any additional health information during the initial One-on-One meeting.
- Create a sense of community among the participants regarding supporting wellness and well-being of all members (e.g. establishing a system to monitor health at site).
- Provide thorough and well-organized health and safety orientation to participants on site that includes how to minimize safety risks, prevent illness and emotional stress.
- Support participants through culture shock, and make them aware of the linkage that can occur between culture shock and health problems.
- Monitor participants' safety and well-being throughout the program.
- Maintain awareness of and check in with participants about issues that were disclosed in medical documents and during the initial One-on-One.

Coping with a situation:

- Take a deep breath.
- Determine who is best suited to work with the participant around the issue and what supporting roles need to be articulated and delegated.

- Know limits; be realistic about the ability to give time and support as well as knowing who can step in when you need a break from the situation.
- Accept feelings around a situation and confide in others about feeling as well as ability to respond.
- Advocate for those *not* directly involved in the situation to take a more independent role, through self-education, etc.
- Get support if needed - talk to colleagues on site, the Programs Manager in Amherst and LR's psychologist on retainer, Erik Marks (if needed).

Responding to a situation:

- Be proactive about connecting with and talking to the participant early on when the issue first becomes apparent
- Gather information concerning relevant history, signs and symptoms, and how the participant is managing (or not) their personal well-being and/or safety to ensure understanding of the depth and breath of the issue
- Become educated about the issue that has arisen using the health and safety manual, relevant resources and colleagues.
- Provide participants with accurate information and options for dealing with the issues that are arising.
- Support them in taking the necessary next steps to resolve and or manage the issue
- Check in with the participant regularly and be available for continued support as needed.
- Remind participants of the importance of self care through proper nutrition, exercise, mindfulness practices, and connecting with others in and outside the program for support

Reporting situations in the weekly report:

Host Site lead faculty and/or directors are required to provide weekly updates related to participant's physical, emotional, and academic health and wellbeing. LR requires these updates to ensure that the home office is informed about all participant related issues in the field and to ensure the highest level of support possible for Host Site faculty and staff.

These updates should be organized on the *Program Weekly Update Report* form and sent to the LR programs manager in advance of the weekly Skype check in.

It is important that the weekly report document:

- New participant health, safety, emotional, and academic issues that arise
- Ongoing issues that have persisted since the last update
- Issues that have come to resolution since the last update

It is important that the following is documented:

- A medical condition/issue that persists for longer than 2 days
- Emotional challenges/issues that last longer than 2 days
- Participant behavior that compromises his/her or another participant's safety and/or well being
- Academic issues and learning disabilities or challenges that emerge and/or persist

Essential Information to Include:

- What is the issue (Signs and symptoms)?
- What the proposed next steps for dealing with the issue (follow up doctors visit, check in's, etc.)?
- How is the issue being treated (one on one sessions, doctors visits, medications (name and dosage), etc.)?

**General Guidelines and Policies are located in Chapter 6 of the Health and Safety Manual; the [Non-Emergency](#) and Emergency Responses have been condensed into Chapter 7 of the Health and Safety Manual.

CHAPTER 6



EMERGENCY HEALTH AND SAFETY POLICIES, PROCEDURES AND RESPONSE

For our purposes, an emergency on a program is any circumstance that poses a genuine risk to, or that has already disturbed, the safety and well being of individual participants or the learning community as a whole..



EMERGENCIES WILL INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING TYPES OF EVENTS:

- Any legal action (lawsuit, deposition, trial, etc.) involving a participant
- Arrest or questioning by the police or other security officers
- Disappearance or kidnapping of a participant
- Hospitalization for any reason
- Local or national political crisis
- Physical assault
- Robbery
- Sexual assault or rape
- Serious illness, physical or emotional
- Significant accident and/or injury
- Terrorist threat or attack
- War or the possibility of war

1. First safeguard the safety and well being of *all* program participants

- Do whatever is necessary to assure this, whether this means obtaining prompt and appropriate medical attention, Embassy intervention or police protection. You will of course be reimbursed for all expenses related to the management of an emergency.

2. Begin to keep a written log of the situation (See Appendix 3:41).

- Keep notes of names, titles, contact telephone numbers and the roles played by anyone involved in the incident.
- Fill out the “Illness and Accident Report Form”

3. Immediately contact the Living Routes office and brief the Director of Programs and/or the Executive Director in a detailed way about the situation

- Use the “Illness and Accident Report” form for guidelines if needed.
Living Routes office: (888) 555-7333/ (413) 259-0025
Living Routes Fax: (413) 259-1113
Alexander Papouchis Cell: (413) 923 8423
Alexander@livingroutes.org

It is important to keep the Living Routes office posted of all changes, continued medical attention, and other details throughout the duration of the illness, injury, emergency, crisis, incident.

- 4. The U. S. Crisis Team (defined in Chapter 2) manages contact with the media**
 - If Host Site receives any calls, all should be directed to the Amherst Office.
- 5. In the event of an incident, the U.S. Team will contact the family members or emergency contacts**
 - In order to do this, the program staff needs to secure the permission of the participant and then pass this on to the LR Amherst Office staff.
- 6. If necessary, notify the local U.S. Embassy or Consulate about the crisis**
 - Follow whatever procedures they may require if there is a continuing risk to the welfare of the participants (during a terrorist threat, for example).
 - Ask the appropriate Embassy or Consulate Officer to advise on a regular basis about the evolution of the crisis, and about how the participants should respond.
- 7. Given the nature of the crisis, US staff may require all participants to sign a statement (created by US Staff) acknowledging that they have received, read, and understood the response plan**
 - After all of the participants in the group have signed, please fax the forms back to the Living Routes office.
- 8. Decide how and what to communicate to the program participants about the event**
 - Alleviate as much panic as possible and elicit participant cooperation in dealing with the situation at hand. Decide the way to handle participants communicating with family and friends. In some instances, it might be helpful to discuss with participants how and when they will communicate this situation to family and friends.
- 9. In the event of a certain crisis, there will be an option to return to the US or to participate on another LR program.**
 - In the event of certain crisis, every reasonable effort will be made to allow participants to transfer to another Living Routes program or return to the US if they choose to do so.
- 10. Host country and U.S. Crisis Teams (defined in Chapter 2) will debrief about potential procedural changes**
 - Make sure, as much as possible and within best judgment, all key constituents have had their needs met.

CHAPTER 7

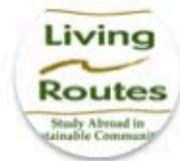


EMERGENCY COMMUNICATION PROTOCOLS

Emergency planning and response should include the following communication protocol for quick and efficient response from LR Amherst. It is important that all Host Site faculty and staff working on a program have these numbers immediately accessible should a true emergency arise.

Living Routes' Crisis Communication Team

Amherst Office



EMERGENCY PHONE
001 (413) 367-5029
Fax: (413) 259-1113



Alexander Papouchis
Programs Director
Skype: alexpapouchis
Cell: (413) 923-8423



Julia Hanley
Programs Coordinator
Skype: jh4493
Cell: (413) 320-8662



Allison Butler
Interim Executive Director
Skype: allison.butler
Cell: (917) 805-9308



Davis Hawkowl
Administrative Director
Skype: dhawkowl
Cell: (413) 695-8414



Parents, Board,
Media, Stakeholders



Other staff when
necessary

Psychological Support:

Living Routes (LR) has a psychologist on retainer who we consult with (as needed) during the application and participant pre-program preparation process, while programs are in session and any time a mental health related issue or emergency arises on one of our programs. Erik is available to consult with Host Site faculty/staff teams over Skype, phone and email under the following circumstances:

- *Pre-program* – If, after reading over participant files, Host Site faculty/staff want to discuss specific issues to more generally learn to better support participants with mental health related issues and/or red flags.
- *During the program* – If professional support and consultation is needed working with participants regarding mental health related issues.
- *In any stage* - If a mental health related emergency arises.

Note: It important the LR Program Manager is contacted to set up any initial contact with Erik Marks. Once this initial contact is made, Erik can be contacted directly but the Programs Manager must always be kept abreast of new and ongoing issues related to the mental health and well being of participants.

Emergency Communication Protocols

In any situation that could potentially be a crisis and/or emergency, it is critical that Host Site faculty and/or staff contact the LR Amherst Office as soon as possible to inform them of the situation and discuss a response plan.

- **Alexander Papouchis** should be the first point of contact.
- If it is not possible to contact Alexander, **Julia Hanley** should be contacted, followed by **Allison Butler**, and **Davis Hawkowl**.
- Regardless of who is the first contact person, *Allison needs to be briefed of all events*.

Contacting Family Members and/or Emergency Contacts

Unless circumstances dictate otherwise, in the event of an incident, the **Living Routes Amherst Team will contact the family members or emergency contacts**. In order to do this, the Host Site faculty and staff should try to secure the permission of the participant, and then pass this on to the LR Amherst Office staff. Even if permission is not secured, under certain emergency condition LR has the discretion to contact family members and/or emergency contacts without the participant's permission according to FERPA regulations (Appendix 5: 45).

Media Policy

It is LR policy that *media inquiries be centralized at the LR Amherst office* due to the nature of the media and the potential for possible misrepresentation involved with communicating with the press. Any inquiries for information related to the incident received at the host site from members of the media should be referred to the LR Amherst Office.

CHAPTER 8



DISEASE, PREVENTION and MEDICAL INSURANCE

Immunizations

Living Routes (LR) expects program participants to obtain the required immunizations listed below. LR *requires* that participants have current immunizations against: MMR, Varicella (chicken pox), DPaT, Hep B. Other *host site-dependant* immunizations include Hep A, Malaria, Typhoid, and Yellow Fever. Recommend immunizations: Rabies, Japanese Encephalitis.



IMMUNIZATION TABLE

Below is Living Routes' Chart of Immunizations required for students to participate in our programs. All requirements are based upon CDC recommendations.

| Chart Key: | | | | | | Immunization Timeline (not administered during childhood): | | | | | |
|--|--|----------------------------|------|-------|-------|---|---------|---------|--------|--------------|--------------------------|
| C | Normally administered in childhood | | | | | Hep A: 1 dose before travel, <i>but</i> 2 doses are needed 6 months apart for long term protection | | | | | |
| M | Mandatory for Living Routes Programs | | | | | Malaria: Varies on medicine; often 4 weeks prior to travel | | | | | |
| B | Booster required | | | | | Typhoid: 1 dose 2 weeks prior to travel | | | | | |
| R | Recommended by Living Routes and the CDC | | | | | Rabies: 3 doses starting 21-28 days prior to travel | | | | | |
| P | Proof needed for entry into country if coming from/passed through an area of high risk | | | | | Yellow Fever: booster needed every 10 years | | | | | |
| | | | | | | Japanese Encephalitis (Je-Jax): 3 doses starting 30 days prior to travel | | | | | |
| | | | | | | Japanese Encephalitis (Ixiaro): 2 doses 28 days apart | | | | | |
| | MMR/ MMRV | Varicella (chicken pox) | DPaT | Polio | Hep.B | Hep.A | Malaria | Typhoid | Rabies | Yellow Fever | Japanese Encephalitis |
| Australia | M C | M C | M C | M C | M C | | | | R | P B | R B |
| Brazil | M C | M C | M C | M C | M C | M | M | M B | R | M B | |
| India | M C | M C | M C | M C | M C | M | M | M B | R | P B | R B |
| Israel | M C | M C | M C | M C | M C | M | | | R | | |
| Mexico | M C | M C | M C | M C | M C | M | M | M B | R | | |
| Peru | M C | M C | M C | M C | M C | M | | M B | R | M B | |
| Scotland (UK) | M C | M C | M C | M C | M C | | | | R | | |
| Costa Rica (Nicaragua) | M C | M C | M C | M C | M C | M | | M B | R | P B | |

Types of Diseases and Prevention

This is not a comprehensive list, as it leaves out the childhood immunizations (it is unusual for participants to waive these immunizations because they needed them to enter to public school). The list includes information presented by the **CDC on their official website (<http://www.cdc.gov/>).

Hepatitis A is a viral infection of the liver passed by ingesting contaminated food and water, and through direct person-to-person contact. **Symptoms:** fatigue, fever, loss of appetite, nausea, dark urine, jaundice, and vomiting. **Prevention:** The virus is inactivated by boiling or cooking to 85 degrees centigrade for one minute, therefore eating thoroughly cooked foods and treated water serve as precautions.

Japanese Encephalitis is a mosquito-borne virus that is closely related to West Nile and St. Louis encephalitis viruses. The incubation period is 5 to 15 days. **Symptoms:** Illness usually begins with sudden onset of fever with gastrointestinal symptoms and headache. Mental status or behavioral changes, focal neurologic deficits, generalized weakness, and movement disorders may develop over the next few days. There is no specific antiviral treatment for JEV; therapy consists of supportive care and management of complications. **Prevention:** Prevent mosquito bites (see malaria, above).

Malaria is a serious parasitic infection transmitted to humans by infective female anopheles mosquitoes. They bite mostly at night from dusk to dawn. **Symptoms:** range from fever and flu-like symptoms, to chills, general achiness, and tiredness. **Prevention:** Use an effective repellent, wearing long sleeves and pants in the evening, and sleeping in a mosquito-free area at night.

Rabies is a viral infection that affects the central nervous system. Rabies is contracted through contact with body fluids of an infected animal, generally via a bite. **Prevention:** Avoid animals. When wounds are thoroughly cleaned, the risk of rabies infection is reduced. Exposed individuals should receive prompt medical attention.

Traveler's Diarrhea (TD) is characterized by cramps, weakness, and frequent watery or loose stools. It is self-limiting (goes away by itself). However, if it lasts more than 3 days, or if it is accompanied by fever and chills, it is probably more than TD and Living Routes staff should be informed. Stool tests may be advisable. **Prevention:** Diligent hand washing, careful food preparation and purchasing, personal and kitchen hygiene, and water purification. Anti-diarrheal medication can also be used.

Typhoid Fever is a bacterial infection transmitted through contaminated food and/or water or directly between people. **Symptoms:** fever, headaches, tiredness, loss of appetite, and constipation more often than diarrhea. Typhoid fever can be effectively treated with antibiotics. **Prevention:** Careful preparation of food, and treatment of water, lowers the risk of infection.

U.S. Based Medical Insurance



UMASS Amherst and LR require that all participants carry US based medical insurance as a condition on participation. Each participant's health insurance information is located on the *Emergency Medical Information sheet* provided by LR Amherst Office staff prior to the start of the program.

iNext Travel Insurance



LR provides basic travel insurance through iNext. Participants receive proof of coverage for this policy before the program and are responsible for collecting receipts and documentation during the program to file for reimbursement under this policy if necessary. For the most up to date information on the policy, visit: <http://www.inext.com/iNextWeb/GuestPages/features/index.html>.

iNext Insurance Coverage Details

- Participants are covered for 365 days (beginning one week prior to the start of the program) in any country outside the 50 United States and District of Columbia.
- As with any travel insurance policy, the coverage provided by Travel Guard is secondary to any other coverage that may be in existence. In other words, if participants are covered by another insurance policy-whether personal, parental, or through their school-then that policy is their primary policy and will provide reimbursement first-before Travel Guard.
- A comprehensive description of benefits and provisions is available on the iNext site.

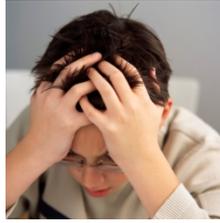
The following benefits are offered:

| | |
|---|-----------|
| - Deductible | \$0 |
| - Accident | \$25,000 |
| - Sickness/hospital | \$165/day |
| - Emergency medical transport | \$250,000 |
| - Repatriation | \$25,000 |
| - Accidental death & dismemberment (ditto!) | \$5,000 |
| - Baggage delay | \$100 |
| - Travel document replacement..... | \$500 |
| - 24-hour Med/Legal/Travel assistance..... | included |

iNext Insurance Does Not Cover

- Pre-existing conditions (condition identified within 90 days before the start date of trip)
- Treatment of mental, psychological, or nervous disorders (except on the Platinum Plan)
- Routine physicals
- Dental examinations
- Preventative medicine

CHAPTER 9



DEALING WITH MENTAL HEALTH ISSUES

Mental health concerns can be among the most challenging health and safety issues that Living Routes (LR) faculty and staff may have to deal with in the course of the program. The difficulties and frustrations of psychological issues are due to several factors, including:

1. The participant may not disclose all of their symptoms due to shame or concern about social stigma
2. The participant may minimize or underestimate the seriousness of the situation for fear of their education to be interrupted or not being accepted to the program.
3. The person who needs treatment is not always capable of responding in his or her own best interests.

That said, many participants with mental health issues will participate successfully in an education abroad program; their mental health conditions are largely manageable, treatable, and they need not be feared or coddled. Talk with the participants about what they typically need.

Please consider this guide and the full Health and Safety Manual as a reference to understand participants living with these conditions, **not** as a diagnostic manual—*it is not recommended or necessary to attempt to diagnose participants to be able to offer assistance.*

[General Guidelines for Identifying Mental Issues](#)

Any significant and/or distressing change in **TAPERS** can offer clues that something might be wrong; mental health issues might be resurfacing or becoming problematic and might prompt you to ask more specific questions. Often, your own sense and experience that something is “off” or wrong may be the best prompt to inquire with the participant (i.e. “it is my sense something is bothering you, how can I help?”).

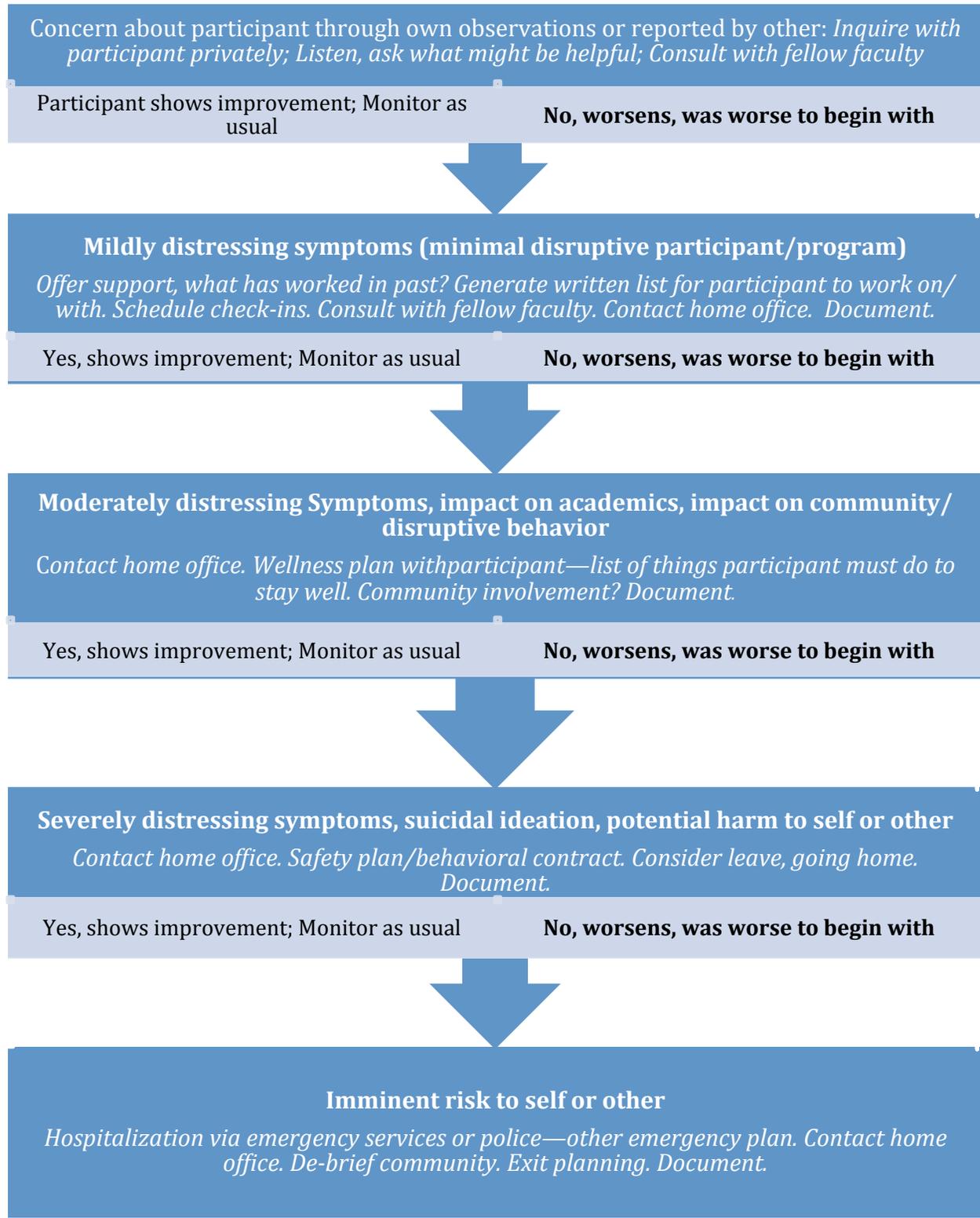
Look for changes in:

- Thinking ability or process
- Academics
- Physical well being or functioning
- Emotions or mood
- Relationships
- Spiritual interest or commitment



Unless the participant knows their illness or symptoms, always consider physical illnesses or imbalances before assuming the participant is having the onset of a mental illness.

Mental Health/Behavioral Issues Decision Tree



Supporting Participants with Mental Health Issues (General)

If the participant has been living with symptoms or has a history of symptoms, ask what has worked for them in the past.

- **Listening** is often what people need most. Below are some general listening guidelines:
 - Give the person time to say what is on their mind; try not to have strong reactions.



- Be an active listener; tune in, not out.
- Share responsibility for communication; ask for clarification when something is not clear.
- Make sure you understand by paraphrasing what you've heard back to the person—which also lets the person know you were really listening.
- Be empathetic.
- Don't let your own problems, stress, or reactions keep you from listening.
- If listening wasn't enough to have an impact, ask the person to come up with some things they think will be helpful.

- **Managing stress** is another key factor in mental health issues as many surface when stress becomes overwhelming:



- Encourage Good Self Care: Eating well, exercising regularly, and getting enough sleep are especially important.
- Encourage regular exercise: Brisk walking for twenty minutes a day is excellent. Any cardio workout (jogging, hiking, swimming, etc.) can be helpful.
- Engage in mindfulness or conscious relaxation daily: Meditation, yoga, tai chi, etc., are excellent as long as the participant works to bring their focus *back* to the here-and now.

- **Managing anxiety** will also help to manage mental health issues:



- Eliminate or limit consciousness-altering substances: Caffeine, tobacco, alcohol, etc.
- Increase Recreational/Relaxing Activities: Encourage recreational time with friends; set aside time for quiet and relaxation.
- Encourage Time Out: Reinforce the productivity of breaks.
- Monitor Stress-Inducing Thoughts: Encourage the participant to track what he or she is thinking when feeling anxious and when the anxiety abates to find patterns and be able to change the patterns.
- Encourage Engagement in Meaningful Activities: Encourage participants to seek out positive activities and connections with people and communities that can help bolster a sense of inner strength and satisfaction with life.

- **Make a Referral When You Suspect Signs of a Disorder:** If you notice the seriousness of a participant's anxiety symptoms increasing, make a referral to a mental health professional and immediately inform LR Amherst Office Staff.

Important Considerations



Mental Health Screening: Part of the application process includes screening applicants for mental health and other conditions that might make their participation in a LR program prove risky either to their well-being and/or that of the program group. It is important to keep in mind the confidentiality regulations in the United States (Appendix 5:45). It is also important to follow careful procedures regarding the filing and information transmission of participants' medical health forms and psychiatric information both at the LR Amherst Office and at the Host Site.



Adherence to Medications Abroad: Participants on medication for mental health issues are required to adhere to their medication during the course of the program.



Disclosure: When a participant *does* document a preexisting mental health conditions, LR will assist the participant with an appropriate treatment plan while participating in a program *within reason* and with pre-approval from the Host Site. This support includes:

- Discuss with participant how he or she plans to manage mental health needs and medications while abroad.
- Work with the Host Site faculty and staff to identify resources in the host country, such as English-speaking counselors and the nearest pharmacy where a participant can obtain additional medication if needed.
- If applicable, obtain the participant's written permission to put his or her current mental health care provider in contact with the mental health care provider in the host country.
- Even if a participant has discontinued counseling, strongly encourage him or her to set up a referral to a host country mental health care provider in case he or she needs to talk.
- LR Amherst Office staff may also have the participant sign a *Terms of Participation Agreement*, indicating consequences for behavior and medication non-compliance. This contract will be given to Host Site faculty and staff in the pre-program participant files.



Non-Disclosure: Given that mental health problems are still stigmatized in U.S. culture, it can be challenging for participants to disclose mental health concerns. Some participants will take part in education abroad without disclosing a diagnosis or the fact that they have been in treatment. Although this non-disclosure is in direct violation of the Conditions of Participation, incidents of participants needing support and treatment should be discussed further with the LR Amherst Office staff.

Protocol for working with students who disclose previously unknown and/or undocumented mental health issues, history and/or diagnosis once on the program

1. As always show care, compassion and model active listening when working with students. During initial one on one create space for students to share additional information that they may have not documented on medical forms or conversations with LR staff pre-program.

2. Remember that you *cannot promise a student that a newly disclosed issue will be kept confidential* or that they will remain on the program if the issue in any way brings into question:
 - the students safety/well being
 - their ability to manage the roles and responsibilities of a student on the program or
 - the programs ability to ensure their safety and/or well being given that there are no therapists working with the program on site
3. If you as a faculty or staff are unsure, air on the side of caution and check with colleagues to assess --- share this need with student
4. If the issue disclosed cannot be held in confidence and requires further conversation among the staff/faculty team --- use the ***Health and Wellness follow up form*** to document the issue in conversation with the student and gather as much information as possible.
5. Encourage the student to reach out and access support systems outside of the program including family, friends and therapist/counselor (if relevant).
6. Share with the student that you will need to bring this into conversation with select members of the staff and faculty team, including Alexander in the U.S.
7. Establish a time with Alexander and other team members to talk over the disclosed issue/history in depth.
8. Follow up conversation with student about process.
9. Also important that students sends Alexander email permission to talk to their counselor/therapist (if relevant) and perhaps parents (to be determined)
10. In accordance with our procedures pre-program, Alexander arranges to contact the students therapist and/or Erik Marks to access or arrange that a psychological evaluation of the students current psychological health and well being.
11. With a more complete picture of the issue that has been disclosed a decision is made about whether the student can stay on the program (with or without terms of agreement, for instance weekly skype call with their therapist and/or behavioral contract) or whether the students needs to go home.



Medications and Insurance: Participants taking medication for a psychiatric condition must bring information regarding the possibility of acquiring their prescribed medications while at the program site, including: a note from their doctor with the generic (chemical) name of the medication, the dose, and the reason the participant takes it.

- Make a contingency plan in case the medication is lost or stolen, and verify whether the country will accept a prescription written in the United States.



Determining that a Participant Needs Help: Knowing when a participant is in trouble is highly subjective. Experience and judgment combine to make the best decisions. When a participant's behavior begins to interfere with his or her ability to attend class, to complete assignments and/or to adapt culturally, it is a good practice to call the participant in for a discussion. In general, you should refer a participant to professional counseling when:

- Signs of emotional distress seem to be impairing personal life, happiness, or work
- There are concerns about the participant's or others' safety
- The problem is more serious than staff feel comfortable handling
- The participant's problem is beyond staff's level of understanding or training
- The participant admits a problem but doesn't want to talk to anyone else about it
- Efforts by participant and/or staff aren't having an effect
- Medicines that manage symptoms decrease in efficacy or increased side-effects



What to Do When a Participant is Reluctant to Seek Counseling: If LR Amherst Office staff and Host Site faculty and staff believe that a participant should seek counseling and the participant refuses, it is best to acknowledge the participant's fears about seeking help and discuss the situation further with the Programs Director. **If the apparent psychological state of the participant appears to be serious and/or the participant maybe suicidal, put into place the relevant emergency protocol.**



Hospitalization: Some mental health conditions are severe enough to warrant hospitalization, which can occur voluntarily or involuntarily. This decision would only be reached in consultation with the LR Amherst Office crisis management group and in consultation with the participant's family and/or emergency contact. Always take participant safety as the first priority: if the participant is deemed to be a danger to him/herself or others, or is in a delusional state, the police and emergency services can be contacted for assistance in hospitalization. Once a participant is hospitalized, the staff must decide when he or she must leave the program and if so how he or she will return home.



Determining Whether or Not a Participant Should Return Home: The following items should be considered when determining whether or not a participant should return home due to mental health considerations:

- Level of disruption of behavior to the program (e.g., peers, classroom structure, and host family, if applicable)
- Danger to self or others
- Length of return flight; number of airport transfers to get home

*****Additional information is available in the H&S Manual (Chapter 9)***

CHAPTER 10



LEARNING DISABILITIES

Definition of a Learning Disability - Main Points

- The term “learning disabilities” describes a *heterogeneous* group of disorders.
- They are observed in difficulty with listening, speaking, reading, writing, reasoning, and math.
- They are part of a person’s make-up and can occur throughout a person’s life.
- Possible *resulting* problems can be behavioral and/or social perceptions and interactions (though they are not the disability).
- The disabilities are not due to other handicapping conditions, though they can occur along side them.

**Full definition taken from the National Joint Committee on Learning Disabilities (1994) in H&S Manual (10:37)

Emotional Impact of a Learning Disability



Right from the beginning (of school) we were labeled with inaccurate and destructive labels. We were described as unmotivated, immature, slow, even retarded. We interpreted these to mean we were dumb, lazy, and/or bad. If we expressed our hurt and anger through our behavior (and we often did!) our learning difficulties were then attributed to emotional problems or problems in the home. Eventually our sense of failure, frustration, and alienation grew to the point where we dropped out of school (*Adults Dyslexics Speak Out About Dyslexia*, SABES: 2008).

Many people with disabilities experience low self-esteem along an acceptance of negative labels by both peers and educators. Many also experience job/school related issues with skill deficits, organizational problems, and social skills. There can be an additional level of frustration around functioning life skills, such as filling out forms, reading texts/labels, writing checks, and understanding bills.

Supporting Participants with Learning Disabilities

- The most important emotional support that an educator can offer is to give participants the space and confidence to speak out when they are experiencing a difficulty.
- Host Site faculty and staff should work with participants to create a space to explore their needs and offer a participatory approach to solutions/support throughout the program.
- Host Site faculty and staff should inquire with the participant about modifications and/or ILP’s (Individualized Learning Plans) that have worked in the past.
- Host Site faculty and staff should work with the participant to implement ILPs and other strategies.

Types of Learning Disabilities

Dyslexia

- Commonly known as a reading disability where the person experiences difficulties in “expressive of receptive, oral or written language,” expressed through problems with reading, writing, spelling, speaking or listening.
- People with dyslexia show skill in visual, spatial and motor integration.

Dyscalculia

- Commonly known as a math disability where the person experiences difficulties in understanding mathematical concepts, arithmetic, and functioning life skills involving arithmetic (i.e. understanding bills, receipts, writing checks, etc).
- People with dyscalculia show skill in creative problem solving. Often people with dyscalculia can be skilled with advanced mathematical equations, but the arithmetic stops them from exploring this area.

Dysgraphia

- A writing disorder that results in extremely poor handwriting, through difficulty forming letters/writing within a defined space. People with this disorder may be completely illegible, despite their best efforts.
- People with dysgraphia show skill in interpersonal relationships and reasoning logically through a problem. They can also have verbal-linguistic and musical skill.

Dyspraxia

- A bodily-kinesthetic disorder that results in problems with motion as well as “controlled and coordinated physical responses” to situations.
- People with dyspraxia show skill in verbal-linguistic and/or logical mathematic integration.

Auditory, Memory and Processing Disability

- Often mistaken as a hearing problem, people with this disability have difficulty in understanding or remembering words and sounds because they are not able to process or memorize information.
- People with dysgraphia show skill in interpersonal relationships and creative reasoning through a problem. They can also be skilled in kinesthetic activities.

| Characteristics of Language-Based Learning Disabilities | |
|--|--|
| Listening | <ul style="list-style-type: none">• Information seems to go over a person’s head• Losses track of the conversation and has difficulty remembering what was said• Confuses similar sounding words• Poor recall of details (names, numbers, labels, etc)• Difficulty following verbal directions |
| Speaking | <ul style="list-style-type: none">• Needs extra time to put ideas into words; often feels rushed in conversation |

| | |
|--------------------|---|
| | <ul style="list-style-type: none"> • Difficulty finding the right words to use • Difficulty in sequential thinking; jumps from one idea/topic to another • Mispronunciation of words; stumbles through certain words in sentence patterns |
| Reading | <ul style="list-style-type: none"> • Difficulty decoding sounds into words, often leaves words out • Easily tired when reading; exhibits eye fatigue • Slow reading and fluency leads to poor comprehension (though comprehension is better when given information orally) • Weak vocabulary leads to poor comprehension • Poor recall of details, names, numbers, dates, etc. |
| Written Expression | <ul style="list-style-type: none"> • Slow process with a lot of frustration built around writing; often leads to avoiding writing tasks • Poor spelling, expression of ideas, sentence structure • Difficulty putting ideas on papers, organizing writing, and sequencing • Lack of clarity in writing and difficulty retrieving words to express ideas |
| Mathematics | <ul style="list-style-type: none"> • Number reversal (reading 24 as 42) • Poor memory for math facts as well as the terms to describe math • Difficulty reading long numbers, place values, decimals, fractions, and remembering sequences (especially in procedures) |

CHAPTER 11



CROSS CULTURAL ADJUSTMENT

While culture shock and its many ramifications is one aspect of the study abroad experience, each participant will experience culture shock in his/her own way; some may not go through the process too intensely while other may feel its impact profoundly. While many times people experiencing culture shock will exhibit certain psychological indicators such as irritability and anger over minor frustrations, confusion about morals and values and feeling moody, isolated and insecure, some participants may also exhibit physical symptoms as well. Some of the most common are headaches, lethargy, sleep problems, loss of appetite and digestive irregularities. Host Site staff and faculty should be aware of the stages of culture shock and work with participants to be open and honest about what they are feeling and ways of coping.

The General (Posited) Stages of Culture Shock

- **Orientation and honeymoon:** Exemplified by excitement, unrealistically high expectations and the world is seen through “rose colored glasses”. Challenging experiences tend to be underplayed during this period.
- **Initial culture shock:** Usually between week 2-4 with feelings of frustration and comparing many things with their home. They may begin to think and act in ways that express negativity and/or criticism of the host culture and environment.
- **Adjustment cycle:** Acceptance of host country traits; begin to understand and appreciate the cultural differences. However, if problems arise, a participant may briefly return to the “frustration” stage.
- **Acceptance of host culture:** Sense of belonging to the home environment, and a heightened empathy and understanding for how things function in the program setting. Not a rejection of their own culture but rather the ability to encompass a broader perspective and look at situations through multiple cultural lenses. This experience can also impact participant’s personal identity and values in transformative and permanent ways.
- **Re-entry and reverse culture shock:** Upon returning home, experiencing a temporary “dissonance” between projected return and reality; may experience home in a quite different way than anticipated.

Supporting Participants with Culture Shock Related Issues

Help participants to manage expectations, understand intercultural skills, provide understanding of the cultural adjustment process, and have specific strategies to deal with culture shock:



- Be aware of the signs
- Keep up with interests and hobbies; journaling; maintaining passions
- Make person connections with others (in the group and host country)
- Remember why you came on the program and setting concrete goals
- Explore and discover new things every day
- Limit time spent emailing and communicating with family and friends to a reasonable amount
- Set time to process and reflect on experiences
- Keep up with physical exercise
- Maintain a health diet

Seeking Help

While it's normal to experience stress in adjusting, these are signs of a serious problem:

- Alcohol or substance abuse
- Excessive anxiety
- Failure to comply with medical recommendations
- Marked changes in eating or sleeping patterns
- Prolonged depression
- Self-destructive or violent behavior

CHAPTER 12



GENDER, SEXUAL IDENTITY AND DATING ISSUES

For both male and female study abroad program participants, successfully managing issues of gender, sexual identity, and dating norms can play a part in their safety and well being. This can be especially true for Lesbian, Gay, Bisexual, Transgender (LGBT) participants, particularly those who are in cultures that have different and perhaps less open views around sexual orientation than is the norm at most colleges and universities in the United States.

Providing guidance during orientation and throughout the program to all participants around gender, sexual identity and dating issues at the program site can potentially help stem certain situations from arising that could be potentially uncomfortable, risky and in some cases even dangerous to the participant's well-being. Of course, the ultimate responsibility for managing these issues lies with the participants themselves. Nonetheless, shaping and monitoring behavior and attitudes in this important area can be an important role of Host Site faculty and staff.

The following topics are particularly important:

- **Accepted Public Behavior:** What are the cultural norms regarding dress and behavior for males and females at the program site? Do host culture males often make comments about women on the street and if so how do host culture females tend to respond? How should program participants respond if they receive comments? Is eye contact/greetings exchanged with people one does not know on the street?
- **Views about LGBT:** What are general views/practices regarding homosexual, lesbian, or transgendered individuals at the program site? Are any of these practices “illegal”? Are there organizations that support LGBT rights?
- **Dating Norms:** How do young adults at the program site tend to date? What does “no” mean during initial sexual contact in the host culture? What unintentional misleading signals can participants potentially make to host culture young adults? What are the LR and site rules and regulations around dating?

Living Routes Dating Policy

Living Routes Policy does *not* encourage participants to form exclusive relationships during the course of the program. Fraternalization is forbidden by Living Routes¹.

¹ Adapted from the Peace Corps “MS 204 Volunteer Conduct”, Office of Safety and Security/ Special Services (SS/VS), 5/20/05; Related Interim Policy Statement: IPS 1-03 Fraternalization Policy.

- “Fraternization” is defined as any dating, physically intimate, or sexual relationship between *any* LR Amherst Office Staff member or Host Site faculty or staff member and a program participant.
- “Staff” is defined as any person directly hired by Living Routes, whether American, Host Country national or third country national.
- “Dating” is defined as any personal-social event as opposed to a professional appointment or program social event.

Host Sites will discuss further dating policy during the initial Host Site orientation.

Living Routes Sexual Harassment Policy

Living Routes, in keeping with college and university procedure, has an official sexual harassment policy, which is described below.

“Sexual advances, expression or implied, for sexual favors, and other verbal or physical conduct to a sexual nature constitute as sexual harassment when:

- 1. Submission to such conduct is made wither explicitly or implicitly a term of condition of an individual’s education;*
- 2. Submission to or rejection of such conduct by an individual is used as a basis of academic decisions affecting that individual;*
- 3. Such conduct had the purpose or effect of interfering with an individual’s academic or work performance or creating an intimidating, hostile, or offensive educational environment, or affects such an individual’s freedoms within such educational environment.*

Grievance procedure: Any person wishing to file a grievance related to the above policy should talk to an appropriate faculty member or the Programs Director. Faculty is directed to notify the Programs Director immediately upon receiving such a complaint. The Programs Director has been designated by the LR Board of Directors to answer questions and respond to concerns relating to sexual harassment.

CHAPTER 13 CONTINGENCY PLANS

General

Response: Host Site Faculty and Staff

1. Safeguard the safety and well being of program participants, first and foremost!
2. **Medical emergencies:** Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.
3. Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.
4. Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.
5. Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.
6. Keep a written log of the situation (Appendix 3).
7. Fill out the “Illness and Accident Report” to be faxed to Living Routes Amherst Office (Appendix 11).
8. Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.
9. Host Site and US Crises Teams will debrief

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
2. Contact iNext health insurance if needed.
3. Contact family members (once all the facts have been gathered)
 - a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
4. Support the participant and others at the program site
5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.
- b. Keep in contact with the Host Site and LR Amherst Office Crisis Teams.
- c. Get facts from as many resources as possible.
- d. Keep track of all related expenses.
- e. Direct non-stakeholder communication through the Living Routes Amherst office.

SERIOUS ACCIDENT OR ILLNESS OF THE STUDENT

Typical Problem

Auto accidents, recreational injury, serious illness, drug overdoses, loss of consciousness

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
2. **Medical emergencies:** Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.
 - a. Talk to the person reporting the incident (if not the participant themselves) and determine the identity and location of the participant.
 - b. Assess the extent or severity of the accident/illness, usually through talking with the physician treating the student. Fill out the Sickness, Illness and Accident Report form (Additional Data).
 - c. If it might be necessary to evacuate for appropriate medical treatment. This decision will have to be made in consultation with appropriate individuals in the United States.
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the “Illness and Accident Report” to be faxed to Living Routes Amherst Office (Appendix 11).**
8. **Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.**
9. **Host Site and US Crises Teams will debrief**
 - a. Monitor the participant's progress in the treatment of the accident or illness, usually in coordination with the attending physician. Brief appropriate people locally and at the home office.
 - b. Provide appropriate information and reassurances to other program participants if need be.
 - c. After crisis is over, debrief and evaluate.

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
2. Contact iNext health insurance if needed.
3. Contact family members (once all the facts have been gathered)

- a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
4. Support the participant and others at the program site
5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. Get facts from as many resources as possible.*
- d. Keep track of all related expenses.*
- e. Direct non-stakeholder communication through the Living Routes Amherst office.*

PSYCHIATRIC EMERGENCY

Typical Problem

A participant is exhibiting any one or more of the following behaviors: severe disruptive behavior that appears to have a psychiatric basis; emotional disturbances that can be a danger to self or others; a suicide attempt or threat and/or serious alcohol or drug use. In some situations, mental health problems such as clinical depressions and/or eating disorders can also lead to severe disruptive behavior.

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. Talk to the person reporting the incident (if not the participant themselves) and determine the identity and location of the participant.
 - b. Evaluate the situation by identifying as many key people as possible. In some cases, this will be with the participant's consent, and in others it will have to be obtained without the participant knowing.
 - c. Gather information on the actual behavior exhibited and the history of the problem.
 - d. Assess the extent of the emergency and the participant's support network.
 - e. Assess whether or not the participant will voluntarily seek help (if it is decided that outside help is necessary).
 - i. **If Student will NOT voluntarily seek help and *appears to be dangerous to self and/or others*:** Assess who can be called upon to persuade the student to seek help (i.e. friend, roommate, or therapist). Work with these people to persuade the student to obtain treatment. Continue to encourage the student to seek help.
 - f. Arrange to have the student seen by a counseling professional immediately. Have the student escorted to the designated location of the appointment, preferably with one or two supportive people.
2. **Psychological medical emergencies: Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.**
 - a. If necessary, arrange and carry out hospitalization.
 - b. **If Student will NOT voluntarily seek help and *appears to be dangerous to self and/or others*:** If appropriate and if such procedures exist in the host country, consider petitioning to have a student involuntarily committed to the hospital. In most circumstances, however, arrangement will be made to have the student sent back to the United States for hospitalization.
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**

6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the “Illness and Accident Report” to be faxed to Living Routes Amherst Office (Appendix 11).**
8. **Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.**
9. **Host Site and US Crises Teams will debrief**

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
 - a. Assess the danger of the situation. Consult and advise regarding professional interventions that can help, with the help of a health expert.
 - b. Work with overseas staff to determine the appropriate course of action and decide if evacuation and/or suspension is necessary. Help develop behavioral guidelines in less severe cases.
2. Contact iNext health insurance if needed.
3. Contact family members (once all the facts have been gathered)
 - a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
4. Support the participant and others at the program site
5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. *Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. *Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. *Get facts from as many resources as possible.*
- d. *Keep track of all related expenses.*
- e. *Direct non-stakeholder communication through the Living Routes Amherst office.*

MENTAL HEALTH PROBLEM

Typical Problem

Student withdraws from friends, classes, activities and/or begins to exhibit unusual behavior due possible to clinical depression, eating disorders, substance abuse and/or severe culture shock (or other possible reasons).

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. Talk to the person reporting the incident (if not the participant themselves) and determine the identity and location of the participant.
 - b. Evaluate the situation by identifying as many key people as possible. In some cases, this will be with the participant's consent, and in others it will have to be obtained without the participant knowing.
 - c. Gather information on the actual behavior exhibited and the history of the problem.
 - d. Assess the extent of the emergency and the student's support network.
 - e. Assess whether or not student will voluntarily seek help (if it is decided that outside help is necessary).
 - f. Program Director and/or appropriate Living Routes staff person will talk with the student.
 - i. If it is recommended that the student see a therapist, arrange this
2. **Medical emergencies: Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.**
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
 - a. Contact U.S. Crisis Team. Consider need for medical/psychological professional.
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the "Illness and Accident Report" to be faxed to Living Routes Amherst Office (Appendix 11).**
8. **Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.**
9. **Host Site and US Crises Teams will debrief**

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.

- a. Assess the danger of the situation. Consult and advise regarding professional interventions that can help, with the help of a health expert.
 - b. Work with overseas staff to determine the appropriate course of action and decide if evacuation and/or suspension is necessary. Help develop behavioral guidelines in less severe cases.
2. Contact iNext health insurance if needed.
 3. Contact family members (once all the facts have been gathered)
 - a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
 4. Support the participant and others at the program site
 5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. Get facts from as many resources as possible.*
- d. Keep track of all related expenses.*
- e. Direct non-stakeholder communication through the Living Routes Amherst office.*

MISSING STUDENT

Typical problem

Student reported missing

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. Talk to the person reporting the incident (if not the participant themselves) and gather facts about the disappearance.
 - b. Talk with other participants, host family, friends, professors, etc. Gather information on any unusual behavior that may have been exhibited. Try to find out when the participant was last seen.
 - c. Provide appropriate information and reassurances to other program participants on an as-needed basis.
 - d. Notify local police, if not already done. File a police report.
 - i. In some cases, consider contacting psychiatric services on the chance that the participant has been admitted to their facilities.
 - e. Contact U.S. Embassy for possible leads.
 - f. Once the participant has been located, inform appropriate persons. If necessary, activate other protocol. Consider disciplinary action if needed.
2. **Medical emergencies: Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.**
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
 - a. Contact U.S. Crisis Team and coordinate appropriate responses. These actions may include contacting the student's designated "Emergency Contact."
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the "Illness and Accident Report" to be faxed to Living Routes Amherst Office (Appendix 11).**
8. **Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.**
9. **Host Site and US Crises Teams will debrief**

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.

- a. Assess the danger of the situation. Consult and advise regarding professional interventions that can help, with the help of a health expert.
 - b. Work with overseas staff to determine the appropriate course of action and decide if evacuation and/or suspension is necessary. Help develop behavioral guidelines in less severe cases
2. Contact iNext health insurance if needed.
 3. Contact family members (once all the facts have been gathered)
 - a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
 4. Support the participant and others at the program site
 5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. Get facts from as many resources as possible.*
- d. Keep track of all related expenses.*
- e. Direct non-stakeholder communication through the Living Routes Amherst office.*

STUDENT FATALITY

Typical problem

Fatal accident or illness, suicide, or homicide

Response: *Host Site Faculty and Staff*

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. Talk to the person reporting the incident (if not the participant themselves) and determine the identity and location of the victim.
 - b. **Verify the identity** of the student (if possible with the use of a medical professional). Gather as much information about the circumstances surrounding the student's death as possible.
2. **Medical emergencies:** Assist with locating proper medical professionals and facilities for keeping the corpse.
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
 - a. Contact LR Amherst Crisis team and coordinate response. Decide how to notify the participant's designated "Emergency Contact."
 - b. Assemble and/or contact members of Host Site crisis team to coordinate plan for dealing with situation. Construct a network to offer appropriate support for involved parties, such as close friends, program participants, and the person who may have discovered the body.
 - c. Once the network is in place, inform participant's roommates, close friends and other involved individuals at program site.
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
 - a. Assist to the extent possible the family and/or emergency contact of the deceased with transportation arrangements, accommodations, housing, arranging for a meeting with the physicians, etc.
 - b. Help arrange for appropriate care of the corpse, whether that be at the program site and/or repatriation.
 - c. Notify in an appropriate manner and in conjunction with the LR Amherst Office other individuals and/or organizations that should know about the incident.
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the "Illness and Accident Report" to be faxed to Living Routes Amherst Office (Appendix 11).**
8. **Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.**
9. **Host Site and US Crises Teams will debrief**

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
2. Contact iNext health insurance if needed.
3. Contact family members (once all the facts have been gathered)
 - a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
 - b. Assist family or emergency contact with travel plans if they choose to go to program site.
4. Support the participant and others at the program site
 - a. Consider ways to support the student and others at the program site with post-traumatic stress.
5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. *Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. *Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. *Get facts from as many resources as possible.*
- d. *Keep track of all related expenses.*
- e. *Direct non-stakeholder communication through the Living Routes Amherst office.*

Note: The family of next of kin will need to receive death certificates for repatriation and other purposes. Foreign death certificates are issued by the local registrar of deaths or similar local authority. The certificates are written in the language of the foreign country and prepared in accordance with the laws of the foreign country. Although one can obtain authenticated copies of the foreign death certificate, since the documents are written in the language of the foreign country, they are **sometimes unaccepted** in the US for insurance and estate purposes. In the US, a **“Report of Death of an American Citizen Abroad”** issued by the **US Consular Officer** is generally used as proof of death in lieu of a foreign death certificate.

CRIME AGAINST A STUDENT – SEXUAL ASSAULT

Typical Problem

A student is a victim of rape, attempted rape or other violent sexual assault.

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. Talk to the person reporting the crime (if not the participant themselves) and determine the identity and location of the victim.
 - b. Go to the victim, if possible. Discern any obvious physical and emotional disturbance and provide needed support.
 - c. Clarify with the student the degree to which he/she wishes to involve local authorities.
 - d. Inform the student of the laws and procedures for dealing with sexual assault in host country, as these may vary from those in the U.S.
 - e. If the victim **refuses assistance**, the following steps should be taken:
 - i. Escort/transport victim to home or designated location.
 - ii. Inform victim that he/she will be contacted later to determine if assistance is desired.
 - f. Provide victim with number of hospital/clinic, psychologist/psychiatrist and any other rape crisis resources that may exist as well as a law enforcement authority.
2. **Medical emergencies: Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.**
 - a. Make sure the participant is taken to a hospital or clinic for urgent care.
 - b. If there are signs of obvious emotional disturbance consult psychologist/psychiatrist and provide immediate support to victim.
 - c. Monitor the situation and provide briefing to concerned parties.
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
 - a. In log, write clear notation of the circumstances surrounding offer of assistance and the student's refusal to accept such assistance.
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the "Illness and Accident Report" to be faxed to Living Routes Amherst Office (Appendix 11).**

8. Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.
9. Host Site and US Crises Teams will debrief

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
 - a. Additionally call the medical or psychological professional.
 - b. Based on the nature of the crisis, determine if the other members of the crisis team need to be contacted
2. Contact iNext health insurance if needed.
3. Contact family members (once all the facts have been gathered)
 - a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
4. Support the participant and others at the program site
5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. *Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. *Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. *Get facts from as many resources as possible.*
- d. *Keep track of all related expenses.*
- e. *Direct non-stakeholder communication through the Living Routes Amherst office.*

CRIME COMMITTED BY A STUDENT

Typical problem

Student is arrested for theft, assault or drug possession.

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. Talk to the person reporting the crime (if not the participant themselves) and determine the identity and location of the participant.
 - b. Convene members of the Host Site and LR Amherst Office crisis team, especially legal consul (if available).
 - c. Visit participant wherever he/she is being held, reassure the participant and explain the legal procedures in the host country.
 - d. Obtain as many details about the situation as possible. Ask participant for permission to contact family and/or emergency contact.
2. **Medical emergencies: Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.**
 - a. Advocated for medical care for the participant if in custody of the host country authorities. Contact the US Embassy Consulate about proper medical care (physical and emotional).
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
 - a. Given evidence has been provided to support that the participant actually committed the alleged crime, support the LR Amherst Office crisis team in deciding the program consequences for the participant's alleged behavior.
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the "Illness and Accident Report" to be faxed to Living Routes Amherst Office (Appendix 11).**
8. **Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.**
9. **Host Site and US Crises Teams will debrief**

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
 - a. LR Amherst Office Crisis team members contact legal counsel and advise program staff.

2. Contact iNext health insurance if needed.
3. Contact family members (once all the facts have been gathered)
 - a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
4. Support the participant and others at the program site
5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. *Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. *Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. *Get facts from as many resources as possible.*
- d. *Keep track of all related expenses.*
- e. *Direct non-stakeholder communication through the Living Routes Amherst office.*

CRIME AGAINST STUDENT NOT INCLUDING SEXUAL ASSAULT

Typical Problem

Student is a victim of a robbery, an assault, or a fight.

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. Talk to the person reporting the crime (if not the participant themselves) and determine the identity and location of the participant.
 - b. Ensure that the physical and emotional needs of the participant are being attended to.
 - i. **Note: If a victim exhibits fear/fright or shock, activate protocol for psychiatric emergencies.**
 - c. Determine if the authorities were contacted, and, if so, what the result of this contact. If this has not been done, contact local authorities or advise the participant to do so if feasible.
 - d. Talk to those associated with the crime. Identify as many of the key persons involved and determine the facts of the incident. If possible, determine identity and present location of the victim(s) and perpetrator(s).
2. **Medical emergencies: Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.**
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
 - a. Urge student to contact family members or emergency contact.
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the “Illness and Accident Report” to be faxed to Living Routes Amherst Office (Appendix 11).**
8. **Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.**
9. **Host Site and US Crises Teams will debrief**

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
2. Contact iNext health insurance if needed.
3. Contact family members (once all the facts have been gathered)

- a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
4. Support the participant and others at the program site
5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. *Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. *Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. *Get facts from as many resources as possible.*
- d. *Keep track of all related expenses.*
- e. *Direct non-stakeholder communication through the Living Routes Amherst office.*

CIVIL UNREST

Typical Problem

Coups d'état, generalized violence toward people from US, severe rioting and civil unrest.

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. Contact all participants to make sure that they are accounted for and are safe.
2. **Medical emergencies: Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.**
 - a. If a participant has been injured, have his/her physical injuries attended to. (See Contingency Plan for "Serious Accident or Illness").
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
 - a. If the US Embassy is closed, determine the location from which the embassy is operating (i.e., other embassy within the country, through US Embassy in a neighboring country).
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
 - a. Immediately contact Executive Director (If you cannot reach the Executive Director, contact any other Director immediately.)
 - b. Gather as much information as you can about the situation from embassies, NGO networks, in-country network, other study abroad program directors, etc.
 - i. Determine the target of unrest and possible danger to US citizens; advice regarding minimizing danger to students; the probable impact of the event on availability of food, water, and medical supplies; the intensity of the emergency or political unrest; the presence of emergency or military personnel; the feasibility of continuing classes, etc.
 - c. With the U.S. Crisis Team help determine if an evacuation is necessary.
 - d. If an evacuation is deemed necessary, contact the US Embassy for assistance.
 - e. Know embassy procedures for US and non-US students and the warden system that is in place through the US Embassy.
 - f. If an evacuation is not deemed necessary, decide in conjunction with the US Crisis team what follow up steps, if any, should be enacted to ensure participant safety
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the "Illness and Accident Report" to be faxed to Living Routes Amherst Office (Appendix 11).**

8. Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.

- a. Participants should keep a low profile.
- b. Provide follow-up support to participants if needed.

9. Host Site and US Crises Teams will debrief

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
 - a. Regardless of who was the first point of contact, contact other members of crisis team.
 - b. Convene at Amherst Office to extent possible. Members who cannot physically go to the centralized meeting station will leave number(s) where they can be reached in case their expertise is needed.
 - c. Free up a number of extra phones, insure constant access to fax and email.
 - d. Contact the US Department of State's Citizen Emergency Center at 1-888-407-4747; **from overseas** 202-501-444.
http://travel.state.gov/travel/tips/emergencies/emergencies_1212.html
 - e. Contact other study abroad offices with programs at site with crisis
 - f. As a whole, the **LR Amherst Office Crisis Team** will consider:
 - i. Immediate measures needed to ensure the health and safety of participants and staff.
 - ii. Additional issues regarding health, safety, academics, financial aid, public relations and legal liability.
 - iii. Appropriate actions to be taken overseas, including dealing with initial participant concerns and recommendations regarding appropriate participant behavior.
 - iv. Provide a written action plan to each participant.
 - v. If appropriate, develop an evacuation plan. This plan will take into consideration the relative safety of various modes of transportation and travel routes, the cost of evacuation and means for meeting these costs, the possibility of splitting up participants into smaller groups and having them reconvene later in different locations.
 - vi. Develop guidelines to be utilized when speaking to the media and other individuals about the crisis in order to prevent unnecessary concern and to promote consistency and accuracy in responses. One member of the LR Amherst crisis team will be designated to speak with the media; another will provide back up.
 - vii. Prepare a list of people to be alerted once the crisis management plan is in place. This list will include the parents and families of participants abroad, members of the Living Routes Board, study abroad advisors of the various institutions, and the media.

- viii. Develop a plan for daily communication with key people and organizations. Key people will be contacted on a daily basis until the crisis is resolved.
 - ix. Keep a log of all events, separate and in addition to the Host Site faculty and staff log.
 - x. Be in contact with the LR staff and work with LR Staff to determine an appropriate course of action and means of disseminating information to participants.
2. Contact iNext health insurance if needed.
 3. Contact family members (once all the facts have been gathered)
 - a. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
 4. Support the participant and others at the program site
 5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. Get facts from as many resources as possible.*
- d. Keep track of all related expenses.*
- e. Direct non-stakeholder communication through the Living Routes Amherst office.*

NATURAL DISASTER

Typical Problem

Natural disaster occurs at program site, such as earthquake, tsunami/hurricane/cyclone.

Response: Host Site Faculty and Staff

1. **Safeguard the safety and well being of program participants, first and foremost!**
 - a. *In the event of a natural disaster, prepare to respond as rapidly as possible.*
 - b. *If it is a natural disaster with a lead time, such as a hurricane, communicate with participants, ensure their safety to the greatest extent possible, and make plans for how to communicate in the aftermath of the event. In some situations, it may be better to bring the group together to a designated “safe” locale.*
 - c. *If the group is not gathered together, establish contact with participants as soon as possible.*
 - d. *Be EXTREMELY wary of aftershocks and/or continuing problems after the natural disaster has apparently ended.*
2. **Medical emergencies: Contact nearest doctor or hospital; assist with locating proper medical professionals and facilities.**
 - a. *In case of injury, assist with physical/emotional needs of the participants.*
 - b. *Be attentive to post-traumatic stress once immediate needs have been met!*
3. **Consult with on site crisis management team; if necessary, notify the US Embassy and Consulate.**
 - a. *Establish communication with police, doctors, other study abroad programs, and any appropriate officials and local contacts.*
4. **Contact the Living Routes Amherst Crisis Team; brief the Director of Programs/ Executive Director.**
5. **Direct inquires from family, media and other interested parties to Living Routes Amherst Office staff.**
6. **Keep a written log of the situation (Appendix 3).**
7. **Fill out the “Illness and Accident Report” to be faxed to Living Routes Amherst Office (Appendix 11).**
8. **Depending on severity, Living Routes will create a response plan: all program participants will be required to sign a statement of understanding.**
9. **Host Site and US Crises Teams will debrief**

Response: LR Amherst Office Staff

1. Contact *other* members of LR Amherst Crisis Team and determine if other stakeholders need to be notified.
 - a. *Once word is received of the natural disaster, contact members of LR Amherst Office crisis team.*

- b. Convene at the Amherst Office. If a LR Amherst Office crisis team member cannot convene, establish a means of communication.
 - c. Consult the State Department, other study abroad providers and/or NGOs operating in the area, etc. Try to get the all the facts.
 - d. When the Host Site faculty and staff are able to contact the LR Amherst Office, assess the damage.
 - e. Help the Host Site faculty and staff to develop their response plan, depending on the situation.
 - f. Develop guidelines to be utilized when speaking to the media and other individuals about the crisis, in order to prevent unnecessary concern and to promote consistency and accuracy in responses. One member of the LR Amherst Office crisis team should be designated to speak with the media; another will provide back up.
2. Contact iNext health insurance if needed.
3. Contact family members (once all the facts have been gathered)
 - a. Prepare a list of people to be alerted once the crisis management plan is in place. This list will include the parents and families of students abroad, members of the Living Routes community, the various institutions of the students, the media and others.
 - b. Participant must give permission *or* the situation has been deemed serious enough to necessitate a phone call.
4. Support the participant and others at the program site
5. Following crisis debrief and evaluate; investigate the causes and evaluate the effectiveness of the response.

For every instance

- a. Keep a detailed log of all conversations, correspondence and details of circumstances regarding what happened.*
- b. Keep in contact with the Host Site and LR Amherst Office Crisis Teams.*
- c. Get facts from as many resources as possible.*
- d. Keep track of all related expenses.*
- e. Direct non-stakeholder communication through the Living Routes Amherst office.*

EVACUATION AND PROGRAM CANCELLATION

Criteria for program cancellation and evacuation

The decision to cancel any Living Routes' program will be made by the Executive Director based on conversations with:

- Board of Directors, Programs Director, Office Staff, Program Faculty, and Students,
- University officials and liaisons at the program's Host University,
- US Embassy officials in-country,
- Other officials from relevant US agencies and/or NGOs, and
- The appropriate US State Department country Desk Officer(s)

And will be based on an assessment of the following events (not in rank order):

- Declaration of war by the US against the country or an adjacent neighbor (or v.v.)
- Declaration of war by a 3rd country against the program's country (or v.v.)
- Significant terrorist activity in the program site or nearby city
- Inability of the Program Faculty to organize and carry out an academic program
- Debilitating disruption of public utilities and/or services
- Wide-spread civil unrest, violence and/or rioting
- A declaration of martial law in the program site or nearby city
- Recommendation of suspension/cancellation by the LR program staff in-country
- Specific directive by the US State Department and/or US Embassy

Evacuation Procedure

In the event of program cancellation, all communications will be documented and C:ced and/or summarized and sent to Parents, Senior Staff, Board, and Host University Liaisons. The following evacuation procedure will be followed:

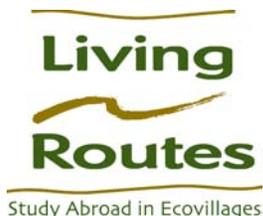
- 1) If the students are on an organized excursion outside of the program site and there is a civil emergency, the Program Faculty member in charge of the excursion shall take the group to a secure hotel and contact the Programs Director and Executive Director for instructions.
- 2) If the students are traveling independently, a concerted effort will be made to contact them according to the contact information and itineraries they have left with the Program Faculty. The students will be advised as to the proper course of action.
- 3) If the students are at the program site, the Lead Faculty will gather the students at a secure location as soon as practical.
- 4) If airports are open and flights are operating, the Program Manager/Director will arrange for air transportation of the group to either the U.S. or another destination within 72 hours of notification to the Program Director that the group is complete and accounted for. If at all possible, the students will be met at the destination airport by a Living Routes' staff member who will coordinate transport to their home destinations. In the event that the students cannot fly out as a group, they will depart as seats are available.
- 5) If airports are not open or if no flights are available, the Programs Manager/Director, in consultation with the Executive Director, Faculty, and available Board Members will consider ground transportation to the closest international airport for air evacuation from there

| | |
|--|------------------------------|
| PERSONNEL | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 8. DID INJURED PERSON HAVE SURGERY? | |
| Yes No | |
| 9. HOSPITALIZATION? | |
| Yes No IF "YES," PROVIDE NAME AND ADDRESS OF HOSPITAL | |
| Admission Date: | |
| Discharge Date: | |
| Hospital Name and Address: | |
| | |
| | |
| | |
| 10. MEDICATION PRESCRIBED? | |
| Yes No | |
| If yes: | |
| Medicine Prescribed: | Dosage and Frequency: |
| | |
| | |
| | |
| | |
| | |
| 11. REFERRAL TO ANOTHER DOCTOR? Yes No IF "YES," NAME AND ADDRESS | |
| | |
| 12. RELEASED WITHOUT PHYSICAL RESTRICTIONS | |
| Yes No | |
| If yes, what restrictions? Duration? | |
| | |
| 13. IS ADDITIONAL MEDICAL TREATMENT NEEDED? Yes No IF "YES," PROGNOSIS | |
| | |
| 14. NEXT APPOINTMENT DATE | |

| | | | |
|----------------------------------|--|---------------------------|--|
| 15. TOTAL COST OF MEDICAL \$ | | IS THE FINAL COST. Yes No | |
| PHYSICIAN INFORMATION | | | |
| 16. PHYSICIAN NAME | | | |
| Last | | | |
| | | | |
| First | | | |
| 17. LICENSE NUMBER (if possible) | | | |
| | | | |
| 18. PHYSICIAN ADDRESS | | | |
| | | | |
| CITY | | | |
| | | | |
| STATE | | | |
| | | | |
| ZIP CODE | | | |
| | | | |
| 19. TELEPHONE NUMBER | | | |
| () | | | |
| 20. DATE | | | |
| | | | |
| | | | |

Appendix

| | |
|--|-----|
| 1. CONTIGENCY PLANNING AND RISK MANAGMENET WORKSHEET..... | 66 |
| 2. DRAFT INCIDENT RESPONSE..... | 68 |
| 3. EMERGENCY SITUATIONS SAMPLE LOG | 69 |
| 4. PROGRAM SITE SAFETY AND SECURITY INFORMATION | 70 |
| 5. ADA, FERPA, HIPAA CHEAT SHEET..... | 73 |
| 6. CONDITIONS OF PARTICIPATION | 74 |
| 7. PROGRAM PARTICIPANT CONTRACT | 77 |
| 8. LEAVE OF ABSENCE FORM..... | 78 |
| 9. PROGRAM COMPLETION FORM..... | 79 |
| 10. AUTHORIZATION FOR MEDICAL TREATMENT | 80 |
| 11. SICKNESS, ILLNESS AND ACCIDENT REPORT FORM..... | 81 |
| 12. WEEKLY PROGRAM UPDATE | 84 |
| 13. LIST OF MEDICATIONS BY CONDITION | 88 |
| 14. LIST OF MENTAL HEALTH ISSUES AND THEIR MEDICATIONS | 91 |
| 15. ADHD 101..... | 94 |
| 16. ANEMIA 101 | 95 |
| 17. ASTHMA 101 | 96 |
| 18. DYSLEXIA 101..... | 97 |
| 19. EPILEPSY 101..... | 98 |
| 20. SEIZURE 101..... | 101 |



1. CONTINGENCY PLANNING AND RISK MANAGMENT WORKSHEET

Introduction

This worksheet is intended to guide a Living Routes program team through a contingency Planning/Risk Management exercise. Please feel free to modify this exercise in any way that might be more conducive to the nature of the group and/or the program you are working with.

Please note that this worksheet is presented as a series of activities that are best performed in a chronological sequence. It is strongly suggested that a written record of this exercise be retained in the program files for reference and future contingency and emergency planning work.

Setting up the Team

Gather together Living Routes program director(s), staff and other involved individuals willing to collaborate in this exercise. List the members below.

| Team Members Name | Specific Role |
|-------------------|---------------|
| | |
| | |
| | |
| | |
| | |

Brainstorming

As a group, consider eight to ten events/incidents that could have a serious impact upon participant health and well being and are likely to occur and/or would be very serious in the event that they did occur. In doing this, you can consider incidents that may have already taken place either at your program site and/or other locales.

Obviously, there are countless emergencies that can occur, so try to choose the incidents carefully. It might be useful to consider identifying a variety of crisis types, such as those that occur to an individual participant (i.e. attempted suicide, rape, etc); a group of participants (i.e.

accident of the group’s transport, serious fire at the community, avian flu or other pandemic illness, etc.); are of a socio-political nature (i.e. political unrest at the site, massive demonstrations, etc.), and natural disasters that may occur at the program site.

Write these incidents down in the worksheet on the next page.

Incident List

| Describe Incident/Event | Severity | Frequency |
|-------------------------|----------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Assessing Risk

Rank as a group each of the selected incident on a scale of 1-10, based upon the likelihood of the incident occurring and the severity of the impact upon the program and group should it occur. Using these two indicators as well as the group’s assessment, select two or three incidents for which to develop a response plan

Developing the Contingency Plan

For each of the selected incidents, discuss how to respond in the event that such an incident occurs. Develop a succinct written response plan for each of the selected incidents, using the “Draft Contingency Plan” worksheet as a guide. (Note: Depending on the size of the group, you may want to break up into smaller groups for this part of the exercise).

Discuss among the contingency planning team and assign responsibility for follow up. Possible follow up activities are:

- Do a final version of the incident contingency plans
- Select other incidents to develop additional contingency plans
- Follow through with additional information acquisition deemed important



2. DRAFT INCIDENT RESPONSE

(Fill out one per selected incident)

INCIDENT:

OUTLINE THE STEPS OF PROGRAM RESPONSE:

ADDITIONAL MATERIALS AND/OR INFORMATION THAT WOULD BE HELPFUL TO OBTAIN:

3. EMERGENCY SITUATIONS SAMPLE LOG

It is critical to maintain a written log during emergency situations in order to both keep a detailed record to refer to later as well as for potential liability issues should they arise. It is essential that the log and all relevant information be updated as the situation unfolds to ensure accuracy.

The log should contain information regarding:

- Names
- Locations
- Times
- Witnesses
- Other essential information

A simple way to maintain a log during an emergency is to keep a chronological record of all pertinent information as it occurs. Later, the log can be used to fill out incident reports as well as to reference for future discussions and/or debriefing.

Information that should be included is:

- What happened?
- Where did it happen?
- When did it happen?
- Who was involved?
- Were there injuries?
- What third parties have been involved?
- Is everyone in the program accounted for?
- Is anyone still in danger/is everyone in the program safe?
- What action has already been taken?
- Who has been notified regarding the situation?
- Who still needs to be contacted?
- What assistance has been offered to the participant(s) involved in the crisis? (Please note the persons involved, time and location):
- What additional actions have been taken? (Please note persons involved, time and location of any actions taken):
- Have you been contacted or contacted anyone else regarding the crisis? (i.e. a representative of the media?).
- If so, what information was exchanged?



4. PROGRAM SITE SAFETY AND SECURITY INFORMATION

This document provides emergency contact information that should be obtained and periodically updated at all Living Routes programs. Please feel free to modify this form to fit the program situation when relevant, keeping in mind that the purpose of this template is to have readily available key contact information for dealing with crisis situations, as well as in some cases more routine matters related to participant health and safety. An updated copy of this document should be kept in a central location for all Host Site faculty and staff should also be given additional copies to keep for quick reference Living Routes Amherst office should also have an updated copy on file

Staff Contact Information

Name

Position

direct phone

fax

email

Other contact info

U.S. EMBASSY INFORMATION

Closest Embassy

Name

Position

direct phone

fax

email

Other contact info

Embassy contact (primary)

Name

Position

direct phone

fax

email

Other contact info

U.S. CONSULATE INFORMATION

Closest Consulate

Name

Position

direct phone

fax

email

Other contact info

LEGAL INFORMATION

Local Legal Counsel

Name

Address

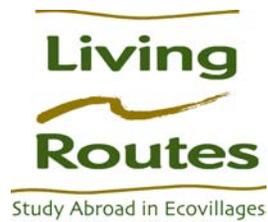
Address

Phone

Fax

70

284 N. Pleasant Street, Suite 1, Amherst MA 01002 • (413) 259-0025 • (413) 259-1113 (fax) •
www.LivingRoutes.org



Email

Available for emergency calls outside business hours?

Other contact info

POLICE INFORMATION

| Local Police Station | International Police/Immigration |
|-----------------------------|---|
|-----------------------------|---|

Name

Address

Address

Phone

Fax

Email

Name

Address

Address

Phone

Fax

Email

Name

Available for emergency calls outside business hours?

Other contact info

PHYSICIAN INFORMATION

| General Program Physician | Gynecologist |
|----------------------------------|---------------------|
|----------------------------------|---------------------|

Name

Address

Address

Phone

Fax

Email

Name

Address

Address

Phone

Fax

Email

Name

Available for emergency calls outside business hours?

Other contact info

| Psychiatrist | Psychologist/Counselor |
|---------------------|-------------------------------|
|---------------------|-------------------------------|

Name

Address

Address

Phone

Fax

Email

Name

Address

Address

Phone

Fax

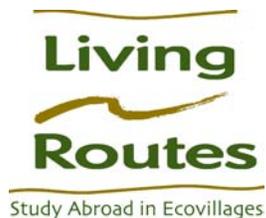
Email

Available for emergency calls outside business hours?

Other contact info

HOSPITAL INFORMATION

Recommended Hospital - Near Site



Name
Address
Phone
Fax
Email

Available for emergency calls outside business hours?
Other contact info

Recommended Hospital(s) - During Program Excursion

Name
Address
Address
Phone
Fax
Email

Available for emergency calls outside business hours?
Other contact info

AMBULANCE AND EVACUATION INFORMATION

Ambulance Service

Emergency Evacuation

INSURANCE PROVIDER INFORMATION

Local Insurance

TRAVEL AGENT INFORMATION

Local Travel Agent

OTHER STUDY ABROAD PROGRAMS INFORMATION

Property Theft

Primary Contact

Credit Card Company

Credit Card Company

OTHER USEFUL CONTACTS

5. ADA, FERPA, HIPAA CHEAT SHEET

Excerpted from: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

The Americans with Disabilities Act (ADA):

- Ensures **equality of access** for students with disabilities.
- In some cases, **reasonable accommodations** are provided, including auxiliary aids and modifications to programs.
- Examples:
 - Assessments: additional time, scheduled breaks
 - Assistance: reader, recorder, accessible workstations.
 - Format: large print materials, sign language interpreter (spoken instructions only)
 - Accommodations abroad include
 - The degree to which the program is controlled by your institution
 - Currently use by the student
 - The burden on the institution.
 - Accommodations are **not necessary** if they fundamentally alter the nature of the program, cause undue hardship on the institution, or jeopardize the health or safety of others.
- For a mental condition to be covered, the impairment must substantially limit one or more **major life activities**.
- Legal decisions **differ** as to whether the ADA applies to programs abroad.

Family Educational Rights and Privacy Act of 1974 (FERPA)

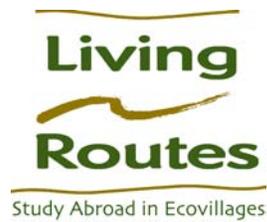
- FERPA protects the rights of students by controlling creation and maintenance of access to education records.
- Students are guaranteed access to their records while the unauthorized access of others is prohibited.
- Parents and/or guardians of students under age 18 have access to the school files.
- For disclosure and exceptions see § 99.31 of the FERPA regulations.

Health Insurance Portability and Accountability Act (HIPAA):

- Medical records are considered **education records** under FERPA. HIPAA also protects medical records.
- A university/study abroad program provider is required by law to protect the privacy of identifiable health information.
- In most circumstances, access to medical records need written consent.

For additional information or technical assistance, you may call (202) 260-3887 (voice).

Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339.



6. CONDITIONS OF PARTICIPATION

Living Routes strives to create living and learning communities that empower participants to help build a sustainable future. Our programs are rooted in personal integrity, close community interaction, and regular work at one's "growing edge." We therefore require mature, fully engaged, academically focused participants who are committed to self-directed learning, healthy living, participatory decision making, and community building. In order for us to successfully embark on this transformative adventure together, we ask that you carefully review and sign the following mandatory conditions of participation for being a student on our programs.

- Please read each policy carefully and **place your initials on the line provided**.
- Please **sign and date the bottom** of the document if you agree to support the conditions of participation.

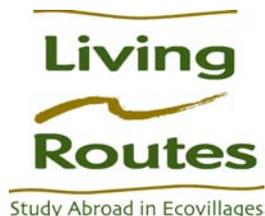
Program Participation: I agree to fully participate in all portions of the program as set out in the course information, and by Living Routes Amherst Office and Host Site faculty and staff. I understand that I must fully participate in, and complete, each of the courses or modules in order to receive credit.

Health and Safety Policy: I understand and agree to abide by a set of non-negotiable agreements that are in place to ensure student and program health and well being, including:

- _____ Abiding by all host country, site and community laws and regulations
- _____ Fully disclosing to Living Routes Amherst Office staff all physical, emotional and cognitive issues, conditions, or disorders that could potentially impact my, or another student's participation on the program during the interview process, on mandatory program medical forms and health and wellness follow up conversations
- _____ Disclosing all prescribed medications and related dosage on the Living Routes medical forms
- _____ If prescribed medications by a doctor, and/or therapist, continuing to take the prescribed dosage during the course of the program
- _____ Not using drugs that are illegal (including medications without a doctors prescription)
- _____ Not consuming any alcohol if I am under 21 years of age
- _____ If 21 years or older, using alcohol on rare occasions, in moderation, never to the point of physical and/or mental impairment or intoxication and in conforming to community norms
- _____ Not operating or riding on motorcycles, or piloting other motorized vehicles
- _____ Not rock/tree climbing, swimming or diving in areas that have not been approved by Host Site faculty and staff
- _____ Not compromising my own or another participant's physical and/or emotional safety
- _____ Not dressing and/or behaving in a manner that is offensive to local cultural norms

Expulsion Policy: I understand that upon the decision of the Host Site faculty or staff and Living Routes Programs Director and/or Executive Director, my participation in the program can be terminated if I break any of the above health and safety policies. I further agree that if asked to leave the program, I will be responsible for all expenses incurred in returning to my point of origin. In the event of such expulsion, I further agree that no refund of program fees will be given, and I will receive no academic credit.

Personal Wellness and Health: I understand that Living Routes is not a therapeutic program, and that I take 100% responsibility for my physical and emotional health and well-being during the program. I state



that I am free of medical conditions that would endanger the life, health or well-being of others or myself while traveling or living abroad on this program. I hereby grant Living Routes, Inc. and its agents full authority to take whatever action they may consider to be warranted under the circumstances regarding my health and safety. _____

Non-Program Costs: Living Routes program fee covers tuition, room & board, and routine program related travel and admission expenses. I understand that I will be billed for any damage or loss that I cause to property or for any non-program costs incurred on my behalf. I am responsible for any incidentals not covered in this cost _____

Refund Policy: All deposits are non-refundable. I understand that if I withdraw from the program, I will, at most, be refunded only the recoverable, non-committed expenses (e.g. room/board not already paid for), at the discretion of the Living Routes Executive Director. _____

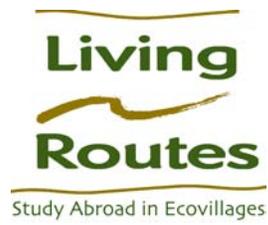
Medical Insurance: I certify that I have U.S health insurance that covers and continues past the dates of my Living Routes program. I understand that Living Routes provides each student with Travel and Medical Evacuation insurance through iNext (iNext.com). I understand that I will be responsible for the payment of any health care treatment that I receive while I am on this program, and that I will seek reimbursement from my insurance company and/or iNext. I will also be responsible for any expenses not covered by insurance. _____

Insurance Company: _____
Policy Number: _____ Policy Holder: _____

Release and Indemnification: I recognize that off-campus studies involve risks and conditions different from those encountered on a campus. I acknowledge that this program may require travel to places outside of the United States, and that I am aware of the risks of international travel including, acts of nature/ “acts of god” beyond the control of Living Routes. I further understand that the risks of travel include transportation delays, fare charges, cancellations of hotel and/or airline reservations, missed connections, sickness, disease, injuries, damages, weather, strikes, acts of nature, and other circumstances beyond the control of Living Routes. I hereby release and hold harmless Living Routes, UMass Amherst, its trustees, officers, employees, and agents, and the host institutions and communities from any and all claims and causes of action resulting from my participation in the program, This waiver and release shall bind me, my estate, heirs, personal representatives, and legal guardians. _____

Transcript and Full College Record Request: I authorize Living Routes to request my University of Massachusetts, Amherst transcript and full college record on my behalf. _____

FERPA Release: I understand that the Family Education Rights and Privacy Act of 1974 (FERPA), as amended, affords me the right to authorize the release of educational information to third parties. I also understand that studying off campus may involve circumstances that require Living Routes to release certain information to third parties, but for which it may be difficult to obtain my prior written permission. For these reasons, I herewith authorize University of Massachusetts Amherst and Living Routes Amherst Office staff to release my education information to parties who, in their judgment, have an interest in the study abroad contemplated by this document, provided that the staffs, in their judgment, are acting in my interests as well. This authorization is valid from the time I submit this signed document through a period of one year after my program ends. _____



I have read and accepted these Conditions of Participation as stated above. I certify that the statements in this application are true and complete to the best of my knowledge, and that falsification of information is grounds for dismissal from this program.

| | |
|----------------------|------|
| Signature of student | Date |
|----------------------|------|

| | |
|--|------|
| Signature of parent or legal guardian (If student is under 18 years of age) | Date |
|--|------|



7. PROGRAM PARTICIPANT CONTRACT

I, _____ acknowledge that I have stepped out of integrity with the following program agreement: _____

My understanding of the agreement and how I broke it is as follows: _____

My decision to break a non-negotiable agreement has affected the community in the following way(s): _____

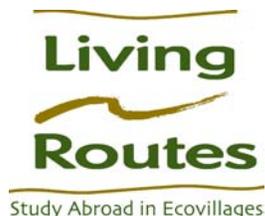
I agree that my actions will have consequences. In order to step back into integrity, and learn from my actions, I believe my consequences should be: _____

If I do not uphold this contract the following will be the consequences:

- (1) _____
- (2) Dismissal from the program

I understand that if I don't fulfill the terms of this contract during the next _____ days, that I will be subject to removal from the program. In addition, I understand that my parents will be notified immediately.

Student Signature: _____
Staff Signatures: _____
Executive Director Signature: _____



8. LEAVE OF ABSENCE FORM

Date: _____ Program Location: _____

I, _____, the undersigned student, wish to take a leave of absence from the Living Routes program for the following reason(s):

I have discussed this with the Program Director (name) _____ and received his/her approval.

I am aware that I assume all responsibility for what happens during the leave of absence and absolve Living Routes of any and all responsibility.

I will be leaving the program on (date) _____ at _____ am pm (circle one)

I will return to the program on (date) _____ at _____ am pm (circle one)

The form(s) of transportation I will be using while off program are: _____

My destination/itinerary while off program is (be specific and use detail): _____

My contact phone number(s) while off program are: (1) _____
(2) _____

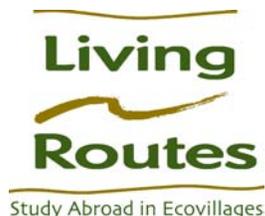
I have arranged to check in with faculty during my absence on (date): _____
(time): _____

Faculty comments/notes/concerns/additional arrangements made with student: _____

Student Signature: _____

Lead Faculty Signature: _____

IMPORTANT: UPON COMPLETION THIS FORM MUST BE FAXED TO THE LIVING ROUTES OFFICE IN AMHERST



9. PROGRAM COMPLETION FORM

SIGNING OFF THE PROGRAM

I, _____, the undersigned student, having completed the *Tropical Ecology, Development and Social Justice at Monteverde Institute* program, am now permanently signing off the program on:

Date: _____

Time: _____ am / pm (circle one)

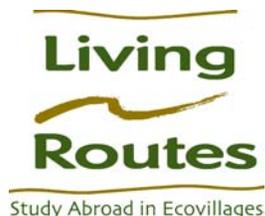
Location: _____

I will provide my own transportation during any remaining travel I choose to do in Costa Rica or on route to the United States. In the event of an accident or incident after signing off the program, I will not hold Monteverde, the University of Massachusetts at Amherst, Living Routes or the faculty and staff responsible for my welfare or safety.

I hereby authorize ___ / do not authorize ___ the use of my image in videos and/or still photos for future marketing efforts related to this program.

Student

Lead faculty



10. AUTHORIZATION FOR MEDICAL TREATMENT

INSTRUCTIONS

On an intensive program it is sometimes necessary for individuals to receive medical attention from program faculty and /or staff and in hospital emergency rooms or clinics. To facilitate this matter please:

- Complete this document in its entirety and sign below.
- If you are under 18 years of age have your parent/legal guardian sign below.
- Have a witness sign the bottom line and record their name and relationship to the student.

AUTHORIZATION TO TREAT

This is notification that (student) _____ is in the care of a program sponsored by Living Routes. I, _____ (student or parent/guardian) herein authorize any licensed physician to treat (student) _____.

PHYSICAN INFORMATION

Dr. _____ Phone # _____
 Address _____

SIGNATURES

I herein grant Living Routes, Inc. and its agents full authority to take whatever action they may consider to be warranted under the circumstances regarding the student's health and safety.

 Student Signature Student's name

 Parent/Guardian Signature Parent/Guardian name

 Witness Signature Name and relationship to student

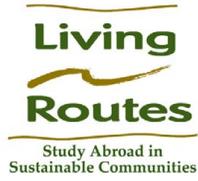
11. SICKNESS, ILLNESS AND ACCIDENT REPORT FORM

- This form should be filled out any time that a student needs to seek medical attention for an illness or accident and kept in the students file
- It is essential that all episodes of sickness, illness or accidents that require medical intervention also be directly communicated to the Amherst office.

| Additional Data Form | |
|--|--|
| 1. NAME OF INJURED PERSON | |
| Last | |
| First | |
| 2. DATE OF INJURY | |
| | |
| 3. DATE TREATMENT (If different than date of injury, please explain) | |
| | |
| 4. NAME AND NUMBER OF INSURANCE | |
| | |
| 5. DESCRIPTION OF HOW INJURY OCCURRED AS RELATED BY INJURED PERSON | |
| | |
| Please describe the extent, frequency, and control of the symptoms of the injured person's condition | |
| | |
| If condition involves seizure or any type of altered or loss of consciousness, please state type and date/time of last episode(s). | |
| | |
| 6. DESCRIPTION OF INJURY AS RELATED BY MEDICAL PERSONNEL | |

| |
|---|
| |
| TREATMENT INFORMATION |
| 7. DESCRIPTION OF TREATMENT RECEIVED AS RELATED BY MEDICAL PERSONNEL |
| |
| 8. DID INJURED PERSON HAVE SURGERY? |
| Yes No |
| 9. HOSPITALIZATION? |
| Yes No IF "YES," PROVIDE NAME AND ADDRESS OF HOSPITAL |
| Admission Date: |
| Discharge Date: |
| Hospital Name and Address: |
| |
| |
| |
| 10. MEDICATION PRESCRIBED? |
| Yes No |

| | |
|--|-----------------------|
| If yes: | |
| Medicine Prescribed: | Dosage and Frequency: |
| | |
| | |
| | |
| 11. REFERRAL TO ANOTHER DOCTOR? Yes No IF "YES," NAME AND ADDRESS | |
| | |
| 12. RELEASED WITHOUT PHYSICAL RESTRICTIONS | |
| Yes No | |
| If yes, what restrictions? Duration? | |
| | |
| 13. IS ADDITIONAL MEDICAL TREATMENT NEEDED? Yes No IF "YES," PROGNOSIS | |
| | |
| 14. NEXT APPOINTMENT DATE | |
| | |
| 15. TOTAL COST OF MEDICAL \$ IS THE FINAL COST. Yes No | |
| PHYSICIAN INFORMATION | |
| 16. PHYSICIAN NAME | |
| Last | |
| | |
| First | |
| 17. LICENSE NUMBER | |
| | |
| 18. PHYSICIAN ADDRESS | |
| | |
| CITY | |
| | |
| STATE | |
| | |
| ZIP CODE | |
| | |
| 19. TELEPHONE NUMBER | |
| () | |
| 20. DATE | |
| | |

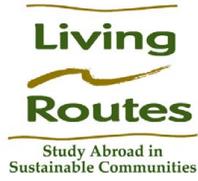


12. WEEKLY PROGRAM UPDATE

| | |
|------------------------|-----------|
| Date: | Semester: |
| Faculty Filing Report: | |

Program Overview (since last update)

Living/Learning Community Dynamics (What is going well?)



**Community Dynamics
(What challenges have emerged?)**

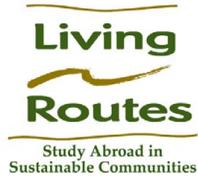
| Issues: | Next Steps: |
|---------|-------------|
| | |
| | |
| | |

Academic Updates

Course Name: Choose an Item

Course Name: Choose an Item

Course Name: Choose an Item



Course Name: Choose and Item

| |
|--|
| |
|--|

New Student Health and Safety Issues/Concerns

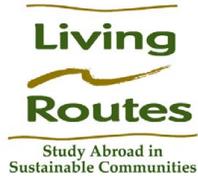
| Name: | Issues: | Next Steps: |
|-------|---------|-------------|
| | | |
| | | |
| | | |

Current Student Health and Safety Issues/Concerns

| Name: | Issues: | Next Steps: |
|-------|---------|-------------|
| | | |
| | | |
| | | |

**Specific Student Issues/Concerns
(emotional, academic, etc.)**

| Name: | Issues: | Next Steps: |
|-------|---------|-------------|
|-------|---------|-------------|



| | | |
|--|--|--|
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| | | |

Specific Student Issues (Celebrations)

| |
|--|
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Support Requested from Living Routes Office

| |
|--|
| |
|--|

**Community Updates
(News, Policy Changes, Etc.)**

| |
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| |
|--|

Specific Student Issues (Celebrations)

| |
|--|
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13. LIST OF MEDICATIONS BY CONDITION

Abbreviations in Prescriptions:

| | |
|---------------------------------|-----------------------------|
| a.c. - Before meals | ml - Milliliter |
| ad lib - Use as desired | p.c. - After meals |
| b.i.d. - Twice a day | p.o. - By mouth, orally |
| caps - Capsules | p.r.n. - When necessary |
| da or daw - Dispense as written | q.d. - Once a day |
| g (or gm or GM) - Gram | q.i.d. - Four times a day |
| gtt. - Drops | q. h. - Every so-many hours |
| h. - Hour | t.i.d. - Three times a day |
| mg - Milligram | ut dict. - As directed |

Medications by Condition:

(Information from the MayoClinic.com; Brown University

http://brown.edu/Student_Services/Health_Services/Health_Education/common_college_health_issues/sinusitis.php)

| Condition | Treatment/Medication | Regional Alternatives |
|--------------------------------------|---|--|
| Appendicitis | Zosyn (Piperacillin/Tazobactam) | Tazocin (Japan/New Zealand), Brodactam (Europe), Trezora (India). |
| Heart Trouble | Altace, Calan, Cadizem, Coreg, Effient Imdur, Isordil, Lasix, Lipitor, Lopressor, Mavik, Multaq, Nitroglycerin, Norvasc, Percodan, Plavix, Pravachol, Procardia, Tekturna, Tenormin, Zestril, Zocor | Atorvastatin/ Sortis (Europe), Rosuvastatin/ Lipitor (Latin America), Norvasc (India/Europe), Ratio-Amlodipine (Latin America) |
| Alcoholism | Disulfiram (Antabuse), Naltrexone (Revia/Depade/Vivitrol), Acamprosate (Campral) | Naltrexone (Europe/Latin America/Asia), Naloxone (India/South Asia/Latin America/UK and Ireland) |
| Chicken Pox | DO NOT GIVE ASPIRIN. Varicella (VZIG) | Varicella (Europe/Latin America) |
| Typhoid Fever (Salmonella poisoning) | Ciprofloxacin, Ceftriaxone | Cipro (Europe/Latin America/Asia) |
| Asthma | Short-acting: Ventolin, Albuterol, Proventil Long-acting: Serevent, Flovent, Beclovent, Vancertil, Aerobid Combination: Advair, Symbicort, | Beclomethasone, Salbutamol (Latin America/Europe/Asia), Solanum xanthocarpum/trilobatum (India) |

| | | |
|------------------------------|---|--|
| | Singulaire, Intal, Alocril | |
| Allergies/ Hay Fever | Decongestants and antihistamines (most people can take both together) | Butterbur (Asia/Europe), Montelukast/Singulair (Asia/Europe), Fexofenadine and Allegra (Europe/parts of Latin America) |
| Acne | Benzoyl peroxide, resorcinol, salicylic acid, sulfur, azelaic acid, Retin-A | All widely available |
| Dermatitis | DO NOT USE caladryl lotion. Calamine lotion, Hydro-cortisone 1% cream, Benadryl | Tea-tree oil (Europe, Asia), Calamina (Latin America) |
| Migraines | Amerge, Axert, DHE 45, Ergomar, Frova, Imitrex, Maxait/ Maxait-MLT, Midrin, Migranal Nasal, Naratriptan, Replax, Sumatriptan Succinate, Sumavel DosePro SubQ, Treximet, Zomig/Zomig ZMT,/Zomig Nasal, | Although a common disorder in Latin America, there are few medications available. Most medications listed only available in Europe. |
| Hives | Antihistamine/Benadryl | All widely available |
| MRSA (staph infection) | Antibiotics, particularly Vancomycin | Vancomycin/ Dalbavancin (Latin America), Teicoplanin (Latin America), Vancomycin and Teicoplanin resistance found in Asia/India, Daptomycin/Cubicin can be used as an alternative. |
| Osteoporosis | Calcium intake of 1500mg per day and increasing vitamin D to 800 IU per day can be helpful | Sesame seeds (India), Almonds/Pistachios (Europe, Asia), Sunflower seeds (Europe), Beans/Oranges/Pumpkin leaves (Latin America) |
| Anemia | Iron-deficiency: dietary changes and iron supplements Vitamin-deficiency: injections of vitamin B-12 Aplastic: immune-suppressing medications Anemias associated with bone marrow disease: treatment varies Hemolytic: steroids, immune | Eggs/Avocado/Beans/Peanuts (Latin America/Asia/Europe) |

| | | |
|--------------------|--|--|
| | suppressant medications, gamma globulin Sickle cell: hydroxyurea (Droxia, Hydrea) | |
| Ulcers | Acid blockers: Zantac, Pepcid, Tegamet, Axid, antacids Proton pump inhibitors: Prilosec, Prevacid, Aciphex, Nexium, Protonix Cytoprotective agents: Carafate, Cytotec, Pepto-Bismol | Prilosec/Omeprazole (Latin America/Europe), Zantac/Ranitidine (Latin America/Europe) |
| IBS | Fiber supplements: Metamucil, Citrucel Anti-diarrheal: Imodium (Leperamide) Antidepressants: Tofranil, Prozac, Sarafem, Paxil IBS specific: Alosetron (Lotronex) | Imodium (Latin America/Europe/Asia), Alosetron (Europe/Asia) |
| Food Allergies | For severe reactions carry an EpiPen | Increasing global availability |
| Diabetes | Insalin, Glucophage, Precose | If needed Novojet, InnoLet, Flexpen come in preloaded pens |
| Ulcerative Colitis | Sulfasalazine (Azulfidine), Mesalamine (Asacol, Rowasa), Balsalazide (Colazal), Olsalazine (Dipentum), Corticosteroids, Azathioprine (Azan, Imuran), Mercaptopurine (Puinethol), Cyclosporine (Gengraf, Neoral, Sandimmune), Infliximab (Remicade) | Azulfidine (Europe/Latin America), others not widely available |
| Sinusitis | Nasal sprays: Oxymetazoline (Afrin) Decongestant pills: Pseudoephedrine (Sudafed, Sudagest) | Sudafed widely available |
| Shingles | Cold compress, Acetaminophen, Ibuprofen | All widely available |

14. LIST OF MENTAL HEALTH ISSUES AND THEIR MEDICATIONS

Psychotropic medications (www.nlm.nih.gov)

| Treatment: | Medication: | Brand Name: | Important Information: |
|---------------------------|-----------------------------------|--|---|
| ADHD | Dextroamphetamine and amphetamine | Adderall | Airtight container; away from heat and light |
| | Methylphenidate | Concerta, Ritalin, Metadate, Daytrana (skin patch) | Airtight container; away from heat and light |
| | Dextroamphetamine | Destrostat, Dexedrine | Can be habit forming |
| | Dexmethylphenidate | Focalin | Can be habit forming |
| | Atomoxetine | Strattera | Must be taken continuously |
| Insomnia, Sleep disorders | Triazolam | Halcion | Short term treatment |
| | Zaleplon | Sonata | With sudden termination, person will experience withdrawal symptoms |
| | Zolpidem Oral | Ambien | Given in short term doses. Do not take during a long flight. Can cause memory loss |
| Anxiety | Lorazepam | Ativan | Also used for IBS, epilepsy, insomnia, and alcohol withdrawal |
| | Paxil | Paroxetine | Also used for PMDD, panic disorder, depression |
| | Alprazolam | Xanax / Niravam | Initial fast relief of symptoms leading to common misuse |
| | Paroxetine | Paxil | Also used for PMDD |
| Short term | Bupirone | Buspar/ Buspar Dividose | Also used for PMDD |

| | | | |
|----------------------|-------------------------|---|--|
| treatment of anxiety | | | |
| Depression | Methysergide | Deseryl, Deseril, Desernil, Desernyl, Sansert | Most common side effect is sedation. |
| | Venlafaxine | Effexor | Also used for GAD and social anxiety |
| | Lithobid | Lithium | Dosage varies from one person to another; also for bipolar disorder |
| | Paroxetine | Paxil | Also used for PMDD, panic disorder, social anxiety |
| | Fluoxetine | Prozac | Also used for PMDD |
| | Mirtazapine | Remeron | Comes in the form of a disintegrating tablet |
| | Nefazodone | Serzone | |
| | Bupropion hydrochloride | Wellbutrin/ Zyban | |
| | Sertraline | Zoloft | Also used for PMDD |
| | Citalopram | Celexa | Also used for eating disorders, alcoholism, panic disorders, social phobia |
| Seizures | Valporic Acid | Depakote | Can cause serious liver damage; also for migraines |
| | Phenytoin | Dilantin | Comes in tablet, chewable tablet and liquid forms |
| | Clonazepam | Klonopin | Must be taken at the same time each day |
| | Lamotrigine | Lamictal | May cause serious rashes, especially with Depakene/Depakote |
| | Gabapentin | Neurontin | Also used for treatment of shingles |
| Epilepsy | Lamotrigine | Lamictal | May cause serious |

| | | | |
|------------------|---------------|-----------|--|
| | | | rashes, especially with Depakene/Depakote; also for seizures |
| | Gabapentin | Neurontin | Also used for treatment of shingles |
| Bipolar disorder | Valporic Acid | Depakote | Can cause serious liver damage; also for seizures and migraines |
| | Carbamazepine | Tegretol | Can cause serious dermatological reactions |
| | Lithobid | Lithium | Dosage varies from one person to another; also for depression |
| Panic disorder | Clonazepam | Klonopin | Must be taken at the same time each day |
| | Paroxetine | Paxil | Also used for PMDD, panic disorder, social anxiety |
| OCD | Sertraline | Zoloft | Also used for PMDD |
| Schizophrenia | Risperidone | Risperdal | Comes in liquid form and must be taken at the same time of the day |
| | Quetiapine | Seroquel | Dose must gradually increase over time |
| | Olanzapine | Zyprexa | Must be taken continuously |

15.ADHD 101

ADHD Basics: Attention Deficit Hyperactivity Disorder is a genetic disorder that has three distinct sub-types that relate to the symptoms portrayed by the person with ADHD. The first type is “predominately hyperactive-impulsive”, the second, “predominately inattentive”, the third, “combined hyperactive-impulsive and inattentive”. The types are diagnosed if the person exhibits 6 or more symptoms of the type category.

- **Symptoms:** Over-activity or hyperactivity, difficulty staying focused, difficulty paying attention, and difficulty controlling behavior. Often the symptoms are exhibited through the following behaviors:
 - Easily distracted, inattention to detail, jumping from one activity to the next.
 - Boredom with tasks that are deemed “un-enjoyable”.
 - Difficulty organizing and completing tasks; difficulty processing information/ difficulty processing information at the speed of their peers; difficulty learning new things.
 - Difficulty processing and following instructions; difficulty with lists of instructions.
- **Medication Side Effects:** The medications for ADHD are “stimulant medications” which can cause one or a combination of the following side effects: Decreased appetite, sleep problems, less common: ticks or personality change.
- **Common Misconceptions:** People with ADHD are often misunderstood as careless, unable/unwilling to listen, forgetful, lazy/ not willing to take on difficult tasks, and impulsive. All of the misconceptions are symptoms of the disorders and should be taken as opportunities to offer support.
- **Support:** For someone with ADHD the following home remedies can be offered as a supplement to medication or therapy:
 - Sleep and getting enough rest
 - Regular schedule for meals and activities/ consistency in schedule
 - Use of a computer
 - There is evidence that yoga may be very helpful
 - Special diets that limit the sugar and caffeine intake

<http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/complete-index.shtml>;
<http://www.adhd.com/index.html>; <http://www.mayoclinic.com/health/adhd/DS00275>;
<http://www.cdc.gov/ncbddd/adhd/>;

16. ANEMIA 101

Anemia Basics: Anemia is a condition that occurs when there are not enough healthy red blood cells in the blood. The lack of healthy red blood cells leads to lack of oxygen in the blood and can cause:

- Fatigue
- Dizziness
- Shortness of breath
- Headache
- Irregular/fast heartbeat
- Cold hands/feet
- Pale Skin
- Chest pain
- Cognitive problems
- There are over 400 types of Anemia all classified into 3 groups:
 - Caused by blood loss: Can cause gastrointestinal problems
 - Caused by low production of red blood cells: Mostly from iron/vitamin deficiency
 - Caused by destruction of red blood cells: From mainly external factors that stress the circulatory system.
- Care and Treatment: For severe illness causing or due to anemia, medical professionals should always be involved/advise in the care and treatment.
 - Iron Rich Foods:

Iron Rich Foods containing **Heme Iron**

EXCELLENT

- Clams
- Pork Liver
- Oysters
- Chicken Liver
- Mussels
- Beef Liver

GOOD

- Beef
- Shrimp
- Sardines
- Turkey

Iron Rich Foods containing **Non- Heme Iron**

EXCELLENT

- Pumpkin seeds
- Enriched [breakfast cereals](#)
- Cooked [beans](#) and lentils
- Blackstrap Molasses

GOOD

- Canned beans
- Baked [potato](#) with skin
- Enriched pasta

- Vitamin B-12 Foods: All foods listed above, *as well as* yogurt, haddock, tuna, milk, Swiss cheese, cured ham, eggs.

<http://www.mayoclinic.com/health/anemia/>; <http://www.webmd.com/a-to-z-guides/understanding-anemia-basics>;
<http://www.anemia.org/patients/faq/>; <http://www.healthcastle.com/iron.shtml>

17. ASTHMA 101

Asthma Basics: Asthma is a long-term illness that affects the ability to breathe comfortably. Asthma is characterized by:

- Wheezing (whistling sound when you breath)
- Tightness in the chest (feeling of something heavy is compressing the chest)
- Shortness of breath (feeling out of breath, unable to catch your breath).
- Coughing (most often occurring at night or early in the morning)
- **Causes:** The exact cause is unknown, but contributors include family history/ genetics, and certain environmental factors. Some factors include:
 - Allergens (environmental)
 - Certain medicines
 - Irritants such as smoke, perfume, sprays
 - Sulfites in food and drinks
 - Respiratory infections (colds)
 - Exercise
- **Triggers:** Asthmatics can have both indoor and outdoor triggers. The following is a list of common indoor and outdoor triggers and what can be done to reduce the risk of a trigger.

| | TRIGGER | PREVENTATIVE ACTION |
|---------|---------------|--|
| INDOOR | Dust | Cover pillows and beds with lining; Wash sheets, curtains and standing cloth often; dry items inside away from pollen; dust often; remove carpeting; keep clothing in drawers. |
| | Mites | |
| | Mold | Air out home; keep humidity low; keep outdoor debris from entering the home; keep plants out of the bedroom. |
| | Pets | Wash pets often; keep away from bedrooms/off of furniture; clean areas where the pet rests often. |
| | Insects | Use traps and baits, especially from roaches; Sprays can be used, but only when the person is not home for a few hours after the spray was used. |
| OUTSIDE | Pollen | Do not dry things outside; keep windows shut during high pollen times; be aware of pollen seasons. |
| | Air Irritants | Don't use sprays, perfume, scented lotions; avoid wood burning areas, use a fan if in areas to clear air; limit outdoor time when there is a high irritant count. |
| | Smoke | Avoid areas with smoke! |

<http://www.cdc.gov/asthma/faqs.htm>; <http://www.chicagoasthma.org/asthma-basics/>;
<http://firstaid.webmd.com/asthma-treatment>;

18. DYSLEXIA 101

Dyslexia Basics: Dyslexia is a “language-based learning disability”. It impacts the linguistic ability of the person affected through difficulty decoding words and sounds (mainly through spelling) as well as difficulty with reading comprehension and impeding the learning of new vocabulary. Multiple studies have shown dyslexics to be processing information in a different part of the brain than non-dyslexics; dyslexia does not affect intelligence.

- Dyslexia does not stay consistent throughout a person’s life, but can change.
- It has also been known to affect spoken language learning, even with excellent language models both in the home and at school.

“Dyslexic people are visual, multi-dimensional thinkers. We are intuitive and highly creative, and excel at hands-on learning. Because we think in pictures, it is sometimes hard for us to understand letters, numbers, symbols, and written words. We can learn to read, write and study efficiently when we use methods geared to our unique learning style,” (www.dyslexia.com).

- **Signs of Dyslexia:** A person affected by dyslexia does **not** “read backwards” but has trouble decoding language and can show a mix of the following signs:
 - Difficulty learning letters and sounds
 - Difficulty with spoken and written language (foreign and native)
 - Difficulty reading quickly, reading comprehension, completing reading tasks
 - Difficulty memorizing number facts and doing math equations.
- **Support and Assistance:** Dyslexic students should be supported through a “multi-sensory, structured language approach”:
 - Teaching through several senses at the same time (seeing, feeling, hearing at the same time).
 - Constant corrective feedback throughout the task at hand (often with one-on-one support).
 - Extra time or additional notes from a peer or the teacher; note review can be helpful.
 - **When learning a foreign language:** People with dyslexia should **not** be called upon for spontaneous responses; will have trouble keeping pace with the class without additional support; need support in analyzing the language; will often miss spelling and language errors.
 - Language learning should be repetitive, cumulative, systematic/sequential, structured, analytical based and metacognitive.

<http://www.dyslexia.com/>; <http://www.interdys.org/>; <http://www.interdys.org/FactSheets.htm>

19. EPILEPSY 101

- **Epilepsy:** Is the occurrence of seizures without any provoking factors.
- **Seizure Story-Line: Common Beginnings, Middles, and Ends**

| y (warnings) symptoms | Seizure symptoms | After symptoms (post-ictal) |
|---|---|--|
| <p>Sensory/Thought:</p> <ul style="list-style-type: none"> • Deja vu • Jamais vu • Smell • Sound • Taste • Visual loss or blurring • Racing thoughts • Stomach feelings • Strange feelings • Tingling feeling <p>Emotional:</p> <ul style="list-style-type: none"> • Fear/Panic • Pleasant feeling <p>Physical:</p> <ul style="list-style-type: none"> • Dizziness • Headache • Lightheadedness • Nausea • Numbness <p>No warning:</p> <ul style="list-style-type: none"> • Sometimes seizures come with no warning | <p>Sensory/Thought:</p> <ul style="list-style-type: none"> • Black out • Confusion • Deafness/Sounds • Electric Shock • Feeling • Loss of consciousness • Smell • Spacing out • Out of body experience • Visual loss or blurring <p>Emotional:</p> <ul style="list-style-type: none"> • Fear/Panic <p>Physical:</p> <ul style="list-style-type: none"> • Chewing movements • Convulsion • Difficulty talking • Drooling • Eyelid fluttering • Eyes rolling up • Falling down • Foot stomping • Hand waving • Inability to move • Incontinence • Lip smacking • Making sounds • Shaking • Staring | <p>Thought:</p> <ul style="list-style-type: none"> • Memory loss • Writing difficulty <p>Emotional:</p> <ul style="list-style-type: none"> • Confusion • Depression and sadness • Fear • Frustration • Shame/Embarrassment <p>Physical:</p> <ul style="list-style-type: none"> • Bruising • Difficulty talking • Injuries • Sleeping • Exhaustion • Headache • Nausea • Pain • Thirst • Weakness • Urge to urinate/defecate |

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Stiffening • Swallowing • Sweating • Teeth clenching/grinding • Tongue biting • Tremors • Twitching movements • Breathing difficulty • Heart racing | |
|--|---|--|

- **Seizure Preparedness: First Aid and Care**

1. ALWAYS stay with the person until the seizure is over
 - a. Do **not** leave to get help until the seizure is over; during a seizure the person is more vulnerable to other injuries. Seizures are sudden and un-predictable with a seizure ranging from a few seconds to several minutes with possible unconsciousness.
2. Pay attention to the seizure: Look at your watch and track the time to know when to give medication as needed or call for emergency help.
3. Stay Calm: Seizures typically do not last more than a few minutes, your calm presence may help calm the person after the seizure ends, which has been know to speed recovery time.
4. Be aware of the environment: Move away sharp objects to prevent injury; if the person under seizure is wandering or confused, help guide them to safe locations.
5. Do NOT forcibly hold the person during a seizure: Holding the person down can injury them or cause the holder to become injured; if the person needs to walk around, that is fine as long as it is in a safe location.
6. Do NOT put anything in the persons mouth: People in the midst of a seizure will often tense the jaw muscles, putting something in their mouth can cause injury; there is no risk of swallowing their tongue, do not try to hold their tongue; during a convulsive or Tonic-clonic seizure, it can look like the person has stopped breathing, but the person does **not** need CPR or breathing aids (after the seizure the chest will relax and they will resume breathing normally).
7. Help make the Person Comfortable: Guide them to safe locations: help them to the floor if there is risk of falling; support the person's head from hitting the floor (*but do not continue to hold their head*).



8. Do NOT give food, water or pills unless the person is *fully* alert: Doing so during a seizure can cause injury; if the person appears to be choking, turn them on their side.
9. Give Space: At the end of the episode, make sure to give the person room and move back on-lookers; make sure someone stays with the person if more help is needed.
10. Call for Emergency Help *if*: The seizure lasts longer than 5 min, happens in water, injury has occurred, breathing becomes difficult, seizures are happening in rapid succession or if the person asks for help.
11. Continue to be Sensitive and Supportive: Communicate with the person after the seizure; let them know they are safe; tell them in simple terms what happened; ask them what can help them feel safe following.

<http://www.epilepsy.com/>; <http://www.epilepsyadvocate.com/>; <http://www.epilepsyfoundation.org/>;
<http://www.ninds.nih.gov/disorders/epilepsy/epilepsy.htm>

20. SEIZURE 101

- Seizures are NOT always Epilepsy: Seizures have triggers, epilepsy does not.
- Seizure Story-Line: Common Beginnings, Middles, and Ends

Early seizure symptoms (warnings)

Sensory/Thought:

- Deja vu
- Jamais vu
- Smell
- Sound
- Taste
- Visual loss or blurring
- Racing thoughts
- Stomach feelings
- Strange feelings
- Tingling feeling

Emotional:

- Fear/Panic
- Pleasant feeling

Physical:

- Dizziness
- Headache
- Lightheadedness
- Nausea
- Numbness

No warning:

- Sometimes seizures come with no warning

Seizure symptoms

Sensory/Thought:

- Black out
- Confusion
- Deafness/Sounds
- Electric Shock
- Feeling
- Loss of consciousness
- Smell
- Spacing out
- Out of body experience
- Visual loss or blurring

Emotional:

- Fear/Panic

Physical:

- Chewing movements
- Convulsion
- Difficulty talking
- Drooling
- Eyelid fluttering
- Eyes rolling up
- Falling down
- Foot stomping
- Hand waving
- Inability to move
- Incontinence
- Lip smacking
- Making sounds
- Shaking
- Staring

After-seizure symptoms (post-ictal)

Thought:

- Memory loss
- Writing difficulty

Emotional:

- Confusion
- Depression and sadness
- Fear
- Frustration
- Shame/Embarrassment

Physical:

- Bruising
- Difficulty talking
- Injuries
- Sleeping
- Exhaustion
- Headache
- Nausea
- Pain
- Thirst
- Weakness
- Urge to urinate/defecate



- Stiffening
- Swallowing
- Sweating
- Teeth
clenching/grinding
- Tongue biting
- Tremors
- Twitching
movements
- Breathing difficulty
- Heart racing

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